

Statement of Domestic Partnership

I. Declaration:

_____ and _____
Student/Faculty/Staff (Print) Domestic Partner (Print)

certify that we are domestic partners in accordance with the following criteria:

II. Representations:

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. Neither of us is married.
3. Each of us is at least 18 (years old) and mentally competent to consent to contract.
4. We are not related by blood to a degree of closeness which would prohibit legal marriage (in the state in which we legally reside).
5. We are jointly responsible for each other's common welfare and share financial obligations. Joint responsibility for each other's common welfare and shared financial obligations may be demonstrated by the existence of three (3) of the following items. We have circled below the types of documentation that we will provide with this Statement.
 - a) Domestic Partnership Agreement (legal document obtained from attorney)
 - b) Joint mortgage or lease
 - c) Designation of domestic partner as beneficiary for life insurance
 - d) Designation of domestic partner as beneficiary for retirement contract
 - e) Designation of domestic partner as primary beneficiary in student/faculty/staff's will or of student/faculty/staff in domestic partner's will
 - f) Durable property and healthcare powers of attorney
 - g) Joint ownership of motor vehicle
 - h) Joint checking account
 - i) Joint credit account

Continue on Back

Acknowledgement of Responsibilities

We both understand the responsibilities and guidelines listed below and agree to meet these expectations:

1. We agree to notify the Southern Illinois University Edwardsville office of University Housing if there is any change in our status as certified in this statement. We will notify SIUE University Housing within 30 days of such change. Statement shall affirm that the domestic partnership status is terminated as of the date of execution and that a copy of the statement has been mailed to the other partner by the party authorizing such action. We agree that we may not declare a new domestic partner until 12 months have passed. We understand that any false or misleading statements made in order to qualify for family housing for which we do not qualify may subject the partner connected to Southern Illinois University Edwardsville to disciplinary action. We understand and agree that the only service which may be made available to a domestic partner with this University Housing agreement are those controlled solely by the SIUE University Housing department.
2. Student/faculty/staff are responsible for ensuring that others residing in the apartment do not violate the policies, rules, and regulations of SIUE.
3. Only domestic partners (as defined by this document) and the dependents of the student/faculty/staff member may reside in the contracted apartment. We agree to provide the following information on all occupants of the apartment for emergency and security purposes:
 - o Complete name, ID numbers, business and emergency telephone numbers, and any additional information as needed.

Signature: _____ University ID Number: _____

Date: _____ Student Faculty Staff

Domestic Partner Signature: _____ University ID or SSN: _____

Date: _____ Student Faculty Staff Not Affiliated with SIUE

Return completed Statement and supporting documents to the Central Housing Office, Campus Box 1056, for verification.

Approved for Southern Illinois University Edwardsville:

Name: _____ Title: _____

Date: _____