



## **HARVARD MEDICAL SCHOOL LOAN REPAYMENT PROGRAM**

HMS Financial Aid Office  
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### **STATEMENT OF DOMESTIC PARTNERSHIP**

#### **DECLARATION:**

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

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

1. We are each others 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 we reside in a state that does not recognize same sex marriage.
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 has 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 our partnership meets the joint residency and financial interdependence eligibility criteria and we agree to supply Harvard with supporting documents if requested to do so.
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 a Termination Statement has been submitted, at least twelve (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 the use of the HMS Financial Aid Office for the sole purpose of determining eligibility for LRAP assistance.
6. Anyone that makes false statements about satisfying the eligibility criteria or fails to notify the University of change of status may be subject to legal action.
7. I understand that the University may modify its rules on domestic partners and LRAP eligibility at any time.

TO BE COMPLETED BY LRAP APPLICANT:

I affirm that 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 obligations to my domestic partner or to the creditors of my domestic partner.

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

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

Date:\_\_\_\_\_

TO BE COMPLETED BY DOMESTIC PARTNER:

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

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

Date:\_\_\_\_\_