

Declaration of Domestic Partnership Form:

Name of Applicant: _____

Student Number _____

Name of Domestic Partner: _____

Name of Dependents: _____ Date of Birth _____

_____ Date of Birth _____

By entering a domestic partnership this means two adults and their dependents, if any, satisfy the following requirements:

1. As partners you have been living together for at least one year.
2. You are not married to anyone else.
3. You are at least 18 years old.
4. You not related by blood closer than would bar marriage in the State of Iowa.
5. You are mentally competent to consent to contract.
6. You are each other's sole domestic partner and intend to remain so indefinitely.
7. One partner qualifies to reside in University Apartments.
8. At least two of the following documents need to be provided to show partnership:
 - a. Joint ownership of a motor vehicle.
 - b. Joint checking account.
 - c. Lease for residence listing both partners as tenants.
9. One of the following documents needs to be provided to show partnership:
 - a. A life insurance policy designating your domestic partner as beneficiary.
 - b. A will designating your domestic partner as beneficiary.
 - c. A retirement policy with your domestic partner as a beneficiary.

We agree if the relationship should end and neither partner qualifies to continue residency in University Apartments we may both be required to vacate. We understand that any false or misleading statements made in order to receive housing as domestic partners will result in contract cancellation. We confirm that the information stated here is true and correct to the best of our knowledge and that this "relationship contract" has been witnessed and notarized.

Signature of Student

Date

Signature of Domestic Partner

Date

Signature of Notary

Date

C: File: Required documentation