Declaration for Couples – Unmarried

We, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ID #) [the student who submits the request] and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ID #)

after having been forewarned that we must state the truth and that, if we fail to do so, we will be subject to the penalties stipulated by law, hereby declare the following:

1. We run a joint household and live as a couple for all intents and purposes.

2. We live together in a shared apartment from the date of \_\_\_\_\_\_\_ (mandatory) **(\*must be at least 7 months prior to signing the declaration).**

Our shared residential address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must attach a rental contract).

3. If I am approved to live in the dormitory, I will live in an apartment that was approved for me with the partner whom I have declared in the dormitory application and in this declaration.

4. We acknowledge that in the event that we break up, that we must immediately notify the Department of Scholarships and Housing at the Graduate School (graduate students) or the Main Dormitory Office (undergraduate students) and that we will be asked to leave our dormitory apartment without any guarantee to receive any other dormitory accommodations.

5. We acknowledge that the Technion relies on this declaration and, on the basis of it, considers us to be partners. If our statement proves to be untrue and/or does not reflect the whole truth or is inaccurate, it will negate the eligibility status we received from the Technion and may even be considered a disciplinary offense and may even lead us to being charged an agreed upon payment amount as compensation for false reporting.

These are our names, these are our signatures, and we declare that the content of our declaration is true.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* A photocopy of both partners’ ID cards must be attached, including the appendix (slip).

**Attorney Certification**

I hereby confirm that on the date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, appeared before me, Adv. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, name of student and ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and name of the partner and ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who were identified to me by their ID cards, and affirmed and signed the above declaration in front of me after I forewarned them that they must tell me the truth and that, if they do not do so, they would be subject to the penalties stipulated by law.

Stamp & Signature of Attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration of Acquaintances**

The following people know us and can attest that we are in compliance with the above declaration.

1. First acquaintance

I, the undersigned (last name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (first name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who lives at the following address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that I am a neighbor / friend / co-worker / family / other [circle the relevant one] of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of the student] and of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of the student’s partner] for \_\_\_\_\_\_\_ years and I hereby confirm that, to the best of my knowledge, the information provided in the above declaration is true.

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

2. Second acquaintance

I, the undersigned (last name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (first name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who lives at the following address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that I am a neighbor / friend / co-worker / family / other [circle the relevant one] of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of the student] and of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of the student’s partner] for \_\_\_\_\_\_\_ years and I hereby confirm that, to the best of my knowledge, the information provided in the above declaration is true.

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

* It is not permissible to include acquaintances who only know one of the partners.

**Attorney Certification**

I hereby confirm that on the date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, appeared before me, Adv. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First acquaintance: Last name \_\_\_\_\_\_\_\_\_\_\_First name \_\_\_\_\_\_\_\_\_\_ ID #\_\_\_\_\_\_\_\_\_\_

Second acquaintance: Last name \_\_\_\_\_\_\_\_\_\_\_First name \_\_\_\_\_\_\_\_\_\_ ID #\_\_\_\_\_\_\_\_\_

who were identified to me by their ID cards, affirmed and signed the above declaration in front of me after I forewarned them that they must tell me the truth and that, if they do not do so, they would be subject to the penalties stipulated by law.

Stamp & Signature of Attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_