COUPLES HOUSING

DESIGNATION OF PARTNER

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

PART 1: DEMOGRAPHIC INFORMATION OF ADDITIONAL OCCUPANT (PARTNER)

Last Name: _____ **First Name:** _____

Date of Birth (MM/DD/YYYY)**:** _____ **Email Address:** _____

Phone Number: _____

Emergency Contact Name (other than Tenant): _____

Emergency Contact Relationship: _____ **Emergency Contact Phone:** _____

☐ Email a clear headshot photo (.jpg format) of Additional Occupant to housingservices@cumc.columbia.edu

PART 2: CERTIFICATION OF RELATIONSHIP

☐ **OPTION 1:** SEND A COPY OF MARRIAGE CERTIFICATE OR DOMESTIC PARTNERSHIP AFFIDAVIT TO HOUSINGSERVICES@CUMC.COLUMBIA.EDU

-OR-

☐ **OPTION 2:** COMPLETE CUIMC DESIGNATION OF PARTNER (BELOW) IN THE PRESENCE OF A CERTIFIED NOTARY AND SEND TO HOUSINGSERVICES@CUMC.COLUMBIA.EDU ALONG WITH ONE OF THE FOLLOWING FORMS OF PROOF: joint mortgage or lease, designation of domestic partner as primary beneficiary for life insurance or retirement benefits, designation of domestic partner as primary beneficiary in your will, assignment of durable property or health care power of attorney to domestic partner, or document showing ownership of a joint bank account or joint credit card account.

CUIMC DESIGNATION OF PARTNER

I, (Tenant's name) _____, and my partner

(Partner's 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: _____ **(Reserved for Notary Seal)**

Signature: _____ Date: _____

Partner

Print Name: _____

Signature: _____ Date: _____