

AFFIDAVIT OF DOMESTIC PARTNERSHIP

This affidavit is to be completed by both the Applicant and the declared Domestic Partner. If more space is needed, please use Section 3 on the reverse side of this affidavit. The affidavit must be notarized before submitting it to the Office of the Dean of Students.

Section 1. Domestic Partnership Requirements

We certify that:

- (1) We have an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations which has existed for at least 12 months prior to submission of this affidavit, and which is expected to last indefinitely;
- (2) We have maintained the same residence for at least 12 months prior to the submission of this affidavit;
- (3) We are each 18 years of age or older;
- (4) Neither of us is married;
- (5) We are not related by blood;
- (6) Neither of us has had another domestic partner within 12 months prior to submission of this affidavit.

We also certify that three or more of the following exist as evidence of joint responsibility for basic financial obligations, and have attached documentation confirming same (please check those items that apply):

- joint mortgage or lease
- designation of the Domestic Partner as durable power of attorney or health care proxy
- joint wills or designation of the Domestic Partner as executor and/or primary beneficiary
- joint bank account, joint credit cards or other evidence of joint financial responsibility
- designation of the Domestic Partner as beneficiary for life insurance or retirement benefits
- other evidence that establishes economic interdependence (please specify in Section 3).

Section 2. Declaration of Domestic Partnership

We declare that the statements in Section 1 are true and correct. We have read and understand the terms and conditions contained in this affidavit. We understand that any misrepresentation of fact can result in loss and/or termination of qualifying affidavit.

(1) Print Applicant's Name:

a. Applicant's Signature: Date:

(2) Print Domestic Partner's Name:

a. Domestic Partner Signature: Date:

(3) Address of Employee/Lessee and Domestic Partners:

(4) On what date did your Domestic Partnership begin?

Section 3. Additional Information (if necessary)

Section 4. NOTARIZATION

State of: Country of:

On this _____ day of _____ in the year of _____, before me _____ personally appeared _____, personally known to be (or proved to me on the basis of satisfactory evidence) the persons whose names are subscribed to this instrument and acknowledged that they executed it.

SIGNATURE AND SEAL OF NOTARY PUBLIC

**Return the original notarized copy of this affidavit to the
Office of the Dean of Students**