

**Norton Sound Economic Development Corporation
Norton Sound Residency Verification Form**

Personal Information

Name: _____ Birthdate: _____

Address: _____

Phone Number: _____ Email: _____

Communities in which you have lived in the past year: _____

This form is being submitted as part of the application for: _____

Residency Statements

I am submitting this form as proof that I qualify as a Norton Sound resident under NSEDC's Norton Sound Residency Policy. I understand that this means that I can answer **yes to all** of the following "Residency Statements" (1-4):

1. I have established residency by being physically present in the Norton Sound region for at least one year and consider it my home.
2. I intend to remain in the Norton Sound region indefinitely.
3. I have not claimed residency outside of the Norton Sound region, or obtained a benefit as a result of a claim of residency in a community outside of the Norton Sound region, at any time in the previous year.
4. I have not been physically absent from the Norton Sound region for more than 60 days in the prior year, or I have been physically absent for more than 60 days in the prior year, but the absence was due to the following Allowable Absence(s): _____
_____.

Representations and Understandings

By signing this form, I am representing that I understand and agree with the following:

- All of the information provided on this form is true and accurate.
- NSEDC may request documentation to verify my responses in this form and I can provide such documentation upon request.
- Residency alone does not qualify me for participation or receipt of a benefit and I am aware that NSEDC may adopt exceptions or more stringent requirements for certain programs.
- If an Allowable Absence is claimed, then I have not been gone from the region for any other purpose for more than 45 days in the past year and I have returned to the Norton Sound region following each period of allowable absence and otherwise acted consistently with an intention to remain a resident of the region.

Signature: _____ Date: _____

FOR NSEDC INTERNAL USE ONLY – PLACE IN APPLICATION FILE WHEN COMPLETE	
DATE RECEIVED: _____	RECEIVED BY: _____
DATE APPROVED: _____	APPROVED BY: _____
FLAGGED FOR FURTHER REVIEW? NO YES: _____	