

AFFIDAVIT OF DOMESTIC PARTNERSHIP

Declaration

We, _____ and _____ certify that we are
Head of Household Domestic Partner
domestic partners in accordance with the following criteria and affirm that on or about
_____, _____, _____, we entered into a Domestic Partner relationship and are
Month Day Year
living together in a Domestic Partner Relationship.

Domestic Partner Criteria

We declare, under penalty or perjury that we meet all of the following criteria:

- We are eighteen years of age or older and unmarried; and
- We are not related by blood in any manner that would prohibit legal marriage; and
- We have assumed mutual obligations for the welfare and support of each other; and
- We have been sharing a common residence and living together as a couple in the same household; and
- We are each other's sole domestic partner.

Change in Domestic Partner Status

We acknowledge that, in the event we no longer meet one or more of the criteria set forth above, we will no longer be considered Domestic Partners and will immediately file an Affidavit of Termination of Domestic Partnership.

Other Acknowledgements

We declare, under penalty of perjury, that all of the information we have provided on this form is true and correct.

I, understand that any false or misleading statement made in order to receive housing for which I do not qualify will subject me to be ineligible for SKC Student Housing.

Head of Household Information

Name (Printed)

Social Security Number

Date of Birth

Street Address

City, State, Zip Code

Signature

Date Signed

State of _____

County of _____

Sworn to before me this day of _____, 20____

Notary Public

Domestic Partner Information

Name (Printed)

Social Security Number

Date of Birth

Street Address

City, State, Zip Code

Signature

Date Signed

State of _____

County of _____

Sworn to before me this day of _____, 20____

Notary Public