

## **Policy on Domestic Partners**

Wherever the policies of the Longview Housing Authority refer to a “spouse” or “family member”, such references shall include a domestic partner. Further, unless restricted by law or by a health insurance carrier, any employee benefit programs, including but not limited to health insurance, bereavement leave and sick leave, shall likewise apply to a qualified domestic partner on the same basis as such benefits would apply in the case of a spouse,.

### Domestic Partnership Defined

Domestic Partners are two people, of either the same or opposite sex, both of whom are eighteen years of age or older; neither of whom is married or related by blood in a manner that would bar their marriage in Washington State; who share a close personal relationship; who are each other's sole domestic partner; who share the same regular and permanent residence; who have agreed to be jointly responsible for basic living expenses incurred during their domestic partnership; and who were mentally competent to consent to a contract when the domestic partnership began.

### Waiting Period to Claim Domestic Partnership Benefits

To qualify as a domestic partner under this policy, the domestic partnership must have existed for a minimum of six months and there must be on file with Longview Housing Authority an Affidavit of Qualifying Domestic Partnership.

### Notification of Change in Domestic Partnership Status

In the event of any change in status that would disqualify an employee’s domestic partner as defined in this policy, the employee must notify the human resources department within ten days.

### False Claims or Failure to Report Change in Status

Failure to provide notification of a disqualifying change in domestic partner status, or falsification of information provided on the Affidavit of Qualifying Domestic Partnership form, may result in disciplinary action up to and including immediate termination of employment.

**AFFIDAVIT OF QUALIFYING DOMESTIC PARTNERSHIP**

**Section I Statement of Domestic Partnership**

Name of Employee \_\_\_\_\_ Employee ID \_\_\_\_\_

Domestic Partner's Name \_\_\_\_\_

I certify that \_\_\_\_\_ and I are domestic partners and that we can provide evidence that we meet the following criteria:

- Are both 18 years of age or older;
- Share a close personal relationship and are each other's sole domestic partners;
- Are not legally married to anyone;
- Are not related by blood closer than would bar marriage in the State of Washington;
- Currently share the same regular and permanent residence;
- Jointly share financial responsibility for "basic living expenses" including the cost of food, shelter, and other costs such as medical expenses.
- Have met the foregoing criteria for a minimum of six months.

**Section II Change in Domestic Partnership**

I agree to notify Longview Housing Authority if there is any change in our domestic partnership status that would make the domestic partner no longer qualified for benefits within ten days of any change.

**Section III Acknowledgement**

We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization or if otherwise required by law.

We understand that this declaration of responsibility for our common welfare may have legal implications under Washington State law.

We understand that a civil action may be brought against us for any losses, including reasonable attorney's fees because of a false statement contained in the Affidavit of Qualifying Domestic Partnership.

We certify under penalty of perjury, under Washington State laws, that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Employee

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

I understand as an employee of Longview Housing Authority that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including discharge from employment.

\_\_\_\_\_  
Signature of Employee