AFFIDAVIT OF ESTRANGEMENT

Before me on this _____day of_____, 20_____,
[Date] [Month] [Year]

_____ personally appeared before me and, being duly sworn, disposes and says;
[Name]

1. I have applied for a Tax Credit rental unit at the following property:

   «community»

2. I understand that this community is governed under the LIHTC program which requires income verification for all household members.

3. Therefore, in this declaration, I assert that due to estrangement in my marriage, my spouse is NOT a member of this household and WILL NOT be living in the apartment.

4. Check (a) or (b) as applicable:

   ☐ (a) I am NOT and will NOT be receiving any form of spousal contributions to my household.

   ☐ (b) I AM or DO anticipate receiving spousal contributions to my household.

   Spousal contribution in the amount of $_____ per month will be received during the next 12 month period. I will notify the office immediately of any change in this amount.

I have reviewed and I am in full agreement with all articles of this document. By signing below, I swear that the information I have given is complete and true to the best of my knowledge. I also understand that furnishing false or incomplete information is punishable by fine or imprisonment.

_____ _____
Applicant Signature Date

_____ _____
Notary Public Date

State of: _____

County of: _____

My commission expires: _____

THIS FORM MUST BE SIGNED AND SEALED BY A NOTARY PUBLIC