



SEATTLE HOUSING AUTHORITY AFFIDAVIT OF MARRIAGE/DOMESTIC PARTNERSHIP

SECTION I

I, _____ certify that:
(print name of employee)

Complete either A for marriage or B for domestic partnership

A. I, and _____ were legally married on _____
(print name of spouse) (date of marriage)

- OR -

B. I, and _____ have formed a domestic partnership **and** we:
(print name of domestic partner)

1. Share the same regular and permanent residence **and**
2. Have a close personal relationship **and**
3. Are jointly responsible for basic living expenses as defined below **and**
4. Are not married to anyone **and**
5. Are each eighteen (18) years of age or older **and**
6. Are not related by blood closer than would bar marriage in the state of Washington **and**
7. Were mentally competent to consent to contract when our domestic partnership began **and**
8. Are each other's sole domestic partners and are responsible for each other's common welfare.

"Basic living expenses" means the cost of basic food, shelter, and any other expenses of a Domestic partner, which are paid at least in part by a program or benefit for which the partner qualified because of the Domestic Partnership. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

SECTION II

A. I understand that this affidavit shall be terminated upon the death of my spouse/domestic partner, or by a change of circumstance attested to in this affidavit.

I agree to notify Human Resources if there is any change of circumstances attested to in this affidavit within thirty (30) days of change by filing a Statement of Termination of Marriage/Domestic Partnership.

AFFIDAVIT OF MARRIAGE/ DOMESTIC PARTNERSHIP, Continued

Initial B. I understand that if I have indicated on my Medical Benefit Election Form that my domestic partner is my IRS tax dependent, he/she meets the IRS Section 152 definition of a dependent.

Initial C. I understand that if my domestic partner is not an IRS tax dependent that any employee health premiums attributed to my domestic partner will be paid with after tax dollars.

SECTION III

We understand that this information will be kept confidential, and will be subject to disclosure only upon our express written authorization, or if otherwise required by law.

We understand that this declaration of responsibility for our common welfare may have legal implications under Washington State law.

We understand that a civil action may be brought against us for any losses, including reasonable attorney's fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership.

We also certify under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

I, the undersigned Seattle Housing Authority Employee, understand that willful falsification of information on this affidavit may lead to disciplinary action, up to and including discharge from employment.

Signature of Employee

Signature of Spouse/Domestic Partner

Address

Address

City, State Zip

City, State Zip

Date

Date

Submit completed form with Benefit Elections Form to SHA Benefit Administrator
Keep a copy of this form for your records.