



Residential Living

1801 SW Jewell Ave | Topeka, Kansas, 66621 | Phone: 785-670-1065 | Fax: 785-670-1186

Affidavit of Domestic Partnership

We, \_\_\_\_\_ / \_\_\_\_\_,
Student Name Washburn ID

\_\_\_\_\_
Partner Name

Declare that:

- 1. We are not married concurrently to other persons outside of the domestic partnership.
2. We have been in a mutually exclusive, committed relationship, and have shared a primary residence for the last twelve (12) Months, intending to do so indefinitely.
3. We meet the age requirements for marriage in the State of Kansas and are mentally competent to consent to contract.
4. We are not related by blood to the degree prohibited in a legal marriage in the State of Kansas.
5. We are jointly responsible for the common welfare of each other and share financial obligations.

To establish domestic partnership for benefit purposes, supporting documentation must be provided to Housing and Residential Life. Please select the items you are submitting as proof. You are required to submit one item from section A or two (2) items from section B.

- A. Civil Union or Common Law Union please provide:
- A presently valid state-issued certificate, declaration or registration of civil union or common law union
OR

- B. Domestic partners, please provide two (2) of the following:
- A joint mortgage or lease
- Joint ownership of a motor vehicle
- Joint bank account
- Joint credit account
- Domestic partner named as beneficiary of the other's retirement benefits
- Domestic partner named as beneficiary of the other's life insurance
- Domestic partner named as primary beneficiary in the other's will
- Household expenses listing both parties as responsible party

I have read and understand the information provided on this form. I certify the information provided here is true and complete. I also understand all information provided is subject to verification and additional information may be required by WU. Any misrepresentation on this form may violate University policy.

I acknowledge that we must notify Housing and Residential Life office in writing within thirty-one (31) days of any change in our status as domestic partners, or if we wish to terminate domestic partnership status.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Signature

\_\_\_\_\_  
Date

Completion of this form does not guarantee approval of exemption. This form should be submitted in the student's online exemption request. Additional documentation can be sent to:

MAIL: Residential Living, 1801 SW Jewell Ave, Topeka, KS 66621
FAX: 785-670-1186
SECURE EMAIL: wuhousingexemption@washburn.edu

Questions about this process can be directed to wuhousingexemption@washburn.edu or 785-670-1065.