

# **ARIZONA DEPARTMENT OF ECONOMIC SECURITY**

## **Family Assistance Administration**

### **VERIFICATION OF LIVING ARRANGEMENTS/ RESIDENTIAL ADDRESS**

**Date** \_\_\_\_\_

**Worker's D-Number**

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**See pages 17-23 for EOE/ADA  
disclosures**

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

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**AZTECS Case Number**

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**HEA ID** \_\_\_\_\_

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**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*)**

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**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**

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**Participant's Signature**

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**Date** \_\_\_\_\_

**THIS SECTION IS  
REQUIRED FOR ALL  
PROGRAMS**

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

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**City** \_\_\_\_\_

**State** \_\_\_\_\_

**ZIP Code** \_\_\_\_\_



**PLEASE LIST THE NAMES  
OF EVERYONE LIVING  
AT THE ADDRESS  
(CONTINUED):**

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

**What is the rent/  
mortgage paid or billed?  
(Include Tax) \$**

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**Paid:            Daily                    Weekly**

**Monthly**

**How is the rent/  
mortgage paid?**

**Cash            Check**

**Money Order**

**Other (*Specify*)**

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

**Yes**

**No**

**If yes, explain:**

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

**If yes, explain:**

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**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*)**

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

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**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)**

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**Title/Relationship**

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**Area Code and Phone  
Number**

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# **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.**

**A person that knows the household's circumstances, 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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**In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age,**

**political beliefs, or reprisal or retaliation for prior civil rights activity.**

**Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for**

**benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online**

at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and

**date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:**

**1. mail:**

**Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA  
22314; or**

**2. fax:**

**(833) 256-1665 or  
(202) 690-7442; or**

**3. email:**

**[FNSCIVILRIGHTS](mailto:FNSCIVILRIGHTS)**

**COMPLAINTS**  
**@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.**