

Washington Filmworks

DECLARATION OF RESIDENCY

Purpose of this form. Film production companies claiming funding assistance through WashingtonFilmWorks on wages or salaries paid to Washington State residents for work performed on a motion picture production in Washington State must have each such employee complete this declaration of residency. The film production company must retain this form in its records and submit a completed copy for each Washington State worker employed on the production.

Last Name	First Name	Middle Initial
Permanent Residence		
City, State and Zip Code	Telephone Number	
Title of Project or Product	Position / Role	

1. Are you presently a resident of Washington State? See *Residency* below. Yes No
 2. Do you anticipate changing your residence status during the time that you are expected to work on the motion picture production? Yes No
 3. What evidence have you provided the motion picture production to show residence in Washington State? You must provide one of the following:
 - Valid Washington State driver's license with an issue date at least six months prior to the date of this Declaration
 - o Enter the driver's license number. _____
 - A current Washington State voter registration card with an issue date at least six months prior to the date of this Declaration
 - o Enter the registering county. _____
 - Copies of six months of utility bills with a Washington State address
- Check here if you do not want to be listed on NWFilm.com.

YOU MUST PROVIDE A PHOTOCOPY OF YOUR PROOF OF RESIDENCY

Residency. To be a resident of Washington State for the purpose of funding assistance through WashingtonFilmWorks you must maintain a permanent dwelling within the state and spend an aggregate of at least six months each year within the state. You may only have one permanent dwelling and a change in your permanent dwelling is established only by establishing a physical presence in a new location with intent to abandon your old domicile and make a home in the new location permanently or indefinitely.

I declare under penalty of perjury that everything in this document is true, correct and complete to the best of my knowledge.

Signature

Date

