

Arizona Department of Economic Security
Family Assistance Administration

**Verification of Living Arrangements/
Residential Address**

Date: _____

Worker's D Number: _____

Case Name (*Last, First, M.I.*):

AZTECS Case Number: _____

HEA ID: _____

The person whose name and signature appear below has requested your cooperation in releasing the following information. Please complete and return this form by (*Date*)

Mail to: Arizona Department of Economic
Security
P.O. Box 19009
Phoenix, AZ 85005-9009

See pages 8-10 for USDA/EOE/ADA disclosures

Or fax to: (602) 257-7031 or 1 (844) 680-9840

Section One: Authorization to Release Information (*PI or Authorized Representative*)

I authorize and consent to the release of any and all information requested below concerning my living arrangement or myself.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Section Two: Who Lives in the Home (*Landlord or Non-relative who does not live in the home*)

What is the household's Address of Residence?
(*No., Street*)

City: _____

State: _____ ZIP Code: _____

Section Three: Shelter Expenses ***(Landlords only)***

What is the rent/mortgage paid or billed?

(Include Tax) \$ _____

Paid: Daily Weekly Monthly

How is the rent/mortgage paid?

Cash Check Money Order

Other *(Specify)* _____

Is any part of the rent, mortgage, or utilities paid by someone other than the renter or owner?

Yes No

If yes, explain:

Is any part of the rent, mortgage, or utilities paid in exchange for work? Yes No

If yes, explain:

Section Four: Utility Expenses (Landlords only)

Are utilities included in the rent? Yes No

If yes, indicate which ones:

Electric Gas Water

Other (*Specify*) _____

How do you heat (*central heating, stove, fireplace*) or cool (*air conditioning, evaporative cooler*) your home?

Section Five: Signature and Contact Information of Person Filling out the Form

I swear under penalty of perjury that the statements made above are true and correct to the best of my knowledge, and that I have not withheld any information.

Name of Person Completing This Form
(*Please Print*):

Title/Relationship: _____

Area Code and Phone Number:

Signature of Person Completing This Form:

Date: _____

**Instructions for Verification of Living
Arrangements/Residential Address
(FAA-0065A) Form**

A. Purpose: Verify residential address, household composition, Shelter and utility expenses.

B. How to complete the form:

Top of the form:

1. Date
2. Worker's C or D#
3. Case Name
4. AZTECS Case Number
5. HEA APP ID:
6. Date the form is due

C. Section One: Authorization to Release Information

PI or Authorized Representative completes section one.

1. Print your name.
2. Sign and date the form.

D. Section Two: Who Lives in the Home

Landlord or a Non-relative who does not live in the home completes this section.

1. Complete the questions.
2. Non-relatives skip to section five.

E. Section Three & Section Four: Shelter and Utility Expenses

Only Landlords can complete these sections.

1. Answer questions in section three
2. Answer questions in section four

F. Section Five: Signature and Contact Information of Person Filling out the Form

1. Print your full name, title, and or relationship to the budgetary unit.
2. Provide your telephone number, Sign, and date the form.

G. Routing: Give the form to the participant or offer to email, fax, or mail the form to the landlord or non-relative.

H. Retention: The completed form is filed in the case file.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., braille, large print, audiotape, American Sign Language) should contact the responsible State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY).

Additionally, Program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** USDA Food and Nutrition Service, 1320 Braddock Place, Room 334 Alexandria, VA 22314; or
2. **Email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.