



University Housing Office  
625 SW Jackson, Suite 210, Portland, OR 97201,  
(503) 725-4333  
www.housing.pdx.edu

## Domestic Partnership Declaration Form

### RESIDENT INFORMATION

\_\_\_\_\_  
Name (First, Last) PSU ID # (required)

\_\_\_\_\_  
Email Address Phone Number

### DOMESTIC PARTNER INFORMATION

\_\_\_\_\_  
NAME (First, Last)

\_\_\_\_\_  
Email Address Phone Number

Two of the following documents must be submitted with the Declaration form as proof of committed partnership:

- A lease or common mail address showing joint residence for at least six months
- Same address on driver's license
- Joint ownership of motor vehicle or real estate
- Joint checking/savings account
- Assignment of beneficiary rights for life insurance, retirement, pensions
- Mutual designation on a will or irrevocable living trust
- Durable power of attorney
- Certificate of Domestic Partnership from a state or municipality that registers partnerships

### DECLARATION STATEMENT

We are in a committed relationship of mutual support.  
We are not married or in any other domestic partnership.  
We are both at least 18 years of age.

We, the undersigned, consider ourselves to be domestic partners as described above and wish to register our domestic partnership to comply with eligibility requirements for University Housing at Portland State University.

\_\_\_\_\_  
Signature of Resident Date

\_\_\_\_\_  
Signature of Domestic Partner Date

For Office Use Only

Approved by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_