

The University of Iowa - Department of Recreational Services
AFFIDAVIT OF DOMESTIC PARTNERSHIP
CONFIDENTIAL

We, _____, and
(Print Name)

_____ certify that:
(Print Name)

1. We are not married to anyone.
2. We are at least eighteen (18) years of age or older.
3. We are not related by blood closer than would bar marriage in the state of Iowa and are mentally competent to consent to contract.
4. We are each other's domestic partner and intend to remain so indefinitely.
5. We are unable to qualify for coverage as a common law spouse.
6. We are of the same sex.
7. We agree to support each other during the term of our domestic partner relationship of being jointly responsible for each others necessities, including without limitation, food, clothing, housing and medical care.
8. We either have:
 - A. Significant existing financial interrelationships evidenced by at least two of the following: (1) joint ownership of a home or shared lease of an apartment or home. (2) designation of each other as the beneficiary of any life insurance policy and retirement plan benefits provided by or through our employment or (3) designation of the partner as the primary beneficiary under each other's will, or (4) a shared checking and or credit card account, or (5) shared ownership of a vehicle, or
 - B. A "relationship contract" obligating us in the event of the termination of our domestic partnership relationship to make a substantially equal division of any property acquired during our domestic partnership relationship, or
 - C. A relationship contract that provides for no division or an unequal division of property that would be valid under Iowa Code 596.8 if it were a premarital agreement.

NOTE: Domestic partners relying on B or C should consult an attorney before signing any such contract. Documentation may be required to prove the existence for any of the above mentioned items.

9. If our domestic partnership relationship terminates, we will notify the Department of Recreational Services of the University of Iowa in writing thirty (30) days of the termination of our domestic partnership.
10. We provide the information in this affidavit to be used by the Department of Recreational Services for the sole purpose of determining our eligibility for domestic partner applicable recreational programs and services fees. We understand that this information will be held confidential and will be subject to disclosure only upon our expressed written authorization or pursuant to a court order.
11. We affirm, under penalty of perjury, that the ascertainments in this affidavit are true to the best of our knowledge and understand that the ability to utilize recreational services in the future could be restricted.

(Signature of Current University Affiliate)

(Signature of Domestic Partner)

(Date)

(Date)