APARTMENT RESIDENCY AGREEMENT

1. Residence Hall Coordinators (RHC) and Graduate Hall Coordinators (RHC) employed by the Department of Residential Life are required to live in University-owned apartments as a condition of employment.

2. A spouse, partner, child, or another person may reside in the apartment with the HC. The information requested on this form must be completed for anyone wishing to reside in the apartment. Falsifying information on this document is grounds for employment disciplinary action.

Verification of Association:
The HC must submit one of the following with this form:

- Proof of a joint bank or savings account
- Assignment of life insurance documents (naming each other)
- Durable power of attorney or living will (naming each other)
- Will, drawn up by an attorney, in which each is the primary beneficiary of the other or is named executor
- Revocable living trust or living trust agreement (naming each other)
- Proof of commitment ceremony (printed invitation, announcement, etc.)
- A legal document issued by a municipality equivalent to a Marriage Certificate
- A Marriage Certificate

3. Any child/children of the HC or his/her living companion under the age of 18 may reside in the apartment with the HC. Either the HC or his/her living companion must be the parent or legal guardian of the child/children.

4. The HC shall provide the name(s) of all occupants of the apartment. If this information changes at any time, this document must be updated. The appropriate Area Coordinator must also be kept informed of the residency and names of all occupants for key control, security, and accurate emergency procedures. The HC may not receive any rent monies for persons living in the apartment or conduct/allow activities which produce income or are commercial in nature from the apartment. Apartment occupancy is restricted to a level consistent with legal occupancy codes.

We have read and understand the above terms of eligibility requirements. We hereby acknowledge receipt of this information and certify that we are in a relationship of mutual support, caring, and commitment and intend to remain in such a relationship. The employee agrees to notify the appropriate Area Coordinator immediately of any changes in the status of this relationship.

HC Name ____________________________ Hall Apartment ___________________
Name(s) of all other occupants:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_____________________________________________________

HC Signature and Date

________________________________________________________________________

Living Companion Signature and Date

________________________________________________________________________

Approved

________________________________________________________________________

Area Coordinator Signature and Date

last updated: Monday, November 29, 2004