

Spouse or Unrelated Second Domiciled Adult - Affidavit of Eligibility

I, _____, submit this Affidavit to establish _____
(name of member) *(name of adult)*

as my (check one):

- Spouse
- Unrelated Second Domiciled Adult (“Unrelated SDA”)

as defined below for the purpose of obtaining a membership to DePaul University’s Ray Meyer Fitness & Recreation Center at a matching, or discounted, rate to the sponsoring member.

Spouse or Unrelated Second Domiciled Adult:

Name _____ Date of Birth _____

Address: _____

And declare them eligible as defined below (*check one*):

- I declare that my partner is eligible because he/she is my **spouse**, OR
- I declare that my **unrelated SDA** is eligible because we meet all of the following criteria (initial acknowledgement of each criteria):
 - ___ We are not related in any way that would prohibit marriage;
 - ___ Neither of us is legally married to any person;
 - ___ Both of us are at least 18 years of age prior to the effective date of the coverage;
 - ___ We share a principal residence and have shared a principal residence for at least six months immediately prior to the effective date of the coverage (you may be considered to be residing together even if one or both leave the shared residence for temporary reasons such as vacations, intermittent business travel, military service, or education, but intends to return);
 - ___ We have a close personal relationship (not a casual roommate or tenant) that is intended to be permanent;
 - ___ We share a mutual obligation of support and responsibility for each other’s welfare.
- I will provide to the Campus Recreation membership staff the following documentation to verify eligibility:
 - o Marriage or Civil Union Certificate, or
 - o Two recent documents that show my unrelated SDA’s current address to be the same as mine, such as a driver’s license, car/boat registration, tax return, lease, voter registration card, insurance policy, bank or brokerage account statement, utility bill, credit card bill, mortgage statement, pay stub, W-2 or 1099.

By signing below, I affirm that the assertions in the Affidavit are true to the best of my knowledge. I also agree to notify Campus Recreation within 30 days of any change in the circumstances attested to in this Affidavit. Further, I understand that providing false or misleading information in this Affidavit may result in any or all of the following actions by DePaul: a requirement that I reimburse DePaul for the membership rate differential, administrative and legal expenses; permanent rescindment of membership privileges; and other legal action against me.

(signature of member) *(membership number)* *(date)*

(email) *(phone)*

Membership staff signature: _____