

## INFORMATION REQUEST AND PENDING INFORMATION AGREEMENT

Case Name: \_\_\_\_\_ Applicant's Name (*Last, First, M.I.*): \_\_\_\_\_ AZTECS Case No.: \_\_\_\_\_

Local Office Address (*No., Street, City, State, ZIP Code*): \_\_\_\_\_ Check all that apply:  
NA/CA/TC      MA

**RETURN THIS FORM WITH THE VERIFICATION REQUESTED FOR ITEM(S) CHECKED (✓) BELOW**

Return to: \_\_\_\_\_ Mail Drop: \_\_\_\_\_ Unit: \_\_\_\_\_ Area Code and Phone No.: \_\_\_\_\_

Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING:** The need for the proof of the item(s) checked below has been explained to me. I understand my responsibility to provide this proof. I also understand that if I am unable to provide the proof, I will contact my worker for help. I will provide proof by the following date: \_\_\_\_\_.

Failure to provide the requested proof may result in the benefit(s) marked above being changed, denied, or stopped.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Proof of pregnancy. Estimated delivery date: <b>(For free pregnancy test, call 1-800-833-4642)</b>				
Identity				
Residential address / Temporary residence status				
Birth / Baptism certificate / Tribal Census card / Biodata Information / Age verification				
Verification of citizenship, non-citizen status or 40 quarters				
Social Security number / Application for Social Security number				
Divorce decree / Child support orders / Marriage license				
Verification of school attendance / Program completion date				
Signed statement by landlord or non-relative verifying who lives in the home. Landlord / Non-relative must not be living in the same home. <b>(Must include address and phone number of the person writing)</b>				
Statement of how your household buys and prepares food				
Doctor's statement of disability including length of disability / emergency episode				
Verification of all monthly medical expenses ( <i>totaling \$35.01 or more</i> ) From: _____ to: _____				

ITEMS	NEEDED FOR			NEEDED FOR PERSON(S) MONTH(S)
	NA	CA	MA	
Cooperation with: DCSS Jobs Program Preliminary Orientation (JPPO) Jobs Program Native Employment Works (NEW)				
Current statement for all bank / credit union accounts / IDA transactions				
Real property ( <i>Lots, buildings, home, land, etc.</i> )				
Other personal property ( <i>Bonds, jewelry, life insurance, livestock, etc.</i> )				
Student income ( <i>Grants, scholarships, loans, work study, etc.</i> )				
Student expenses ( <i>Tuition, books, transportation, etc.</i> )				
Gross earned income ( <i>pay stubs or employer's signed statement</i> ) for each pay period. Listed by pay period end, pay date and gross pay for each pay date. From:                    to:				
Self-employment income:    New            On-going Time period, from:                    to:				
Self-employment expenses Time period, from:                    to:				
Other income: SSI    SSA    VA    UI    Child Support    In-kind Lottery and Gambling Winnings ( <i>\$3750+ in a single game</i> ) Time period, from:                    to:				
Verification that income has stopped and date Last day worked:                    Last day paid:				
Mortgage    Rent    Rental space    Property tax Homeowner's insurance    HOA				
Utilities:    Electric    Water    Gas    Phone Other ( <i>specify</i> ):				
Statement of how expenses have been paid, amounts and who pays them				
Dependent care expenses. Billed for: Time period, from:                    to:				
Application for other benefits ( <i>specify SSI, UI, VA, RR, etc.</i> ) Type of benefit:				
Overpayment income and expenses Time period, from:                    to:				
Other ( <i>specify</i> ):				

## Further Information Needed:

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