



Affidavit of Ohio University Domestic Partnership

I, _____, and _____
Graduate Student (print) Domestic Partner (print)

_____ and _____
Student ID Number Student ID Number

Certify that all of the following are true:

- 1. We share a permanent residence...
2. We are each other's sole domestic partner...
3. Neither of us is currently married...
4. We are responsible for each other's common welfare.
5. We are at least 18 years of age...
6. We are not related by blood...
7. We are financially interdependent on each other.

- ___The partnership is officially recognized...
___Joint ownership of real estate...
___Joint ownership of an automobile
___Joint bank or credit account
___Joint liabilities...
___A will designating the domestic partner...
___A retirement plan or life insurance...
___A durable power of attorney...

We provide this information to be used by the Graduate College for the purpose of determining our eligibility for the Spouse/Domestic Partner Educational Opportunities Program; we understand that the Graduate College will take reasonable steps to limit access to this information.

We certify that the information provided in all parts of this Affidavit is true, accurate, and complete. We understand that a false declaration of domestic partnership or material omission of information on this Affidavit is considered fraud and may result in disciplinary action.

Signature of Graduate Student/Date Date of Birth Daytime phone # Email

Signature of Domestic Partner /Date Date of Birth Daytime phone # Email

Return this completed form as explained below with all appropriate documentation.

Graduate College Use Only

Received by: _____ Date of Receipt: _____

v. 11/2021