

**Alaska Department of Revenue
Permanent Fund Dividend Division**

Request for Income Verification

Use this form only if you or the child(ren) you sponsored **did not** receive a Permanent Fund Dividend.
(If you were garnished do not use this form as you must report the full amount as income)

Your First Name	MI	Last Name	
Social Security Number	Date of Birth	Daytime Telephone Number	Message Telephone Number

I did not receive a PFD for the following year _____

The child(ren) listed below whom I sponsored did not receive a PFD for the following year _____

Your First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)
Child's First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)
Child's First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)
Child's First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)
Child's First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)
Child's First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)

Your Signature is Required

I authorize the Permanent Fund Dividend Division to release of information regarding the status of my PFD to the following

Your Signature	Date
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Housing Agency – send or deliver this completed form to the Juneau Dividend Information Office listed below:

For PFD Office Use ONLY

Correct, applicant(s) did not receive a PFD

Incorrect, applicant(s) received a PFD Amount _____

Signature of PFD Rep. _____ Date _____

Alaska Department of Revenue
Permanent Fund Dividend Division
PO Box 110461
Juneau, AK 99811-0460

Send all self addressed envelope with this request

www.pfd.state.ak.us

