Name:	Date:	Phone	_ PO Box				
PhysicaAddress:		_City:	Zip:				
Previous Address (if applicable):							
How bng Z À C_{μ} o]À]v šZ]•	<u>}uuµv]šÇ?</u>	Residency must be rener	wed annually				
Have you been approved for BBErBG dency in the past two years? 2019 2020 No							

BBED@equires that anyone seeking servicesabæsident 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; Ugastides a programalsoserves watershed resif -0.ersh-x3s;

(Ex.: AK Driver's License/ID Card, Military or Tribal ID card) alongovithtable documentation from the following listhowing your name & currentaddress(ID and additional document address must matcha<u>current</u> address listed abov)e

AK Permanent Fund Dividend paid confirmation pp2 Years (p (.alaska.gov.)	Current and previous yeaent receipt,electric/fuel/landline phonebill or other proof of maintaimga home in a BBEDC Community
Current and previous yeaneploymentor unemploymentrecords	Currentand previous year TANF, Food Starepefit award etter,
(W-2, check stubstatement)	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 nsecutive daysthe <u>only excusable absencesse</u>: post-secondary purposes; military service; participation in BBEDC Employment & Training Programesdical reasons; serving as a member of Alaska Senate, Alaska House of Representatives or staff of any such of fipianticipating in a required academic internship at cannot be accomplished irregion, or participating in a seasonal commercial fishery outside of the BBEDC CDQ region, including participation with a BBEDC fishing partner. To waive the day requirement you must supply one the following pertaining to your absence

Γ	Enrollment form or transcripts verifying fullme attendancef attending school away from home	Orders for active military duty	
	Verification of program participation from BBEDC EET staff.	Physician letter stating need for šZ for stay.	and estimated time

Proof of position in Alaska Senate or House of Representatives