



Domestic Partnership Declaration Form

LEASEHOLDER INFORMATION:

NAME (First, Middle Initial, Last)

EMAIL ADDRESS

PHONE

DOMESTIC PARTNER INFORMATION:

NAME (First, Middle Initial, Last)

DECLARATION STATEMENT:

We are in a committed relationship of mutual support. We are not married or in any other domestic partnership. We are both at least 18 years of age.

We, the undersigned, consider ourselves to be domestic partners as described above and wish to register our domestic partnership to comply with eligibility requirements for Family & Graduate Housing apartments at the University of Illinois at Urbana-Champaign.

Signature of Leaseholder

Date

Signature of Domestic Partner

Date

With this form you must submit either

ONE Certificate of Domestic Partnership from a state or municipality that registers partnerships

OR

TWO of the following documents:

- A lease or common mail address showing joint residence for at least six months
- Same address on driver's license
- Joint ownership of motor vehicle or real estate
- Joint checking/savings account
- Assignment of beneficiary rights for life insurance, retirement, pensions
- Mutual designation on a will or irrevocable living trust
- Durable power of attorney

Family & Graduate Housing
1841 Orchard Place, Urbana, IL 61801
apartments@illinois.edu
(217) 333-5656 phone (217) 244-1200 fax

For Office Use Only:

Received by: _____

Date: _____