



FAMILY & GRADUATE 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, [Primary Applicant], certify that [Partner] and I
currently reside together as a non-married, cohabitating couple and share the common
necessities of life and intend to do so indefinitely and we currently reside together at:

Address City State Zip Code

Or I, [Primary Applicant], certify that [Partner] and I
are not currently residing together but we are in a long-term, mutually-dependent
relationship and intend to remain in one indefinitely.

- 2. We are each 18 years of age or older.
3. 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.
4. 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.
5. 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.
6. We affirm, under penalty of possible housing cancelation, 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.

Signature of Primary Applicant

Date of Birth

Date

Signature of Partner

Date of Birth

Date

Authorized FSH Representative

Title

Date