

ESTRANGEMENT CERTIFICATION

Property Name: _____ Unit: _____

Applicant/Resident Name: _____

I hereby certify that:

1. I am separated from my spouse.

Full Name of Spouse: _____

2. If reconciliation occurs, my spouse will not be permitted to reside with me in the above-referenced property unless at least 12 months have elapsed since the beginning of the initial lease term.
3. If reconciliation occurs prior to expiration of the 12 month timeframe cited above, and my spouse wishes to reside with me in the above-referenced property, our entire household must meet occupancy and income qualifications. If our household does not qualify, I understand we must vacate the unit.

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 understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement.

Signature of Applicant/Resident

Date