## Addendum 5: Washington Filmworks Declaration of Residency Form DECLARATION OF RESIDENCY

**Purpose of this form:** Qualified Projects claiming funding assistance on wages or salaries paid to Washington State residents must have each employee complete this declaration of residency. The Qualified Project must retain this form in its records and submit a completed copy for each Washington State worker employed on the Qualified Project.

Last Name	First Name	Middle Initial
Permanent Residence		
City	State	Zip Code
Telephone Number	Email	
Title of Project or Production	Position / Role	
Length of time at above add	lress	
an aggregate of at least six mont change in your permanent dwelling intent to abandon your old domic whose engagement does not que company's discretion.  1. Is this Declaration of Resident A minor must present part 2. Are you presently a resident a. If yes, have you be 3. Do you anticipate changing motion picture? Yes In the work of the following of the followi	this each year within the state. Ying is established only by established and make a home in the new alify for WF support may still be dency for a minor? Yes \( \simeq \) Nent or legal guardian's proofent of Washington State? Yes een a resident for at least 6 ray your residence status during your residence status during or or ideast one of the following tified. Exception: Employees documentation.	of residency. Guardian Name
<ul> <li>Enter the drive</li> <li>A current Washington</li> <li>the date of this Declar</li> </ul>		with an issue date at least six months prior to
☐ Copies of six months  ***YOU MUST PR	of utility bills with a Washing	YOUR PROOF OF RESIDENCY***
l declare under penalty of perjury the knowledge.	at everything in this docume	nt is true, correct and complete to the best of my
Signature		Date