



AFFIDAVIT OF ESTRANGEMENT

I, _____, hereby certify that I am separated and estranged from my spouse,

(Name of Spouse)

I further certify that I do not intend to reconcile with my spouse. However, if such reconciliation occurs, my spouse will not be permitted to reside in

(Name of Complex) unless at least 12 months have elapsed since the beginning of the initial lease term. If reconciliation occurs prior to the expiration of the twelve-month time frame cited above; my spouse wishes to reside in _____
(Name of Complex), our entire household must re-qualify as a new household.

APPLICANT: _____

DATE: _____