

**Affidavit of Estrangement  
Recovery KY (only)**

Applicant/Tenant Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
Property Name: \_\_\_\_\_ City: \_\_\_\_\_

I hereby certify that:

1. I am separated and estranged from my spouse.

Full Name of Spouse: \_\_\_\_\_

**I further certify that I do not intend to reconcile with my spouse and NO income is received from my spouse (informal or formal).**

2. If reconciliation occurs, my spouse will not be permitted to reside with me in the above-referenced property.
3. If reconciliation occurs, I must immediately report any income received (informal or formal) and such income will be included in my annual gross income.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands 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

\_\_\_\_\_  
Signature Date