

ESTRANGEMENT/SEPARATION CERTIFICATION

Applicant/Tenant Name: _____

Unit #: _____

Project Name: _____

Social Security #: _____

THIS FORM TO BE COMPLETED BY APPLICANT/TENANT

You have applied for or currently reside in a rental housing unit located in a development operating under the Low- Income Housing Tax Credit (LIHTC) and/or HOME Programs. Provisions of this code require verification of all income and assets, as well as other claims of eligibility. This form is being completed due to the lack of legal action taken to establish estrangement/separation from your spouse. Please provide the information requested below:

1. I am estranged/separated from my spouse. YES NO

Full name of spouse: _____

2. If reconciliation occurs, my spouse will **not** be permitted to reside with me in the above-referenced unit unless at least six months have elapsed since the beginning of the initial lease term. AGREE DISAGREE

3. If reconciliation occurs prior to the expiration of the six-month time frame cited above, and my spouse wishes to reside with me in the above-referenced unit, our entire household must meet occupancy and income qualifications. If our household does not qualify, I understand that we will be required to vacate the unit. AGREE DISAGREE

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(s) 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

Date

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.