

Affidavit of Financial Interdependency

The undersigned, being duly sworn, depose and declare as follows:

We are domestic partners who reside together and are financially interdependent. We submit original documents of two of the following items (at least one of the two items must be from **List A**) as proof of our financial interdependency. *Note: Original documents will be copied only to document receipt and will be returned to you. Submitted documentation must show financial interdependency for a least one year.*

List A

- | | |
|--|--|
| <input type="checkbox"/> joint obligation on a loan (including an affidavit by a creditor for a personal loan)

<input type="checkbox"/> joint ownership of our residence

<input type="checkbox"/> joint renter's or home owner's insurance policy

<input type="checkbox"/> joint responsibility for childcare (e.g., school documents, guardianship)

<input type="checkbox"/> designation as beneficiary under the other's life insurance policy, retirement benefits account, or will or executor of each other's will

<input type="checkbox"/> an affidavit by a creditor or other person able to testify to partners' financial interdependence

<input type="checkbox"/> mutually granted durable power of attorney | <input type="checkbox"/> designation of one partner as the representative payee for the other's government benefits

<input type="checkbox"/> joint ownership or holding of investments

<input type="checkbox"/> joint ownership or lease of a motor vehicle

<input type="checkbox"/> lease for our shared residence, listing both as tenants

<input type="checkbox"/> mutually granted authority to make health care decisions (e.g., health care power of attorney)

<input type="checkbox"/> shared household budget for the purpose of receiving government benefits

<input type="checkbox"/> I claim my partner as a dependent for federal tax purposes |
|--|--|

List B

- | | |
|---|---|
| <input type="checkbox"/> joint bank account

<input type="checkbox"/> status as authorized signatory on the partner's bank account, credit card, or charge card | <input type="checkbox"/> joint credit or charge card(s)

<input type="checkbox"/> other proof establishing economic interdependency |
|---|---|

Name (Enrollee)

Address

Address

Signature

Name (Partner)

Address

Address

Signature

Sworn to before me this day of _____.
Date

Notary Public