

Student ID:	Last Name:	First Name:
Email:	@earlham.edu	Primary Phone: ()

STATEMENT OF DOMESTIC PARTNERSHIP

We, _____ and _____ **certify that we are**
(print student's name) (print domestic partner's name)

domestic partners in accordance with the following criteria:

1. We have an exclusive mutual commitment, similar to that of marriage.
2. We are each other's sole domestic partner and intend to remain so indefinitely.
3. Neither one of us are legally married.
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 at least 18 years of age and are legally competent to contract.
6. We are currently residing together and have resided together in a common household for at least six consecutive months and intend to reside together indefinitely.
7. It has been six months since the Office of Residence Life received a Statement of Termination of a previous domestic partnership for either of us (if applicable).
8. We share joint responsibility of our common welfare, living expenses, and financial obligations.

JOINT RESPONSIBILITY DOCUMENTATION

Joint responsibility for each other's common welfare and financial obligations must be demonstrated and may be done so by the existence of at least two of the below. Check the two documents you will be providing along with this form.

- Evidence of a joint mortgage/lease showing six months of co-habitation prior to deadline
- Insurance policy naming one another as beneficiary
- Durable Power of Attorney (must be notarized)
- Evidence of joint custody of a dependent child/children
- Evidence of joint ownership of substantial property
- Evidence of a joint banking account of at least six months

CHANGE IN DOMESTIC PARTNERSHIP

We agree to notify Earlham College's Office of Residence Life if there is any change in our status as domestic partners as certified and acknowledged in this statement. We will notify the College within thirty-one (31) days of such change by filing a "Statement of Termination of Domestic Partnership". The student will be expected to resume on-campus housing by or before the last day of the month in which the partnership ends.

After submitting a Statement of Termination, I, _____,
(print student's name)

understand a subsequent Statement of Domestic Partnership cannot be filed until at least six months after a Statement of Termination has been received by the Office of Residence Life.

AKNOWLEDGEMENTS

By signing this Statement, we declare and acknowledge our understanding that:

1. Earlham College reserves the right to request proof that our partnership meets the joint residency (criterion 6) and financial interdependence eligibility criteria (criterion 8), and I agree to provide Earlham College with supporting documents if requested to do so.
2. We understand that making any false or misleading declarations and acknowledgements in this Statement of Domestic Partnership or failure to notify the College of any change in status as domestic partners may lead to referral through Earlham's conduct process and/or the charge of on-campus housing for the full term.
3. We affirm and declare the statements made above are true and complete to the best of our knowledge.

Student Signature

Date

Domestic Partner Signature

Date

Submit this form with the Housing Exemption Request form in person or to:

Office of Residence Life
Earlham College
801 National Road West, Drawer 195
Richmond, IN 47374