

**LOAN REPAYMENT ASSISTANCE PROGRAM**  
HARVARD MEDICAL SCHOOL  
OFFICE OF FINANCIAL AID  
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**STATEMENT OF DOMESTIC PARTNERSHIP**

**DECLARATION:**

We, \_\_\_\_\_ and \_\_\_\_\_  
(print LRAP applicant's name) (print partner's name)

certify that we are domestic partners in accordance with the following criteria:

**CRITERIA**

1. We are each other's sole domestic partner and intend to remain so indefinitely. We are in a relationship of mutual support, caring and commitment. We share joint responsibility for our common welfare, and are financially interdependent;
2. We are of the same sex and neither one of us is legally married and we are not related by blood to a degree of closeness which would prohibit legal marriage in the locality in which we legally resides;
3. We are at least eighteen (18) years of age and mentally competent to consent to contract;
4. We have resided together for at least six (6) months and intend to reside together indefinitely;
5. It has been at least one (1) year since either of us have filed a statement of termination of a previous Statement of Domestic Partnership

**ACKNOWLEDGEMENTS:** By signing this statement, I declare and acknowledge my understanding that:

1. Domestic partners are subject to the same plan guidelines which govern all other participants in the LRAP program.
2. Harvard University reserves the right to request proof that my partnership meets the joint residency and financial interdependence eligibility criteria and I agree to provide Harvard with supporting documents I requested to do so.

*Statement continues on next page*

*Statement Continued from previous page*

3. If there is any change in our status as domestic partners as certified in this Statement, we will notify the HMS Financial Aid Office within sixty (60) days of such change. If this change results in a termination of the domestic partnership status, a Statement of Termination of Domestic Partnership must be completed. The domestic partnership status will be terminated as of the date the Termination Statement is signed.
4. After I have submitted a Termination Statement, at least twelve (12) months must elapse (from the date the Termination Statement is signed) before I may enroll another partner.
5. The information provided in this Statement is for use by the HMS Financial Aid Office for the sole purpose of determining our eligibility for LRAP assistance.
6. Anyone who makes false statements about satisfying the eligibility criteria or fails to notify the University of a change in status may be subject to legal action.
7. I understand the University may modify its rules on domestic partners and LRAP eligibility at any time.

**TO BE COMPLETED BY THE LRAP APPLICANT:**

I affirm the statements made above are true and complete to the best of my knowledge. I understand that it is possible that this Statement could impose on me obligations to my domestic partner or to the creditors of my domestic partner.

Signature of LRAP Applicant: \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Date \_\_\_\_\_

Signature of Domestic Partner: \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Date \_\_\_\_\_

