



AFFIDAVIT OF DOMESTIC PARTNERSHIP

We, _____ and _____
certify that we are domestic partners in accordance with the following criteria and eligible for in-state tuition (in accordance with the provisions of Administrative Practice Letter 34) and/or student health insurance programs:

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. We are jointly responsible for each other's common welfare, share financial obligations, and share our primary residence. We have resided together for at least six (6) continuous months prior to the date of this affidavit. We will provide evidence of joint responsibility. Joint responsibility may be demonstrated by the existence of either (check I or II):

_____ I. A civil union licensed under state law (civil union is defined as a legally recognized union between same sex partners), OR

_____ II. Two or more of the following (please check at least two items that apply):

- _____ A. Domestic Partnership Agreement or Relationship Contract.
- _____ B. Joint mortgage or joint ownership of primary residence.
- _____ C. Two of:
 - _____ 1. Joint ownership of motor vehicle.
 - _____ 2. Joint checking account.
 - _____ 3. Joint credit account.
 - _____ 4. Joint lease.
- _____ D. The Domestic Partner has been designated as a beneficiary for employee's will, retirement contract, or life insurance.

3. We are:
 - not married to anyone, and
 - each at least eighteen (18) years of age, and
 - mentally competent to consent to contract, and
 - not related by blood to a degree of closeness, which would prohibit marriage in the State of Maine.

We understand that domestic partners are subject to the other eligibility provisions of the University's in-state tuition policy and/or student health insurance plan.

The student agrees to notify the University in writing within thirty-one (31) days of any termination of our domestic partnership. A written termination statement shall affirm that the partnership is terminated and that a copy of the termination statement has been mailed to the other partner.

We certify that the foregoing is true and correct. We, the undersigned student of the University of Maine System and the Domestic Partner, understand that falsification of information contained in this Affidavit may lead to disciplinary action and may subject us to civil action to recover any losses, including reasonable attorney's fees, in addition to an obligation to repay benefits received.

Note: Signing of this Affidavit may affect important legal rights. Please consult your attorney.

Signature of Student

Date: _____

Certified, subscribed and sworn to before me this _____ day of _____, _____

STATE OF MAINE
County of _____

Notary Public

[SEAL]

My commission expires: _____

Signature of Domestic Partner

Date: _____

Certified, subscribed and sworn to before me this _____ day of _____, _____

STATE OF MAINE
County of _____

Notary Public

[SEAL]

My commission expires: _____

The Affidavit and accompanying documentation have been reviewed.

Eligibility:

- Approved
 Not Approved

Signature of Approving Officer

Date: _____

Printed Name

Title