

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)		(Check all that apply) <input type="checkbox"/> NA/CA/RCA/TC <input type="checkbox"/> MA

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

NEEDED FOR			ITEMS	NEEDED FOR PERSON(S) MONTH(S)
NA	CASH	MAO		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proof of pregnancy – Estimated delivery date: <i>(For free pregnancy test, call 1-800-833-4642)</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identity	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residential address/Temporary residence status	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth/Baptism certificate/Tribal Census card/Biodata Information/Age verification	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of citizenship, non-citizen status or 40 quarters	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security number/Application for Social Security number	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Divorce decree/Child support orders/Marriage license	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of school attendance/Program completion date	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signed statement by landlord or non-relative verifying who lives in the home. Landlord/non-relative must not be living in the same home. <i>(Must include address and phone number of person writing)</i>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Separate food buying/Preparing statement	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doctor's statement of disability including length of disability/emergency episode	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Verification of all medical expenses incurred. From To	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cooperation with: <input type="checkbox"/> DCSE <input type="checkbox"/> Jobs Program Preliminary Orientation (JPPO) <input type="checkbox"/> Jobs Program <input type="checkbox"/> Native Employment Works (NEW)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current statement for all bank/credit union accounts/IDA transactions	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Real property (Lots, buildings, home, land, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other personal property (Bonds, jewelry, life insurance, livestock, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student income (Grants, scholarships, loans, work study, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student expenses (Tuition, books, transportation, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-employment income: <input type="checkbox"/> New <input type="checkbox"/> On-going Time period: From To	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-employment expenses Time period: From To	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other income: <input type="checkbox"/> SSI <input type="checkbox"/> SSA <input type="checkbox"/> VA <input type="checkbox"/> UI <input type="checkbox"/> Child Support <input type="checkbox"/> In-Kind Time period: From To	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification that income has stopped and date: Last day paid Last day worked	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Rental space <input type="checkbox"/> Property tax <input type="checkbox"/> Homeowner's Ins.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Gas <input type="checkbox"/> Phone <input type="checkbox"/> Other (specify)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Statement of how expenses have been paid, amounts and who pays them	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependent care expenses: Billed for Time period: From To	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application for other benefits (specify SSI, UI, VA, RR, etc.) Type of benefit:	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fingerprint Imaging	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Overpayment income and expenses. Time period: From To	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	

RETURN TO	SITE CODE	UNIT	AREA CODE AND PHONE NO.
-----------	-----------	------	-------------------------

EI'S SIGNATURE	DATE
----------------	------

STATEMENT OF UNDERSTANDING: The need for the proof of the item(s) checked above 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
-----------------------	------

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Ayuda gratuita con traducciones relacionadas a los servicios del DES está disponible a solicitud del cliente. • Disponible en español en línea o en la oficina local.