

Alaska Permanent Fund Dividend
2009 Application by Disabled Adult



04009

- This application may be filed only by or for an adult who was disabled on March 31, 2009 and did not file an application during the filing period.
- Application must be filed after March 31, 2009 and postmarked or received by the PFD Division by March 31, 2010.
- If you are filing for a disabled adult, attach documentation showing you are an authorized representative.
- Attach completed Physician's Certification of Disability Form to this application.

SOCIAL SECURITY NUMBER []-[]-[] **DATE OF BIRTH** []-[]-[]
Failure to provide a valid SSN will subject this dividend to 28% backup withholding by the IRS.
Month Day Year

MALE
 FEMALE

APPLICANT'S FIRST NAME [] **M.I.** [] **LAST NAME** []

MAILING ADDRESS [] **APT #** [] **CITY** [] **STATE** [] **ZIP CODE** []

PHYSICAL ADDRESS (Write "Same" if same as mailing address) [] **APT #** [] **CITY** [] **STATE** [] **ZIP CODE** []

DAYTIME TELEPHONE () - [] **MESSAGE TELEPHONE** () - [] **E-MAIL ADDRESS (optional)** []

Shade circles like this: ● Not like this: ✕

- Did the applicant receive a 2008 dividend? Answer YES even if the dividend was assigned or garnisheed. If NO, complete **Question 11** on the back of this form AND complete the **Adult Supplemental Schedule**. Attach the Supplemental Schedule to this completed application. YES NO
- Is the applicant physically in Alaska today? If NO, complete **Question 8 on the back of this form and Parts B & C of the Adult Supplemental Schedule** and attach it to this completed application. YES NO
- A.** During 2008, was the applicant gone from Alaska more than 90 days total? YES NO

If YES, complete **Question 8** on the back of this form AND **Parts B & C of the Adult Supplemental Schedule** and attach it to this completed application.

B. During 2008, was the applicant gone from Alaska more than 180 days total? YES NO

If YES, complete **Questions 8 through 10** on the back of this form AND **Parts B & C of the Adult Supplemental Schedule** and attach it to this completed application.

Failure to disclose absences may result in the denial of this application.
- Is the applicant a United States citizen? If NO, complete **Questions 12 and 13** on the back of this form. YES NO
- At any time since December 31, 2007, was the applicant on active duty as a member of the **U.S. Armed Forces** or activated as a member of the U.S. Guard or Reserve? **Civilians, non-activated Alaska National Guard members and Alaska Reservists answer NO.** YES NO
- UA COLLEGE SAVINGS PLAN**
 Do you want to place 50% of the applicant's dividend in the UA College Savings Plan? YES NO

Provide the name, address and telephone number of an adult Alaska resident who can verify the adult's residency. VERIFIER'S SIGNATURE NOT REQUIRED

Full Name []

Mailing Address []

City, State, Zip Code []

Daytime Phone # [] Social Security # (optional) []

Read the Following Statements and Sign Below

- I certify that the adult named on this application:**
- Is now and intends to remain an Alaska resident indefinitely.
 - Was an Alaska resident for all of 2008.
 - Has not claimed residency in another state.
 - Was in the state of Alaska for at least 72 consecutive hours in 2007 or 2008.
- I understand that if what I say is not true, it is a criminal offense and if I am convicted, in addition to any criminal penalties:**
- I will lose this and all future dividends.
 - I will be required to pay back all dividends I have been paid.
- I understand that if I deliberately misrepresent or recklessly disregard a fact, I am liable for civil penalties:**
- I could lose this dividend and my next five dividends.
 - I may have to pay a fine of up to \$3,000.

Release of Information: I authorize the Alaska Department of Revenue to obtain confidential information to verify the applicant's eligibility. I authorize the release of confidential records necessary to verify eligibility from any public agency including the Social Security Administration; Internal Revenue Service; Alaska Department of Health and Social Services, Division of Public Assistance and Office of Children's Services. I agree that a copy is as valid as the original.

