Statement of Domestic Partnership

I. Declaration

We, ____________________________________________ and ____________________________________________ certify that

Student (print)                               Domestic partner (print)

we are domestic partners in accordance with the following criteria and eligible as domestic partners under the
Graduate School's Lease Guaranty Program (LGP) or MacCracken Housing Program (MHP).

II. Status

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

2. We are a couple of the same sex or of the opposite sex and neither one of us is married.

3. We are at least eighteen (18) years old and mentally competent to consent to a contract.

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 reside together in the same residence and intend to do so indefinitely.

6. We are jointly responsible for each other's common welfare and share financial obligations. Joint
responsibility for each other's common welfare and shared financial obligations must be
demonstrated by the existence of two of the following. We have checked below the types of
documentation that we are providing (please attach copies to this form).

☐ Joint mortgage or most recent lease (not the lease for which you are requesting the guaranty)

☐ 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 GSAS student's will

☐ Joint ownership of motor vehicle

☐ Joint checking account or NYU Credit Union account, established at least six months before
date of this application

☐ Joint credit account, established at least six months before date of this application

☐ Domestic partner registration with a state or municipal government

☐ Health care proxy

Continue on reverse side.
III. Change In Domestic Partnership

7. We agree to notify the Graduate School’s Office of Academic and Student Life if there is any change in our status as domestic partners as certified in this statement which would make the domestic partner no longer eligible for the Lease Guaranty Program or MacCracken Housing Program (for example, a change in joint-residence or if we are no longer each other’s sole domestic partner). We will notify the Graduate School within thirty (30) days of such change by filing a Statement of Termination of Domestic Partnership (“Statement of Termination”). 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 mailed to the other party by the party authorizing such action.

8. After such termination, I understand that a subsequent Statement of Domestic Partnership cannot be filed until twelve months after a Statement of Termination has been filed with Office of Academic and Student Life.

IV. Acknowledgments

9. We understand that any person/employer/company who suffers any loss due to any false statement contained in this Affidavit may bring a civil action against either or both of us to recover their losses, including reasonable attorneys’ fees.

10. We understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the student to disciplinary action.

11. We have provided the information in this statement for use by the Graduate School for the sole purpose of determining our eligibility for the Lease Guaranty Program or the MacCracken Housing Program (MHP).

12. We declare under penalty of perjury that the statements above are true and correct to the best of our knowledge.

______________________________________________________________________________
Student’s Signature _____________________________ Date _____________________________

______________________________________________________________________________
Student’s UID Number ____________________________

______________________________________________________________________________
Student’s/Domestic Partner’s home address ____________________________

______________________________________________________________________________
Domestic Partner’s Signature _____________________________ Date _____________________________

______________________________________________________________________________
Domestic Partner’s Date of Birth ____________________________

Approved by NYU Graduate School’s Office of Academic and Student Life.

______________________________________________________________________________
Signature _____________________________ Title _____________________________ Date _____________________________