## **MARITAL STATUS AFFIDAVIT**

(To be completed by all applicants)

| Applicant/Tenant: _                                  | Unit #:  |
|--|--|
| [] I am divorce<br>[] I am separat<br>[] I am widowe | ted  |
| from my spouse(s) wh<br>Date of divorce(s)/sep       |  |
| Check this box if yo                                 | u are ESTRANGED from your spouse and initial:  |
|  | m my spouse (not yet legally separated or divorced). They will not be y and will not be living in the apartment at any time during my tenancy. Initial                   |
| Check A or B:  |  |
|  | d will not be receiving any form of spousal contributions to my household.  Inticipate receiving spousal contributions to my household                                   |
| received   | contribution in the amount of \$ per month will be during the next 12-month period (verification is required). I will immediately e office of any change in this amount. |
| Answer the following                                 | g:   |
| I have been awarded []YES []NO                       | income such as alimony, child support, or survivor benefits  |
| I am in possession of [] YES [] NO If no,            | and am providing copies of legal documents to verify divorce, separation, etc. please state why:   |
| The following legal ac                               | tions have been made to attempt to collect payments owed to me:  |
|  |  |
| Signature of Applican                                | t Date   |

These questions are being asked to document income eligibility for affordable housing. You will not be approved or denied based on your marital status.

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.

