

NAME: _____

PROPERTY: _____

DATE: _____

AFFIDAVIT OF ESTRANGEMENT

1. I understand that, in order to rent an apartment at the above named property, my income must be verified and meet the requirements established by the Low Income Housing Tax Credit (LIHTC) Program and that this includes income for ALL household members.
2. Due to estrangement in my marriage, my spouse is not currently a member of this household and WILL NOT be living in the apartment.
3. Check the applicable statement below:

_____ I AM NOT at this time and WILL NOT be receiving any form of contributions from my spouse.

_____ I currently receive or anticipate receiving spousal contributions in the amount of \$_____ per month. I expect to receive this amount over the next 12 months and will notify the office in the event of any change.

I understand that providing false or incomplete information is punishable by fine or imprisonment and will result in immediate termination of my lease agreement. By signing below I swear or affirm that the information I have provided is true and complete to the best of my knowledge.

Applicant

Date

Notary Public

Date

State of _____

My Commission expires: _____

County of _____