

COUPLES HOUSING

Office of Housing Services
50 Haven Ave.,
New York, NY 10032
212.305.4357 option 2
housingservices@cumc.columbia.edu

DESIGNATION OF PARTNER

This form must be notarized before you submit it to the Office of Housing Services.

I, (name) _____,

and my partner (name) _____,

hereby certify the following:

1. We are not married to anyone else.
2. We meet the age requirements for marriage in (our state/country of residence) _____ and are mentally competent to consent to contract.
3. We are not related by blood in a manner that would ban marriage under the laws of (our state/country of residence) _____.
4. We have a close and committed personal relationship.
5. We have been sharing a household on a continuous basis prior to the date of this request for domestic partner status, and
6. We have not been registered as a member of another domestic partnership within the last six months.

Tenant

Print Name: _____

Signature: _____ Date: _____

Partner

Print Name: _____

Signature: _____ Date: _____

(Reserved for Notary Seal)