

DOMESTIC PARTNERSHIP AFFIDAVIT

For Housing Exemption

We the undersigned hereby declare the following:

We are at least eighteen years of age or older, and are competent to enter into a contract;

We are not married to anyone, or involved in any domestic partnership with anyone else, nor have been in the previous six months;

We are not related by blood closer than would bar marriage in the Commonwealth of Massachusetts;

We are involved in a serious, intimate, committed relationship that will continue indefinitely; and that we have been in such a relationship for a minimum of the last 12 months;

We are the sole partner of each other for matters of domestic existence, are mutually dependent on each others' care and support, and are the persons of primary responsibility for each other's welfare;

We will notify the Housing Office in the event of any change or conclusion of this relationship or any of the above conditions;

We will not be able to file another such affidavit for a period of twelve months after the conclusion of this relationship;

We affirm that the assertions made in this affidavit are true, under penalty of violation of Norms for Community Living if any of the above statements is made fraudulently. Falsification of any of the above statements may be used as the basis for disciplinary proceedings.

Signature	Date	Print Name
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Signature	Date	Print Name
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Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public
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