



Sworn Affidavit for Separation from Spouse

To whom it may concern:

I _____, being duly sworn, state that I am separated from _____ and cannot afford the cost of a legal separation or divorce at this time. I understand that my spouse will not be allowed to reside in my residence without the Georgia Department of Community Affairs and Landlord approval.

Date of separation: _____

Estranged spouse's Social Security Number: _____

Address of estranged spouse:

Street Address

City

State

Zip Code

Please initial in the box where applicable:

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I am NOT and will NOT be receiving any form of spousal contributions to my household.

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I AM and DO anticipate receiving spousal contributions to my household.

Spousal contributions in the amount of \$_____ per month will be received during the next 12-month period. I will notify the office of any change in this amount.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department of the United States Government.

Signature of Applicant/Participant

Date

Subscribed & Sworn to Before Me: This _____ Day of _____ 20____

Notary Public in & for the State of Georgia

My Commission Expires on: _____