



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources/Benefits Office
Domestic Partnership: Affidavit



I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE STATEMENTS BELOW ARE TRUE AND CORRECT.

1. We have an intimate, committed relationship of mutual caring;
2. We live together (see definition on the next page);
3. We agree to be responsible for each other's basic living expenses (see definition on the next page) during our domestic partnership; we also agree that anyone who is owed these expenses can collect from either of us;
4. We are both 18 or older;
5. Neither of us is married;
6. Neither of us is related to the other;
7. Neither of us has a different domestic partner now;
8. Neither of us has had a different partner in the last six months (this last condition does not apply if you had a partner who died; if you did, cross this out).

We declare under penalty of perjury under the laws of the State of California that the statements above are true and correct.

(Please Print)

Date: ____/____/____

Employee's Name: _____
(Last) (First) (Middle)

W or SSN: _____

Domestic Partner's Name: _____
(Last) (First) (Middle)

Shared Residence Address: _____
(Street & Number) (City) (State/Zip)

Employee's Signature: _____ Signed on: ____/____/____

Domestic Partner's Signature: _____ Signed on: ____/____/____

DEFINITIONS:

"Live together" means that the domestic partners share a place to live.

"Basic living expenses" means the cost of basic food and shelter. It also includes any other expense, which is paid by a benefit either partner receives because of the partnership. For example, domestic partners who receive health insurance coverage are mutually responsible for medical bills, which the insurance does not pay. It is not necessary to actually split basic living expenses to be domestic partners. The partners just have to agree to provide these things for their partner if the partner is unable to provide for him or herself.

THE LAST STEP:

To complete setting up a domestic partnership, you must sign this form in front of a Notary Public, have the Notary fill in the notarization at the bottom of this page, and submit the Affidavit to the Office of Human Resources, 7600 Dublin Boulevard, 3rd Floor, Dublin CA 94568.

NOTARIZATION:

State of _____,

County of _____

on ____/____/____ before me, _____
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

Personally appeared:

Name(s) of Signers

Who proved to me on the basis of satisfactory evidence to be the person (s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entry upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal,

Signature of Notary Public _____