



## Domestic Partnership Declaration Form

### LEASEHOLDER INFORMATION

\_\_\_\_\_  
NAME (First, Middle Initial, Last)

\_\_\_\_\_  
ADDRESS (Street, City, State, Zip, Country)

\_\_\_\_\_  
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 Lease holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Domestic Partner

\_\_\_\_\_  
Date

Two of the following documents must be submitted with the Declaration form as proof of committed partnership:

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

Family & Graduate Housing  
1841 Orchard Place, Urbana, IL 61801  
[famhous@uiuc.edu](mailto:famhous@uiuc.edu)  
(217) 333-5656 phone (217) 244-1200 fax

### **For Office Use Only**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_