**PROOF OF RESIDENCY**

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| COLA Recipient Name (Last, Maiden, First, M.I.) | Social Security Number or RIN |
| Physical Address (Street, City, State, ZIP+4) |
| Mailing Address (Street or P.O. Box, City, State, ZIP+4) |
| COLA is for retirees who reside in the State of Alaska. Resides means domiciled and physically present in the state.2 AAC 36.210 (TRS) and 2 AAC 35.240 (PERS) states a person domiciled in the state is a person who:1. maintains his or her **principle** place of residence in the State of Alaska;
2. demonstrates at all times during an absence an intent to return to Alaska and remain a resident of Alaska;
3. does not claim residency outside the state or obtain benefits or residency in another state or nation.

The administrator’s determination of an applicant’s residency will be based on the totality of relevant circumstances. Intent is demonstrated by establishing and maintaining customary ties indicative of Alaska residency.AS 39.35.670 (PERS) and AS 14.25.210 (TRS) — A person who knowingly makes a false statement, or falsifies or permits to be falsified a record of this system, in a attempt to defraud the system, is guilty of a Class A Misdemeanor and upon conviction is punishable by a fine of not more than $500 or by imprisonment for not more than 12 months, or by both. |
| **This form must be certified by an adult Alaska resident not related to the applicant who can verify the applicant’s Alaska residency.** |
| **CERTIFICATION:** I certify the above applicant is a resident of Alaska and intends to remain a resident of Alaska. I further certify the applicant resides in the above physical address which is his/her true, fixed permanent home and principal residence. I have first hand knowledge the applicant’s household goods are maintained in this residence and it is inhabited primarily by the applicant. |
| Name of Person Verifying Residency | Telephone Number |
| Mailing Address (Street or P.O. Box, City, State, ZIP+4) |
| Verifier's Signature, witnessed by one of the following: DRB Representative or Division of Personnel StaffSignature Title Date / /**OR**, SIGNATURE WITNESSED BY A NOTARYOn this day of 20 , personally appeared before me whose identity I proved on the basis of satisfactory evidence to be the signer of the participant's signature above, and he/she acknowledged that he/she executed it.Notary Public State of and City of Residing at Commission Expires  |

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