



Department of Residence Life Division of University Student Advancement P.O. Box 756860 Fairbanks, Alaska 99775-6860 (907) 474-7247 / FAX: 6423

Student Family Housing Statement of Financial Interdependent

| Last Name | First | M. |
|--------------------------|--------|----|
| Student Identification N | lumber | |

| l. | Request for Student Family Housing and Declaration of Eligibility | | |
|-----|---|--|--|
| We, | and | | |
| , | (Student) (Partner) | | |
| | niversity of Alaska Fairbanks ("University") Student Family Housing based on financial interdependency and lat we meet all of the following criteria (check to verify all apply): | | |
| | We have been in an exclusive personal relationship with each other for at least the last twelve months and inter continue the relationship indefinitely; and , | | |
| | Ve resided together at the same primary residence for at least the last twelve consecutive months and intend teside together indefinitely; and , | | |
| | Ve consider ourselves to be members of each other's immediate family; and , Ve are not related to a degree of closeness such that Alaska law would preclude us from being married to eac | | |
| | ther; and , Ve are each at least 18 years old and are each competent to enter into a contract; and , | | |
| | Ve are each responsible for the common welfare of the other; and , Ve share financial obligations including responsibility for each other's health care costs; and , | | |
| | Ve meet at least 3 of the following criteria: | | |
| | joint purchase or lease of real property; | | |
| | joint ownership of a motor vehicle; | | |
| | joint bank account or joint credit account; | | |
| | J the partner is named as beneficiary for life insurance and/or the student is named as beneficiary for life insurance; | | |
| | the partner is named as primary beneficiary under a retirement plan in the event of the student's death and/of the student is named as primary beneficiary under a retirement plan in the event of the partner's death; | | |
| | the partner is named as primary beneficiary in the student's will and/or the student is named as the primary beneficiary in the partner's will; | | |
| | pursuant to a valid written power of attorney, the partner has authority to deal with property owned by the student and/or the student has authority to deal with property of the partner; | | |
| | the student has given written authority to the partner to make decisions concerning the student's health ar well being in the event of the student's inability to do so and/or the partner has given written authority to the student to make decisions concerning the partner's health and well being in the event of partner's inability do so. | | |
| | *I am attaching photocopies of birth certificates that list both my name and my partner's name. | | |
| | 3 *I receive Indian Health Care (IHC) and have attached the appropriate supporting documents. | | |

Note: You must attach the required backup to provide evidence of financial interdependency. This could include copies of contracts, bank account statements, joint property agreements or other documents as determined by the University.

II. Change in Financially Interdependent Relationship

We agree to notify the University Department of Residence Life in writing within 30 days of any change in our status, which would make us no longer eligible for Student Family Housing based on being financially interdependent.

* The criteria highlighted are solely to establish Financial Interdependence for Family, Faculty, Graduate and Non-Traditional Housing at UAF Residence Life. These criteria have been added to best accommodate the individuals who depend upon housing within Residence Life at UAF.

I/We declare I/we have custody of the following dependent child(ren): Last Name First Name Date of Birth Relationship to Student and Partner Last Name First Name Date of Birth Relationship to Student and Partner Last Name First Name Date of Birth Relationship to Student and Partner Last Name First Name Date of Birth Relationship to Student and Partner IV. Affirmation: Penalties of Misrepresentation We affirm that the declarations and representations stated in this two-page document are true and correct. We understand that any misrepresentation or failure to report a change in our financially interdependent relationship may result in the loss of eligibility for University of Alaska Fairbanks Student Family Housing. We understand that any misrepresentation made by us in this two-page document may also subject us to criminal prosecution under AS 11.56.200-.210. Student Date Partner Date State of _____ ____Judicial District Subscribed to and sworn before me this __ day of ______, 20_____. Notary Public, State of _____ My Commission expires: UNIVERSITY OF ALASKA FAIRBANKS Residence Life FIP Form: Accepted Declined Name Date Title

III. Dependent Child(ren) of Financially Interdependent Relationships

Completed backup paper work received

Date

Addendum to Financial Interdependence Form

| The criteria below are solely to establish Financial Interdependence for Family, Faculty, Graduate and Non-Traditional Housing at the UAF Department of Residence Life. These criteria have been added to best accommodate the individuals who depend upon housing within the Department of Residence Life at UAF. |
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| I am attaching photocopies of birth certificates that list both my name and my partner's name. |
| I receive Indian Health Care (IHC) and have attached the appropriate supporting documents. |