

## ANTICIPATED CHANGES AFFIDAVIT

*to be completed by all adults*

Applicant/Tenant: \_\_\_\_\_ Unit #: \_\_\_\_\_

Do you anticipate any changes to income in the next 12 months?      ☐ YES    ☐ NO

Do you anticipate any changes to assets in the next 12 months?      ☐ YES    ☐ NO

If YES, please explain:

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Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

