



For Office Use Only		
<input type="checkbox"/> Assign	<input type="checkbox"/> Accts	<input type="checkbox"/> Res Services
Badge # _____		

## FAMILY MEMBER REGISTRATION FORM

### RESIDENT INFORMATION

Name (Last, First): \_\_\_\_\_ Student ID #: \_\_\_\_\_

Building: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
*If applicable* *If applicable*

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 contract, but each eligible PSU student must sign a separate contract. Failure to notify UHRL of an eligible resident or family member may result in a fine and/or contract cancellation. Documentation must be received and approved by University Housing & Residence Life before a room assignment is 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 resulting from action by myself or eligible family members or guests and for losses incurred 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: (     ) \_\_\_\_\_

#### 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. Family members must provide a **government issued photo ID** plus the following:

**Spouses** must provide:

- A. A marriage certificate from a state or municipality (or I-20 or J-1 form)

**Domestic Partners** must provide:

- A. Proof of registration for a Certificate of Domestic Partnership from a state or municipality that registers partnerships

For **Minor Dependents**, the resident must provide **A AND** either B or C:

- A. A birth certificate or Durable power of attorney (or I-20 or J-1 form)  
--- **AND** ---
- B. Official custody document showing a minimum of partial custody of the dependent --- OR ---
- C. Tax form or other government issued documentation indicating the person is a dependent of the resident (ie: most recent year's tax return)

For **Non-Minor Dependents with a Disability**, the resident must provide **ALL** of the following:

- A. Letter from the child'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:
  1. He or she cannot engage in any substantial gainful activity because of a physical or mental condition (not employed/not a student).
  2. A doctor determines the condition has lasted or can be expected to last continuously for at least a year or can lead to death.
- B. Tax form or other government issued documentation indicating the person is a dependent of the resident (ie: tax return, social security statement).
- C. Signed personal statement from the resident that the dependent is his/her legal dependent due to permanent and total disability.

**Has the Family Member ever been convicted of a felony or required to register as a sex offender? (circle one) YES NO**

If your answer is yes, you are required to submit the Resident Felony Background Check Release Form and provide 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 the Resident's revocation of their University Housing Contract.

As a family member, I agree to uphold the Terms and 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: \_\_\_\_\_