

2021 BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION AFFIDAVIT OF RESIDENCY

Name: _____ Date: _____ Phone: _____ PO Box _____
 Physical Address: _____ City: _____ Zip: _____
 Previous Address (if applicable): _____

How long have you lived in this community? _____ **Residency must be renewed annually.**

Have you been approved for BBEDC residency in the past two years? 2019 2020 No

BBEDC requires that anyone seeking services be a resident of one of the 17 Bristol Bay CDQ communities. (*Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik*) **unless a program also serves watershed residents.** Definition of a CDQ community resident: A person who has resided in any of the 17 CDQ communities for a period of **24 consecutive months** or more **immediately prior to application and continues to live in a CDQ community.** Absences for up to **60 consecutive days** are allowable. The residency of any person under the age of 18 years shall be the same as the residency of the adult(s) who claim that person as a dependent (verification required) on their federal tax return.

In order to verify your residency in one of the 17 CDQ communities you **must** provide a copy of your government issued photo ID (Ex.: AK Driver's License/ID Card, Military or Tribal ID card) along with acceptable documentation from the following list showing your name & current address (**ID and additional document addresses must match a current address listed above**):

AK Permanent Fund Dividend paid confirmation, prior 2 Years (pfd.alaska.gov.)	Current and previous year rent receipt, electric/fuel/landline phone bill or other proof of maintaining a home in a BBEDC Community.
Current and previous year employment or unemployment records (W-2, check stub, statement).	Current and previous year TANF, Food Stamp benefit award letter, or BBNA Heating Assistance approval letter.

***If approved for residency in 2020, only current year documentation is required.**

If out of the CDQ community for more than 60 consecutive days, the only excusable absences are: **post-secondary purposes; military service; participation in BBEDC Employment & Training Programs; medical reasons; serving as a member of Alaska Senate, Alaska House of Representatives or staff of any such official, participating in a required academic internship that cannot be accomplished in-region, or participating in a seasonal commercial fishery outside of the BBEDC CDQ region, including participation with a BBEDC fishing partner.** To waive the 60-day requirement you must supply one of the following pertaining to your absence:

Enrollment form or transcripts verifying full-time attendance if attending school away from home.	Orders for active military duty.
Verification of program participation from BBEDC EET staff.	Physician letter stating need for the absence and estimated time for stay.
Proof of position in Alaska Senate or House of Representatives or employment as staff for any such official.	Proof of required academic internship and demonstration of inability to obtain the opportunity in-region.
Fish tickets/statements corresponding with the period of absence.	Proof of participation with BBEDC fishing partner.

Initial box to confirm intention to remain a resident of the community from which you are applying.

By signing this affidavit, I warrant that I am a resident of the community from which I am applying, and I attest that the documents submitted are true and accurate to the best of my knowledge. I acknowledge that any falsification or misrepresentation of the information submitted will result in the termination of benefits and I may be required to pay back any funds that were provided by BBEDC as a result of the information provided.

APPLICANT SIGNATURE: _____ **DATE:** _____

This form must be signed by an Authorized Representative of the Village Tribal Council or the City Government

I verify that _____ is a resident of _____, and
 has been has not been (Reason: _____) residing in this CDQ community for
 the **past twenty-four months** or _____ (specific time period) Residency unknown to authorized signer

PRINT NAME: _____ **SIGNATURE:** _____

ORGANIZATION: _____ **DATE:** _____