



# MARITAL SEPARATION STATUS AFFIDAVIT

**Applicant Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_ **Spouse's Name:** \_\_\_\_\_

Our housing commission provides affordable housing under Section 42 of the Internal Revenue Code. Households applying for occupancy are required to disclose their marital status and future intentions for purposes of determining income eligibility.

**Who should complete this form:** If you are age 18 or older or an emancipated minor and you are currently separated from your spouse, this form must be completed.

**We are required to inform you that intentionally supplying false information is punishable under the Statute of Frauds.**

The US Government requires the following:

- All questions must be answered YES, NO or,
- If a question does not apply, put N/A.
- If uncertain, use best available information.
- Use of "White out" and pencil is prohibited.
- If information must be changed, strike through & initial change.
- Signature and date of person completing this form is required.

**Choose and complete the appropriate numbered statement below:**

- \_\_\_\_\_ 1. I am currently legally separated from my spouse.  
***A copy of legal separation agreement must be attached.***
- \_\_\_\_\_ 2. 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.
- \_\_\_\_\_ 3. I am currently, but not legally, separated from my spouse and I have not begun the legal process for the following reason(s) \_\_\_\_\_  
 \_\_\_\_\_

**If statement 2 or 3 above is checked, choose and complete the following appropriate statement:**

- \_\_\_\_\_ A. I am currently receiving or anticipate receiving \$ \_\_\_\_\_ per \_\_\_\_\_(frequency) from my spouse during the next 12 months for the purpose of \_\_\_\_\_.
- \_\_\_\_\_ B. I am not currently and do not anticipate receiving any compensation from my spouse during the 12 months for the following reason(s) \_\_\_\_\_.

By my signature below, I certify the above representations to be true as of the date shown below. I further understand and agree that any misrepresentation herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move in, I will notify management of any changes to these circumstances. **I also hereby swear that I understand that my estranged spouse will not be allowed to move into this property to live with me within the next 12 months without re-qualifying as an initial certification. I also certify that I will agree to seek and obtain a divorce within 12 months of the date of this affidavit.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Please return completed form to: Plymouth Housing Commission Office  
 1160 Sheridan, Plymouth, MI. 48170**

