

Affidavit of Estrangement

Applicant/Tenant Name: _____ Unit #: _____

Property Name: _____ City: _____

I hereby certify that:

1. I am separated and estranged from my spouse.

Full Name of Spouse: _____

I further certify that I do not intend to reconcile with my spouse and NO income is received from my spouse (informal or formal).

2. If reconciliation occurs, my spouse will not be permitted to reside with me in the above-referenced property unless at least six months have elapsed since the beginning of the initial lease term.
3. If reconciliation occurs prior to expiration of the six-month timeframe cited above, and my spouse wishes to reside with me in the above-referenced property, our entire household must re-qualify as a new household.

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

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Signature Date