



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

Affiliate Type: <input type="checkbox"/> -Spouse/Partner <input type="checkbox"/> -Legal Dependent* ----- <i>Only if Checked Spouse/Partner above</i> <input type="checkbox"/> -Legally Married <input type="checkbox"/> -Domestic Partners (complete reverse side)	
<b>Sponsor</b> First Name: _____ Last Name: _____ MI: ____ OSU ID: ____-____-____ Department: _____	
<b>Affiliate</b> First Name: _____ Last Name: _____ MI: ____ Birth date: ____/____/____ (mm/dd/yyyy) Phone: _____ Email: _____	
Office Use⇒      Affiliate ID: _____ - _____ - _____	

\*A person who can be claimed as a dependent of the sponsor for federal income tax purposes.

**The Program:** Participation in or access to certain OSU programs or benefits may require showing an OSU Affiliate Identification Card, applicable to spouse or domestic partner of OSU **students, employees, or associates**. *Orange Cash Refunds will only be made through the sponsor's OSU Banner account.*

- The Affiliate Card provides the following advantages:
- \* Accepted ID for check writing on campus
  - \* Access to Department of Recreational Sports facilities (with membership fee)
  - \* Valley Library check-out privilege
  - \* Athletic tickets at the same price as spouse/domestic partner
  - \* Proof of marriage or domestic partnership for Student Family Housing

The Affiliate Card is valid as long as the sponsor maintains active status with OSU.

**Eligibility:** The Affiliate Card is available to a Spouse, Domestic Partner (18 years of age or older) or legal Dependent (on federal taxes) of valid OSU Sponsor. **OSU Employees and Students who are eligible for an OSU ID card are NOT eligible for an Affiliate Card.**

**Cost:** \$30

**Shared Orange Cash Account** (Complete Shared Orange Cash Account Application)

X \_\_\_\_\_  
Sponsor Signature

X \_\_\_\_\_  
Affiliate Signature

Office Use(initials)⇒	Atrium Updated: _____	Scanned: _____
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## REQUIREMENTS

We, the undersigned, declare that we are married or partners\*, and that we are:

Legally married (recognized in the state of Oregon)

-AND-

If requested, we will be able to provide current documentation of marriage

----- **OR** -----

1. Are not married to anyone;
2. Are each eighteen (18) years of age or older;
3. Share a close personal relationship and are responsible for each other's common welfare;
4. Are not related by blood closer than would bar marriage;
5. Have jointly shared the same regular and permanent residence for at least six (6) months immediately preceding the date of this application with the intent to continue doing so indefinitely;
6. Are jointly financially responsible for basic living expenses defined as the cost of food, shelter, and any other expenses of maintaining a household for at least six (6) months immediately preceding this application date. Partners need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

-AND-

*At least two* of the following that have been in effect for the preceding six (6) months :

- a) Joint mortgage, lease or rental agreement.
- b) Designation as primary beneficiary for life insurance or a retirement contract.
- c) Designation of the partner as primary beneficiary in the employee/student's will.
- d) Durable power of attorney for health care or financial management.
- e) Joint ownership of a motor vehicle, a joint bank account, or a joint credit account.
- f) A relationship or cohabitation contract which obligates each of the parties to provide support for the other party.

**We certify that the foregoing is true and accurate to the best of our knowledge, and we understand that the University may initiate disciplinary action (including an ID card misuse fee) and impose sanctions against any student/employee who furnishes false or misleading information to the University or its representative.**

**OSU Student or Employee:**

**Partner:**

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Printed Name*

X  
\_\_\_\_\_  
*Signature*

X  
\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

**\*Note** This affidavit is for use in providing services and benefits within the purview of Oregon State University and is not related to employee health benefits.