

**Resident Information**

Name (Last, First):

Student ID #:

Building:

Unit Number:

\*If building and/or Unit Number are unknown, leave blank

I have read the Family billing information and understand how my quarterly housing charges may be affected by a spouse or domestic partner living in University Housing. I agree to inform University Housing within 5 days of any change in family members occupying my University Housing space. Eligible family members are not required to sign a Housing Contract, but household members who are PSU students must sign a separate Housing Contract. Failure to notify UHRL of an eligible student or family member living in the unit may result in a fine and/or Contract cancellation. Documentation must be received and approved by University Housing & Residence Life before a room assignment will be made. All approved family members may receive keys and an access badge.

**I, the Resident, agree to:**

Conduct myself, and require my guests and eligible family members to conduct themselves in compliance with the University Housing Handbook and Student Code of Conduct and in a reasonable manner that does not disturb other residents or their guests.

Assume liability for damage and losses resulting from action by myself or eligible family members or guests.

Resident Signature:

Date:

## Family Member Information

Name (Last, First):

Relationship to Resident:

Date of Birth:

Gender:

Email Address:

Phone:

Has the Caregiver ever been convicted of a felony? Yes:    No:

If your answer is yes, you are required to submit the [Release from Liability and Consent to Check Criminal History form](#) and a detailed summary of the offense(s) including copies of police reports, sentencing reports or other evidence satisfactory to the University. Your documentation will be reviewed and you will be notified in writing of the decision regarding your housing request. Failure to disclose an incident may result in revocation of the Resident's University Housing Contract

As a family member, I agree to uphold the Terms & Conditions of the University Housing & Residence Life Room and Dining Contract and submit that the information provided regarding my person is true and accurate. *Contracted resident should sign for all minors under 18 years of age.*

Family Member Signature:

Date:

## **Documentation Requirements:**

Family Member Registration form and supporting documentation must be provided **within 45 days of submitting your University Housing Contract**. Failure to supply registration requirements will result in cancellation of your Contract.

**Spouses** must provide both of these pieces of supporting documentation:

- A copy of Government Issued ID
- A marriage certificate from a state or municipality (or I-20 or J-1 form)

**Domestic Partners** must provide both of these pieces of supporting documentation:

- A copy of Government Issued ID
- A Certificate of Domestic Partnership issued by a state or municipality

For **Minor Dependents**, the resident must provide one piece of supporting documentation:

- A birth certificate or Durable Power of Attorney (or I-20 or J-1 form) showing relationship to resident

For **Non-Minor Dependents with a Disability**, the resident must provide two pieces of supporting documentation:

1. Letter from the dependent's doctor, other healthcare provider or a social service program/agency verifying that the dependent is permanently and totally disabled. A dependent is considered "permanently and totally disabled" if both of the following conditions apply:
  - a. He or she cannot engage in any substantial gainful activity because of a physical or mental condition (not employed/not a student).
  - b. A doctor determines the condition has lasted or can be expected to last continuously for at least a year or can lead to death.
2. Tax form or other government issued documentation indicating the person is a dependent of the resident (e.g. tax return, social security statement). *Social security numbers should not be emailed – hard copies preferred.*
3. Signed personal statement from the resident that the dependent is his/her legal dependent due to permanent and total disability.