

ALASKA PERMANENT FUND DIVIDEND CERTIFICATION

The Alaska Permanent Fund Dividend is available to Alaska Residents who have been a resident of the State for at least 1 calendar year (January 1st - December 31st). An Alaska Resident is defined as an individual who is physically present in the State with the intent to remain in the State indefinitely and to make a home in the State.

SECTION: I

Please complete the following information: List all members that will be living in this household & provide date of birth, social security #, eligible or not eligible to receive PFD and date of AK. residency for each household member.

	Print Name of Household Member	Date of Birth	Social Security Number	Eligible and / or received PFD Yes or No	Date of Alaska Residency
1					
2					
3					
4					
5					
6					
7					
8					

If all household members listed above were Eligible, & you answered "YES", received the PFD then you have completed this statement. Please sign & date in section III below.

If any household members listed above were Ineligible & you answered "NO", did not receive the PFD, please write the household member line number listed above, under appropriate reason in Section II below.

Section: II

	Did not meet Alaska residency requirement of 1-year and will not meet the requirement before they are issued again.
	Did not meet Alaska residency requirement of 1-year but will meet the requirement before they are issued again.
	Alaska State Eligible Resident & applied but, my/our application was received by PFD office after deadline date.
	Garnishment by IRS, State, Civil lawsuit, lien, child support or other.
	Other, Explain:

All Household members that answered "NO", to receiving the PFD may be required to provide additional documentation as proof of non-receipt.

Section: III

I/We certify that the above information is true and correct. Under penalty of perjury, I certify the above representations to be true and accurate to the best of my knowledge.

Applicant/Tenant Signature: _____ Date: _____

Co-Applicant/Tenant Signature: _____ Date: _____