

**Beth Israel Medical Center and St. Luke's-Roosevelt Hospital Center**

**AFFIDAVIT OF DOMESTIC PARTNERSHIP**

I, \_\_\_\_\_, submit and acknowledge that this Affidavit of Domestic  
(Name of Employee)

Partnership establishes \_\_\_\_\_ as my Domestic Partner (as defined  
(Name of Domestic Partner)

below) for the purpose of any housing assignment that the Hospital may extend to employees and their Domestic Partners.

Specifically, I declare and acknowledge that under penalty of perjury my Domestic Partner named above and I meet the following criteria:

- We are both 18 years of age or older.
- We have a close and committed personal relationship, live together, and have been living together on a continuous basis.
- Neither of us is related to each other by blood in a manner that would bar our marriage in the state of New York.
- Neither of us is a party to another domestic partnership.
- Neither of us is married to anyone else.

I understand that the BIMC and SLRHC Real Estate Services Department reserves and retains the sole right to determine if a sufficient showing of domestic partnership for the purpose of qualifying for housing has been made.

I understand I must:

- Provide this affidavit signed and notarized to the Real Estate Services Office at Continuum Health Partners, Real Estate Services, 555 West 57<sup>th</sup> Street, 5<sup>th</sup> Floor, Room 5-46, New York, NY 10019, within 30 days of the establishment of a domestic partnership.

I further acknowledge and understand:

- I would be well advised to consult an attorney regarding the possibility that the filing of this Affidavit may have certain legal consequences, including the fact that it may, in the event of termination of my Domestic Partner relationship, be regarded as a factor leading a court to treat the relationship as the equivalent to marriage for the purpose of establishing or dividing of community property, or for ordering payment of support.
  - I am responsible for reimbursement of any expenses incurred as a result of any false or misleading statements contained in this Affidavit of Domestic Partnership.
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I affirm that under penalty of perjury, to the best of my knowledge, I meet the Domestic Partnership criteria as outlined in this affidavit.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Domestic Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Signature of  
Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

(SEAL)