

<u>Declaration for Couples – Unmarried</u>

We, the undersigned,	(name)	(ID #) [the student who
submits the request] and	(name)	(ID #)
after having been forewarned that we must s the penalties stipulated by law, hereby decla		fail to do so, we will be subject to
1. We run a joint household and live as a co	uple for all intents and purpo	ses.
We live together in a shared apartment from prior to signing the declaration).	om the date of (man	datory) (*must be at least 7 months
Our shared residential address is:	(must attach a	a rental contract).
3. If I am approved to live in the dormitory, I partner whom I have declared in the dormito 4. We acknowledge that in the event that we Scholarships and Housing at the Graduate S (undergraduate students) and that we will be to receive any other dormitory accommodation.	ery application and in this dec e break up, that we must imm School (graduate students) or e asked to leave our dormitor	ediately notify the Department of the Main Dormitory Office
5. We acknowledge that the Technion relies partners. If our statement proves to be untru negate the eligibility status we received from offense and may even lead us to being chargelse reporting.	e and/or does not reflect the the Technion and may even	whole truth or is inaccurate, it will be considered a disciplinary
These are our names, these are our signatu	res, and we declare that the	content of our declaration is true.
Signature:	Signature:	
Doto		
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, ar	nd 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. <u>First acquaintance</u>		
I, the undersigned (last name)	(first name) _	ID#
, who lives at the following addr	ress	
		nereby declare that I am a neighbor /
friend / co-worker / family / other [circle the relevant of	one] of	[name of the student] and
of [name of the student's partner	s partner] for years and I hereby confirm th	
best of my knowledge, the information provided in the	e above decla	aration is true.
Signature: Date:		
2. <u>Second acquaintance</u>		
I, the undersigned (last name)	(first name) _	ID #
, who lives at the following addr	ress	
		nereby declare that I am a neighbor /
friend / co-worker / family / other [circle the relevant of	one] of	[name of the student] and
of [name of the student's partner] for years and I hereby confirm that,		
best of my knowledge, the information provided in the	e above decla	aration 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 forewarned them that they must tell me the penalties stipulated by law.			
Stamn & Signa	ature of Attorney		