

WEILL CORNELL MEDICAL COLLEGE AFFIDAVIT FOR FAMILY HOUSING

I, the undersigned, declare I am eligible to reside in Weill Cornell Medical College Family Housing (herein after WCMC) and that I share a qualifying family relationship as defined by the *WCMC Policy on Family Housing* as evidenced by marriage or domestic partnership and as is further evidenced by a significant emotional commitment to each other. I attest that each family member hereto made part of my *Application for Family Housing*, qualifies under the *Policy on Family Housing* and each will be domiciled at WCMC. I understand that the availability of Family Housing will be allocated under the rules established by the Director of Housing as in now or will be in effect.

I understand that I must notify WCMC Housing of the termination of marriage, domestic partnership, change in IRS dependant or domiciled status within two weeks of such occurrence and must vacate family housing to which I was assigned. I understand that violations of the rule of this policy will result in housing reassignment or housing termination and/or other administrative penalties.

I, the undersigned, further understand this affidavit will expire three years from the date of notary and must be renewed on or before the expiration date in order to continue residing in Family Housing. I understand it is my sole responsibility to ensure the affidavit is renewed in a timely fashion and failure to execute said renewal may result in the immediate termination of my eligibility to remain in family housing.

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Primary Applicant (Print Name)

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Primary Applicant Signature

Date

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Print Name of Spouse or Domestic Partner

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Print Name(s) of Children and/ or IRS Dependant

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Notary

Date

This affidavit must be notarized and submitted at the time of application