

**ARIZONA DEPARTMENT OF  
ECONOMIC SECURITY  
Family Assistance Administration  
INFORMATION REQUEST AND  
PENDING INFORMATION  
AGREEMENT**

**Case Name**

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**Applicant's Name** *(Last, First, M.I.)*

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**AZTECS Case No.** \_\_\_\_\_

**Local Office Address** *(No., Street, City, State, ZIP Code)*

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**Check all that apply:**

**NA/CA/RCA/TC      MA**

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See page 14 for USDA/EOE disclosures

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

**Return to:** \_\_\_\_\_

**Mail Drop** \_\_\_\_\_ **Unit** \_\_\_\_\_

**Area Code and Phone No.**

\_\_\_\_\_  
**EI'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 EI 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**

- **Proof of pregnancy. Estimated delivery date: \_\_\_\_\_**

***(For free pregnancy test, call 1-800-833-4642)***

**Needed For: Tribal CA MA**

**Needed for Person(s) Month(s)**

- **Identity**

**Needed For: NA CA MA**

**Needed for Person(s) Month(s)**

- **Residential address/Temporary residence status**

**Needed For:    NA        CA        MA**

**Needed for Person(s) Month(s)**

- **Birth/Baptism certificate/  
Tribal Census card/Biodata  
Information/Age verification**

**Needed For:    NA        CA        MA**

**Needed for Person(s) Month(s)**

- **Verification of citizenship, non-citizen status or 40 quarters**

**Needed For:    NA        CA        MA**

**Needed for Person(s) Month(s)**

- **Social Security number/  
Application for Social Security  
number**

**Needed For:    NA        CA        MA**  
**Needed for Person(s) Month(s)**

- **Divorce decree/Child support orders/Marriage license**

**Needed For:    NA        CA        MA**  
**Needed for Person(s) Month(s)**

- **Verification of school attendance/Program completion date**

**Needed For:    NA        CA        MA**  
**Needed for Person(s) Month(s)**

- **Signed statement by landlord or non-relative verifying who lives in the home. Landlord/non-relative must not be living in the same home.**

***(Must include address and phone number of person writing)***

**Needed For:      NA      CA      MA**

**Needed for Person(s) Month(s)**

- **Separate food buying/Preparing statement**

**Needed For:      NA**

**Needed for Person(s) Month(s)**

- **Doctor's statement of disability including length of disability/emergency episode**

**Needed For:      NA      CA      MA**

**Needed for Person(s) Month(s)**

- **Verification of all medical expenses incurred by anyone 60 years of age or disabled.**

**From:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Needed For: NA**

**Needed for Person(s) Month(s)**

- **Cooperation with:  
DCSS Jobs Program  
Preliminary Orientation (JPPO)  
Jobs Program  
Native Employment Works (NEW)**

**Needed For: CA**

**Needed for Person(s) Month(s)**

- **Current statement for all bank/credit union accounts/IDA transactions**

**Needed For: NA CA MA**

## **Needed for Person(s) Month(s)**

- **Real property** (*Lots, buildings, home, land, etc.*)

**Needed For:    NA        CA**

## **Needed for Person(s) Month(s)**

- **Other personal property** (*Bonds, jewelry, life insurance, livestock, etc.*)

**Needed For:    NA        CA**

## **Needed for Person(s) Month(s)**

- **Student income** (*Grants, scholarships, loans, work study, etc.*)

**Needed For:    NA        CA        MA**

## **Needed for Person(s) Month(s)**



- **Student expenses** (*Tuition, books, transportation, etc.*)

**Needed For:      NA          CA          MA**

**Needed for Person(s) Month(s)**

- **Gross earned income** (*Pay stubs or employer's signed statement*) **for each pay period. Listed by pay period end, pay date and gross pay for each pay date.**

**From: \_\_\_\_\_ to: \_\_\_\_\_**

**Needed For:      NA          CA          MA**

**Needed for Person(s) Month(s)**

- **Self-employment income:**

**New          On-going**

**Time period, from: \_\_\_\_\_ to: \_\_\_\_\_**

**Needed For:      NA          CA          MA**

**Needed for Person(s) Month(s)**

- **Self-employment expenses**

**Time period, from: \_\_\_\_\_ to: \_\_\_\_\_**

**Needed For:    NA            CA            MA**

**Needed for Person(s) Month(s)**

- **Other income:**

**SSI            SSA            VA            UI**

**Child Support            In-kind**

**Time period, from: \_\_\_\_\_ to: \_\_\_\_\_**

**Needed For:    NA            CA            MA**

**Needed for Person(s) Month(s)**

- **Verification that income has stopped and date**

**Last day paid: \_\_\_\_\_**

**Last day worked: \_\_\_\_\_**

**Needed For:    NA            CA            MA**

**Needed for Person(s) Month(s)**

- **Mortgage      Rent**  
**Rental space      Property tax**  
**Homeowner's insurance**

**Needed For:      NA      CA**

**Needed for Person(s) Month(s)**

- **Utilities:      Electric      Water**  
**Gas      Phone      Other (*specify*):**

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**Needed For:      NA**

**Needed for Person(s) Month(s)**

- **Statement of how expenses have been paid, amounts and who pays them**

**Needed For:      NA      CA      MA**

**Needed for Person(s) Month(s)**

- **Dependent care expenses. Billed for:** \_\_\_\_\_

**Time period, from:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Needed For:    NA        CA        MA**

**Needed for Person(s) Month(s)**

- **Application for other benefits**  
*(specify SSI, UI, VA, RR, etc.)*

**Type of benefit:** \_\_\_\_\_

**Needed For:    CA        MA**

**Needed for Person(s) Month(s)**

- **Overpayment income and expenses**

**Time period, from:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Needed For:    NA        CA**

## Needed for Person(s) Month(s)

- **Other** (*specify*): \_\_\_\_\_

**Needed For:      NA          CA          MA**

**Needed for Person(s) Month(s)**

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**for DES services is available upon request.  
Disponible en español en línea o en la oficina  
local**