

State of Alaska  
Department of Health and Social Services  
Division of Public Assistance

**Permanent Fund Dividend Report Form**

Use this form to report information about receiving a Permanent Fund Dividend.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Home or Message Phone #

**Which type of Public Assistance do you receive?**

- Alaska Temporary Assistance     Food Stamps     Adult Public Assistance     Medicaid

**Who received a Permanent Fund Dividend?** \_\_\_\_\_

**What was the total amount of PFD checks received by your household?**        \$ \_\_\_\_\_

**Was any amount kept by the State for money you owed such as child support, taxes or student loan payments?**

Yes    No                      If yes, how much was kept by the State?        \$ \_\_\_\_\_

**How much of the PFD money will your household have left at the end of this month?**  
\$ \_\_\_\_\_

**Did anyone buy anything valuable with the PFD money (such as a car, boat, truck, house, trailer, etc.)?**

Yes    No    If yes, please complete the following:

<u>Item Purchased?</u>	<u>Who bought it?</u>	<u>Value of item?</u>	<u>Amt Owed?</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

**The information I have entered on this form is correct and complete to the best of my knowledge.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_