

WESTERN ILLINOIS UNIVERSITY STATEMENT OF DOMESTIC PARTNERSHIP DECLARATION
Graduate and Family Housing Contract Addendum

I, _____ and _____
Student (print) Domestic Partner (print)

REPRESENTATIONS:

We are each other's sole domestic partner and intend to remain so indefinitely.

Neither of us is legally married to anyone.

Each of us is at least eighteen (18) years old and mentally competent to consent to this contract.

We are not related by blood to a degree of closeness that would prohibit legal marriage in the State of Illinois.

We have been residing together for at least 12 months at the same residence and intend to do so indefinitely.

We are jointly responsible for each other's common welfare and shared financial obligations which are demonstrated by the existence of at least three of the following. We have identified below the types of documentation we can provide.

- Domestic Partnership Agreement (as registered with home county court house)
- Joint mortgage or lease
- Designation of domestic partner as beneficiary for life insurance
- Designation of domestic partner as beneficiary for retirement contract
- Designation of domestic partner as primary beneficiary in employee's will or of employee in domestic partner's will
- Durable property and health care powers of attorney
- Joint ownership of motor vehicle
- Joint checking account
- Joint credit account

We agree to notify University Housing and Dining Services (UHDS) if there is any change in our status as domestic partners as certified in this statement. We will notify UHDS within thirty (30) days of such change by filing a statement of **Termination of Domestic Partnership**, which will make the domestic partner no longer eligible for Graduate and Family Housing of Western Illinois University. The statement of **Termination** shall affirm that the domestic partnership status is terminated as of its date of execution and that a copy of the statement of **Termination** has been provided to the other partner by the party authorizing such action.

We have provided the information in this statement for the sole purpose of determining our eligibility for domestic partnership benefits.

We acknowledge the University's advice that we consult with a legal advisor before signing this document.

Student Signature: _____ Date: _____

Domestic Partner Signature: _____ Date: _____