

**Student Family Housing
Statement of Financial Interdependent**

Last Name	First	M.
Student Identification Number		

I. Request for Student Family Housing and Declaration of Eligibility

We, _____ and _____
(Student) (Partner)

request University of Alaska Fairbanks ("University") Student Family Housing based on financial interdependency and declare that 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 intend to continue the relationship indefinitely; **and**,
- We resided together at the same primary residence for at least the last twelve consecutive months and intend to reside together indefinitely; **and**,
- We consider ourselves to be members of each other's immediate family; **and**,
- We are not related to a degree of closeness such that Alaska law would preclude us from being married to each other; **and**,
- We are each at least 18 years old and are each competent to enter into a contract; **and**,
- We are each responsible for the common welfare of the other; **and**,
- We share financial obligations including responsibility for each other's health care costs; **and**,
- We 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;
 - 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/or 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 and 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 to do so.
 - *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.

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.

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.

_____ 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.