I certify that the information I am supplying on and with this form is true and correct.

Your Signature [] Date []

By submitting this application with or without signature I am consenting to registration with the U.S. Selective Service System, if so required by law.

Question 7 intentionally not used.

Filing Deadline: March 31, 2010

04009

Read Each Question Carefully.

Answer question 8 if you answered NO to question 2 or YES to questions 3A or 3B.

8. If the applicant left before January 1, 2008, enter the date the applicant actually departed. List all dates the applicant was absent from Alaska in 2008 through the date of this application. If the applicant is still absent, leave the end date blank. For each type of absence, write the absence reason code in the space provided and list the dates on separate lines. All absence codes are detailed below. If the applicant had more absences than the number of lines provided below, download an Additional Absences Form from our web site.

Code (A-Q)	Absence Begin Date Month - Day - Year			Absence End Date Month - Day - Year		
□	□	□	□	□	□	□
□	□	□	□	□	□	□
□	□	□	□	□	□	□

Why was the applicant absent?

Absence Codes

- A. Accompanied an **eligible Alaska resident** as the resident's spouse or disabled dependent. Complete question 11B.
- B. Enrolled and attended school as a full-time student receiving postsecondary education (beyond grade 12). *You may download our Education Verification form at www.pfd.alaska.gov. See Q for secondary education.*
- C. Served as a member of the U.S. Armed Forces. Attach a copy of the applicant's orders.
- D. Received continuous medical treatment under a physician's care. *You may download our Medical Treatment Verification form at www.pfd.alaska.gov.*
- E. Served as a member of Alaska's congressional delegation or staff.
- F. Served as a volunteer in the federal Peace Corps program. Attach proof.
- G. Trained or competed as a member of the U.S. Olympic team. Attach proof.
- H. As a requirement of employment by the State of Alaska.
- I. Vacationed.
- J. Sought employment or was employed for a reason other than B, C, E, H or Q. Attach explanation.
- K. Other reasons, including business. Attach explanation.
- L. Cared for a parent, spouse, sibling, child, or stepchild with a critical life-threatening illness that required the ill individual to leave Alaska for treatment.
- M. Settled the estate of a deceased parent, spouse, sibling, child, or stepchild.
- N. Provided care for a terminally ill family member.
- P. Employed aboard a vessel of the U.S. Merchant Marine.
- Q. Enrolled and attended school as a full-time student receiving secondary education (grades 7 through 12). *You may download our Education Verification form at www.pfd.alaska.gov. See B for postsecondary education.*
- R. Participated for educational purposes in a student fellowship sponsored by the United States Department of Education or by the United States Department of State. Attach Proof.

Answer questions 9 and 10 if you answered YES to 3B.

9. Has the applicant ever lived in Alaska as a resident for at least 180 days? *If YES, list the dates of the most recent 180 day period.* YES NO

From (Month-Day-Year) Through (Month-Day-Year)

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10. Was the applicant in Alaska for at least 72 consecutive hours during 2007 or 2008? YES NO

If YES, when was the applicant most recently in Alaska?

2007 2008 Attach documentation showing the applicant was in Alaska.

Answer question 11 if you answered NO to question 1.

11A. Print the applicant's name as it appears on the applicant's birth certificate.

First Name M.I. Last Name

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U.S. Birth State Country of Birth (If not U.S.)

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11B. *If married, print spouse's name.*

First Name M.I. Last Name

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Spouse's Social Security Number

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Spouse's Date of Birth (Month-Day-Year)

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Answer questions 12 & 13 if you answered NO to question 11.

12. What is the applicant's alien registration number?

A-

13. What was the applicant's legal immigration status on December 31, 2007?

- Resident Asylee
- Refugee Other (Attach explanation)

If this is the first time the applicant is applying for a dividend, attach a copy of the front and back of his/her visa or alien registration card.

Mail this application to:

Alaska Department of Revenue, PO Box 110462, Juneau, AK 99811-0462