

# **MARITAL STATUS AFFIDAVIT**

*Use this form for any applicant or resident who is divorced, separated, widowed, or estranged from their spouse*

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

I hereby certify that I am  divorced;  separated;  widowed;  estranged  
from my spouse whose name is: \_\_\_\_\_

Date of divorce/separation/etc. \_\_\_\_\_

**Check this box and initial:**

My spouse is NOT a member of this household and WILL NOT be living in the apartment  
\_\_\_\_\_

**Check A or B:**

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 immediately notify the office of any change in this amount.

**Answer the following:**

I have been awarded income such as alimony, child support, or survivor benefits

YES  NO

I am in possession of and can provide copies of legal documents to verify divorce, separation, etc.  YES  NO If NO please state why: \_\_\_\_\_

The following legal actions have been made to attempt to collect payments owed to me:

\_\_\_\_\_  
\_\_\_\_\_

*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.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date