



ALTERNATIVE AFFIDAVIT OF DOMESTIC PARTNERSHIP

STATE OF

SS.

COUNTY OF

The undersigned, being duly sworn, depose and declare as follows:

We are both eighteen years of age or older and unmarried to anyone.

We are not related by blood in a manner that would bar marriage under the laws of the state of New York.

We have a close and committed personal relationship.

We have been living together on a continuous basis prior to the date of this affidavit.

One of us is employed by the Research Foundation, City University of New York.

Neither of us has been registered as a member of another domestic partnership within the last six (6) months.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 200

\_\_\_\_\_

NOTARY PUBLIC

DPA(1/02)



DECLARATION OF FINANCIAL INTERDEPENDENCE

We, the undersigned domestic partners, are financially interdependent. We submit the following two items of proof evidencing our financial interdependence:

- \_\_\_\_\_ We have a joint bank account.
- \_\_\_\_\_ We have a joint credit card.
- \_\_\_\_\_ We are joint obligors on a loan.
- \_\_\_\_\_ We jointly own our residence.
- \_\_\_\_\_ We jointly appear as tenants on the lease for our residence.
- \_\_\_\_\_ We keep a common household (share household expenses, e.g., utility bills, telephone bills, joint public assistance budget, etc).
- \_\_\_\_\_ We jointly own a motor vehicle.
- \_\_\_\_\_ We have executed Wills naming each other as executor and/or beneficiary.
- \_\_\_\_\_ We have granted each other durable powers of attorney.
- \_\_\_\_\_ We have conferred upon each other authority to make health care decisions (e.g., health care power of attorney).
- \_\_\_\_\_ At least one of us has designated the other as a beneficiary under a retirement benefits account.

\_\_\_\_\_ Print Name

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Signature

Sworn to before me this \_\_\_\_\_ day, of \_\_\_\_\_, 200

\_\_\_\_\_ NOTARY PUBLIC



EXAMPLES OF ITEMS OF PROOF FOR THE DECLARATION OF FINANCIAL INTERDEPENDENCE

Listed below are examples of items of proof that may be acceptable attachments to a Declaration of Financial Interdependence. You must provide a photocopy of all items of proof.

**JOINT BANK ACCOUNT**

- Statement with both names
- Check with both names
- Passbook with both names

**JOINT CREDIT CARD**

- Statement with both names

**JOINT OBLIGORS ON LOAN**

- Note or other loan origination document with both names

**JOINT TENANTS ON LEASE**

- Lease with both names

**JOINT OWNERSHIP OF RESIDENCE**

- Deed or other sales/transfer document with both names
- Property or water tax document with both names

**JOINT VEHICLE OWNERSHIP**

- Title in both names

**COMMON HOUSEHOLD EXPENSES**

- Utility/telephone bill with both names
- Public assistance document with both names

**JOINT WILLS**

- Copy of will or wills, with each party naming the other as beneficiary and/or executor

**POWER OF ATTORNEY**

- Copy of Powers of Attorney with each party naming the other party and no limitation on the term of the documents.

**HEALTH CARE PROXY**

- Copy of health care proxies/living wills, with each party giving the other party the power to make health care/non-resuscitation decisions upon incapacitation.

**LIFE INSURANCE**

- Copy of policy with one party naming the other as beneficiary. \*

**RETIREMENT BENEFITS**

- Copy of beneficiary designation form with one party designating the other as beneficiary. \*

\*Does **not** have to be the enrollee designating the dependent.



TERMINATION OF DOMESTIC PARTNERSHIP

I, \_\_\_\_\_ do hereby declare that I no longer have a domestic  
    (Employee Name)  
partnership with \_\_\_\_\_. I file this Termination  
    (Name of Former Domestic Partner)  
of Domestic Partnership in order to cancel the Statement of Domestic Partnership  
earlier filed by me on \_\_\_\_\_. I understand that I may not file another  
    (date)  
Statement of Domestic Partnership until six (6) months have passed from this date.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(College)

\_\_\_\_\_  
(Date)

I understand that my former domestic partner may be eligible for a continuation  
of health insurance benefits under COBRA regulations. My former domestic  
partner's current address is:

\_\_\_\_\_

I also understand that I should advise the New York City Clerk's Office, using  
the applicable forms, that my domestic partnership has been terminated.

Received by: \_\_\_\_\_  
                    (Client Services)

\_\_\_\_\_  
(Date)