

Spouse or Unrelated Second Domiciled Adult - Affidavit of Eligibility

l,	, submit this A	Affidavit to establish	
((name of member)	(na	me of adult)
as my (check one): Spouse Unrelated Second Domiciled Adult ("Unr	elated SDA")	
	ned below for the purpose of obtaining a n tion Center at a matching, or discounted, r		
Spouse	or Unrelated Second Domiciled Adult:		
Addres	s:		
And de	clare them eligible as defined below (check I declare that my partner is eligible becaut I declare that my unrelated SDA is eligible acknowledgement of each criteria): We are not related in any way that wou Neither of us is legally married to any partner of us are at least 18 years of age partner was a principal residence and have immediately prior to the effective date together even if one or both leave the savacations, intermittent business travel, when we a close personal relationship (be permanent; when we are mutual obligation of support I will provide to the Campus Recreation meligibility: Marriage or Civil Union Certificated Two recent documents that show mine, such as a driver's license, corregistration card, insurance policy credit card bill, mortgage statements.	use he/she is my spouse, OR e because we meet all of the fo uld prohibit marriage; verson; orior to the effective date of the re shared a principal residence of of the coverage (you may be conshared residence for temporary military service, or education, I of the casual roommate or tena ret and responsibility for each ot membership staff the following of e, or or or my unrelated SDA's current account star/boat registration, tax return, y, bank or brokerage account star	coverage; or at least six months onsidered to be residing reasons such as out intends to return); nt) that is intended to her's welfare. documentation to verify ddress to be the same as lease, voter
agree t Affidav in any o membe	ing below, I affirm that the assertions in the onotify Campus Recreation within 30 days it. Further, I understand that providing falsor all of the following actions by DePaul: a ership rate differential, administrative and ership privileges; and other legal action against action actions.	s of any change in the circumsta se or misleading information in requirement that I reimburse D legal expenses; permanent reso	nnces attested to in this this Affidavit may result ePaul for the
(signature of member)		(membership number)	(date)
(email)		(phone)	

Membership staff signature: _____