

## Affidavit of Domestic Partnership

We, the undersigned, declare that we are domestic partners, and that we:

- 1) Are each eighteen (18) years of age or older;
- 2) Share a close personal relationship and are responsible for each other's common welfare;
- 3) Are each other's sole domestic partner;
- 4) Are not married to anyone nor have had another domestic partner within the prior six months;
- 5) Are not related by blood closer than would bar marriage in the State of Oregon;
- 6) Have jointly shared the same regular and permanent residence for at least six (6) months immediately preceding the date of application for domestic partner status with Western Oregon University, with the intent to continue doing so indefinitely;
- 7) Are jointly financially responsible for basic living expenses defined as the cost of food, shelter, and any other expenses of maintaining a household. Domestic partners need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

If requested, we would be able to provide at least two of the following as verification of our joint responsibility (information should be dated to confirm eligibility at time of application):

- a) Joint mortgage, lease or rental agreement.
- b) Designation of the domestic partner as primary beneficiary for a life insurance or a retirement contract.
- c) Designation of the domestic partner as primary beneficiary in the employee/student's will.
- d) Durable power of attorney for health care or financial management.
- e) Joint ownership of a motor vehicle, a joint bank account, or a joint credit account.
- f) A relationship or cohabitation contract which obligates each of the parties to provide support for the other part.

**We certify under penalty of perjury under the laws of the State of Oregon that the foregoing is true and accurate to the best of our knowledge, and we understand that the University may initiate disciplinary action and impose sanctions against any student who furnishes false or misleading information to the University or its representative. OAR 576-015-0020(6).**

**Student or Employee:**

**Domestic Partner:**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**\*\*Note\*\*:** This affidavit is for use in providing services and benefits within the purview of Western Oregon University Housing and is not related to employee health benefits.