

**Apartment Accommodations Agreement
Appalachian State University
University Housing**

For the purpose of students and staff residing in University apartments with
spouses or domestic partners.

This affidavit is to be completed and signed by all parties involved (over the age of 18). If more space is needed, please use Section 4. The affidavit must be notarized and accompanying information attached before submitting it to the Director of University Housing. Approval must be granted prior to move-in. This information will remain confidential within the University to the extent allowed under the law.

Name: _____
Last Name First Name M.I. Banner ID #

How are you affiliated with the University? _____ Coordinator _____ Faculty-in-Residence
_____ Residence Director

Name: _____
Last Name First Name M.I. Banner ID # (if available)

*Please list all dependents in the space below and attach birth certificates for each dependent.

Section 1. Spouse or Domestic Partnership Requirements

We certify that we have an established commitment in accordance with the following criteria and eligibility requirements:

- We are legally married and have attached a copy of our marriage certificate. If marriage certificate is available, move on to section 2.

OR

- We are each other's sole Domestic Partner and intend to remain so indefinitely. As such:
 - we have an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations;
 - we are each 18 years of age or older and mentally competent to consent to this affidavit;
 - neither of us is married or in any other domestic partnership;
 - we are not related by blood;
 - neither of us has had another spouse or domestic partner within 6 months prior to submission of this affidavit.

We also certify that three or more of the following exist as evidence of joint responsibility for each other's welfare, including financial obligations, and have attached appropriate documentation. Appropriate documentation includes copies of original documents (it is suggested that sensitive information be blocked out) or letters from a neutral third-party agent (such as a lending agent or a lawyer) verifying that these documents exist.

Please check applicable items:

- 1) () Joint mortgage or lease
- 2) () Designation of the Domestic Partner as durable power of attorney or health care proxy
- 3) () Joint wills or designation of the Domestic Partner as executor and/or primary beneficiary of estate
- 4) () Joint bank account, joint credit cards or other evidence of joint financial responsibility
- 5) () Designation of the Domestic Partner as beneficiary for life insurance or retirement benefits
- 6) () Evidence of joint tax filing
- 7) () Civil Union Certificate
- 8) () Other evidence that establishes interdependence (please specify in section 4)

Section 2. Terms and Conditions

We agree that:

- (1) If there is any change in our marriage or domestic partners status as certified in this affidavit, we will notify Appalachian State University within 30 days of the effective date of such change.
- (2) Birth certificates for all dependent children must be on file with University Housing for the duration of residence. Updates and/or additions will be provided within 30 days of the effective date of change.
- (3) At least 6 months must elapse from the date of the termination of Domestic Partnership before another domestic partnership may be approved by Appalachian State University.
- (4) Anyone who makes false statements about satisfying the eligibility criteria or fails to notify Appalachian State University of a change in status will be subject to disciplinary action, including but not limited to being required to vacate the premises within a twenty-four (24) hour time period.
- (5) Appalachian State University may change its rules, policies and practices on Domestic Partners at any time by providing notice at least 30 days before changes are effective.
- (6) All University policies including those stated in the Housing Agreement, as well as federal, state and local laws, will be followed.

Section 3. Declaration

We declare that the statements in this document are true and correct. We have read and understand the terms and conditions contained in this affidavit. We understand that any misrepresentation of fact can result in loss and/or termination of qualifying affidavit. Our signatures also indicate our understanding that the Applicant assumes responsibility for the behavior and actions of all who are approved to reside in the University Housing facility.

Applicant's Name (Printed)

Date

Spouse or Domestic Partner's Name (Printed)

Date

Mailing Address of Employee and Domestic Partner

Applicant's Email address

Cell phone number

Spouse or Domestic Partner's Email address

Cell phone number

Section 4. Additional Information (if necessary)

Section 5. Notarization

State of:

On this _____ day of _____ in the year of _____, before me,
_____, personally appeared _____ & _____,
(Notary Public) (applicant name) (applicant name)
personally known to be (or proved to me on the basis of satisfactory evidence) the persons whose names are
subscribed to this instrument and acknowledged that they executed it.

Signature and SEAL of Notary Public

Signature of Applicant

Date

Signature of Spouse or Domestic Partner

Date

Return the original notarized copy of this affidavit and accompanying documentation the Director of University Housing prior to arriving on campus.

University Housing
John E. Thomas Hall
ASU Box 32111
Boone, NC 28608-2111

Office Use Only

Received by: _____ Date: _____

Reviewed by:

Administrative Assistant for Director of UH	Y	N	Date: _____
Director of University Housing	Y	N	Date: _____

Notification sent to the following units:

Assistant Director for Staff Selection:	Y	N	Date: _____
Associate Director for Housing Facilities:	Y	N	Date: _____
Direct Supervisor or Building Manager:	Y	N	Date: _____