

**Employee, Family and Graduate Housing  
Statement of Financial Interdependent**

<b>Last Name</b>	<b>First</b>	<b>M.</b>
<b>Student Identification Number</b>		

**I. Request for Employee, Family and Graduate Housing and Declaration of Eligibility**

We, \_\_\_\_\_ and \_\_\_\_\_  
(Agreement Holder) (Partner)

request University of Alaska Fairbanks (“University”) Employee, Family and Graduate 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 agreement holder has given written authority to the partner to make decisions concerning the agreement holder’s health and well being in the event of the agreement holder’s inability to do so and/or the partner has given written authority to the agreement holder 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 the agreement holder and 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**

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

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 Employee, Family and Graduate Housing based on being financially interdependent.

**III. Dependent Child(ren) of Financially Interdependent Relationships**

I/We declare I/we have custody of the following dependent child(ren):

_____	_____	_____	_____
Last Name	First Name	Date of Birth	Relationship to Agreement Holder and Partner
_____	_____	_____	_____
Last Name	First Name	Date of Birth	Relationship to Agreement Holder and Partner
_____	_____	_____	_____
Last Name	First Name	Date of Birth	Relationship to Agreement Holder and Partner
_____	_____	_____	_____
Last Name	First Name	Date of Birth	Relationship to Agreement Holder 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 Employee, Family and Graduate 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

UNIVERSITY OF ALASKA FAIRBANKS Residence Life

FIP Form:       Accepted       Declined

_____	_____	_____
Name	Date	Title

Completed backup paper work received \_\_\_\_\_  
Date