



## GENERAL WELFARE ASSISTANCE DECLARATION OF DOMESTIC PARTNERSHIP

Pursuant to the Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians (“Tribe”) General Welfare Ordinance (“Ordinance”), the undersigned hereby declare the following to be:

- We are in a relationship of mutual support, caring and commitment.
- We share the common necessities of life.
- We are not related by blood in a manner that is barred under the laws of the Tribe.
- We are not married or in any other domestic partnership.
- We are at least 18 years of age and otherwise competent to enter into a contract.

**To the best of our knowledge, the above statements are true and correct.**

**Please print:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Signature

**Please Print:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

**Subscribed and Sworn to Before Me This:**

\_\_\_\_\_ Day of \_\_\_\_\_ 2017

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires