

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.*)**

**See pages 17-19 for EOE/ADA
disclosures**

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

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

AUTHORIZATION TO RELEASE INFORMATION

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 _____

**THE SECTIONS BELOW
ARE TO BE COMPLETED
BY THE LANDLORD
OR A NON-RELATIVE
NOT LIVING IN THE
HOME THIS SECTION
IS REQUIRED FOR ALL
PROGRAMS**

**What is the Current
Address of Residence?
Address (*No., Street*)**

City _____

State _____

**THIS SECTION IS
REQUIRED FOR CASH
ASSISTANCE,
NUTRITION ASSISTANCE,
AND STATE ASSISTANCE**

**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:

**THIS SECTION IS
REQUIRED ONLY FOR
NUTRITION ASSISTANCE**

Are utilities included in the rent? Yes No

If yes, indicate which ones:

Electric
Gas

Water
Other (*specify*)

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

COMPLETION INSTRUCTIONS FOR FAA-0065A

VERIFICATION OF LIVING ARRANGEMENTS/ RESIDENTIAL ADDRESS

**A. Purpose. To verify
the following at new
application, renewal**

**and when a change
is reported in living
arrangements:**

All programs:

**Residential
address and living
arrangements**

**CA, NA and ST: Rental
obligation**

NA only: Utilities

**Note: Rental
obligation and
utilities must
be verified for
AHCCCS Health
Insurance**

**when the
Expenses
Exceed Income
(EEI).**

B. Completion:

**The worker completes
the following:**

Date

Worker's D-Number

Case Name

**AZTECS Case
Number**

HEA ID:

The applicant

completes the following:

Reads the AUTHORIZATION TO RELEASE INFORMATION, prints complete name, signs and date the form.

The landlord or non-relative, not living in the home, completes the following:

Complete the remainder of the form.

Print full name and provide title or relationship to the applicant.

Provide telephone number. Sign and date the form.

C. Routing: Mail or FAX the original to the organization or person providing the information. A copy is retained in the case file.

D. Retention: The copy

will be retained in the case file with the current application until the original is returned, at which time it will be removed and destroyed. The original will be retained in the case file with the current application.

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oficina local.**