UNIVERSITY OF CALIFORNIA, SANTA CRUZ

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FAMILY STUDENT HOUSING
599 KOSHLAND WAY
SANTA CRUZ, CA 95064

TEL: (831) 459-4080
FAX: (831) 459-2540

Family Student Housing Affidavit of Adult Partner

(Not a California State recognized declaration of Domestic Partnership)

1. I, _____, certify that _____ and I
   i. Primary Applicant (print) *Partner (print)*
   currently reside together as a non-married, cohabitating couple and share the common necessities of life and intend to do so indefinitely.

2. We currently reside together at:

   _____
   Address *City* *State* *Zip Code*

3. We are each 18 years of age or older.

4. We agree to notify the Family Student Housing Office if there is any change of circumstances attested to in this Affidavit within thirty (30) days of the change by filing a Statement of Dissolution of Adult Partnership. Such termination statement shall be on a form provided by the Family Student Housing Office.

5. We understand that after any such termination of this Affidavit, a new Affidavit of Adult Partnership cannot be filed until six (6) months after a statement of termination has been filed with the Family Student Housing Office.

6. We provide the information in this Affidavit to be used by the Family Student Housing Office for the sole purpose of determining our eligibility to reside at Family Student Housing. We understand the information contained in this Affidavit will be held confidential and will be subject to disclosure only upon our express written authorization.

7. We affirm, under penalty of possible housing cancellation, that we have read and understand the Family Student Housing Affidavit of Adult Partnership and that the assertions in this Affidavit are true to the best of our knowledge.

8.

_____	_____	_____
Signature of Primary Applicant	Date of Birth	Date
_____	_____	_____
Signature of Partner	Date of Birth	Date
_____	_____	_____
Authorized FSH Representative	Title	Date