

Addendum to License for Spousal/Domestic Partner Living Arrangements

This Addendum shall be incorporated in and made a part of the Housing Contract (the “License”) dated _____, 20___, between Capstone On-Campus Management, its successors and assigns (“Management”), agent for Maryland Economic Development Corporation, and the undersigned Resident for the _____ term. The License is for the Premises known as Bedroom # _____, Apartment # _____, in the apartment community known as “Fayette Square,” located at 518 and 500 West Fayette Street, Baltimore, MD 21201.

Approved spouse/domestic partner agreements will be subject to a \$200/month fee for the term of the License.

The undersigned, being duly sworn, depose and declare as follows:

1. We are both eighteen years of age or older and not married or in a civil union or domestic partnership with another individual. If either or both of us have been married, in a civil union or domestic partnership, we submit evidence of the termination of such.
2. We are not related by blood or marriage.
3. We are in a relationship of mutual interdependence in which each individual contributes to the maintenance and support of the other individual and the relationship, have been so for at least six months prior to the date of this affidavit, and intend to remain so indefinitely.
4. As spouse or domestic partner, we are financially interdependent. We submit original documents of two proofs of our financial interdependence (see reverse side for proofs of financial interdependence).
5. I, the Resident, understand that any false or misleading statements made in order to receive Spousal/Domestic Partner Living Arrangements for which I do not qualify may be a cause for License Termination (with full and immediate payment of license term expected).

Print Name (Resident)	Print Name (Spouse/Partner)
Date of Birth	Date of Birth
Address	Address
Signature (sign in presence of notary)	Signature (sign in presence of notary)

Sworn to before me _____ this day of _____, _____

NOTARY PUBLIC

All persons will be treated fairly and equally without regard to
race, color, religion, sex, family status, disability, national origin, or source of income.



**YOU NEED A TOTAL OF 3 SEPARATE PROOFS*, AS DESCRIBED BELOW
(1 PROOF OF COHABITATION DURATION AND 2 PROOFS OF FINANCIAL INTERDEPENDENCE)**

*Proofs should be clearly unaltered copies of original documents.

Proof of Financial Interdependence

You must submit two (2) copies of clearly unaltered original documents as proof of financial interdependence of at least six months duration. Below is a list of acceptable proofs (**at least one of the two items must be from List A**). **Check the two (2) proofs you are submitting:**

LIST A

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Joint obligation on a loan (including an affidavit by a Creditor for a personal loan) | <input type="checkbox"/> Designation of one person as the representative payee for the other's government benefits |
| <input type="checkbox"/> Joint ownership of your residence | <input type="checkbox"/> Joint ownership or holding of investments |
| <input type="checkbox"/> Joint renters' or home owners' insurance policy | <input type="checkbox"/> Joint ownership or lease of motor vehicle |
| <input type="checkbox"/> Joint responsibility for child care (i.e. school documents, guardianship) | <input type="checkbox"/> Mutually granted authority to make health care decisions (e.g., health care power of attorney) |
| <input type="checkbox"/> Designated as beneficiary under other's life insurance policy, retirement benefits account or will or executor of each other's will | <input type="checkbox"/> An affidavit by a corporate creditor or other disinterested third party qualified to testify to partners' or spouses' financial interdependence |
| <input type="checkbox"/> Mutually granted durable power of attorney | <input type="checkbox"/> Marriage, same-sex marriage, or civil union certificate |
| <input type="checkbox"/> Share a household budget for the purpose of receiving government benefits | <input type="checkbox"/> Both listed as tenants on the lease of previously shared residence |
| <input type="checkbox"/> Joint federal tax return | <input type="checkbox"/> Other party listed as life insurance primary beneficiary |
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LIST B

- | | |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Joint bank account | <input type="checkbox"/> Joint credit or charge card(s) |
| <input type="checkbox"/> Status as authorized signatory on the partner/spouse's bank account, credit card or charge card | <input type="checkbox"/> Other proof establishing economic interdependence |
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Note: "Joint" proofs must contain both names (Resident and spouse/partner).
Original documents will be copied only to the extent necessary to document receipt and returned to you.



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