

# AFFIDAVIT OF MARITAL STATUS

Household Name: \_\_\_\_\_ Unit#: \_\_\_\_\_

Applicant/ Resident Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

**If your marital status is divorced, separated, or widowed, this form must be completed.**

Choose and complete the appropriate statement below:

**Part I: Marital Status**

1. I am the widow or widower of \_\_\_\_\_, who has been deceased since \_\_\_\_\_.  
 I am receiving survivor benefits such as Social Security, retirement/pension, etc. in the amount of \_\_\_\_\_.  
 I am **not** receiving survivor benefits such as Social Security, retirement/pension, etc.
2. I am currently  legally separated or  divorced from my spouse effective as of \_\_\_\_\_. (A copy of the legal separation agreement or divorce decree must be attached.)
3. I am currently, but **not legally**, separated from my spouse. I began the legal process on \_\_\_\_\_ (date) and I anticipate this separation to be permanent.
4. I am currently, but **not legally**, separated from my spouse effective \_\_\_\_\_ (date) and I have not begun the legal process for the following reason(s):  
 Financial reasons     Spouse's location is unknown     Incarceration/ Protective Custody  
 Other (explain): \_\_\_\_\_

**Part II: Financial Support**

- I am currently receiving or anticipate receiving \$ \_\_\_\_\_ per \_\_\_\_\_ (frequency) from my spouse during the next 12 months.
- I am not currently and do not seek or anticipate receiving any compensation from my spouse during the next 12 months for the following reasons \_\_\_\_\_

**Part III: Leasing**

I certify that should my spouse rejoin the household within the initial lease term I will notify management immediately and that the entire household will need to be re-evaluated for eligibility. \_\_\_\_\_ (initial)

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of Section 42 or Section 515 housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TENANT

\_\_\_\_\_  
DATE