

_____ Management Co. Phone: _____ Fax: _____
Address: _____ Email: _____

AFFIDAVIT OF ESTRANGEMENT

I, _____, certify that:
(Applicant Name)

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

2. I understand that this community is governed under the LIHTC program, which requires income verification for all household members.
3. Therefore, in this affidavit 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 immediately notify the office 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

Manager Signature

Date