

Housing Authority of the City of Decatur, Georgia

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404-270-2100 ▪ Fax 404-270-2122
TTD/TTY 1-800-545-1833 Ext 852
www.decaturhousing.org

CERTIFICATION OF SEPARATION FROM SPOUSE

I, _____, hereby declare as a sworn statement the following:
I am legally married to Mr. /Mrs. _____, who is a resident of
the State of _____, and I am not aware of any court order ending that
marriage. My spouse and I have been separated since _____. We do not live
together, nor do we have any intention of living together.

I make this statement in support of my effort to obtain or continue receiving housing assistance from the
Housing Authority of the City of Decatur, Georgia (DHA). I understand and agree that my spouse cannot live
with me as long as I receive housing assistance through Decatur Housing Authority unless I obtain permission
from DHA to add my spouse to my household.

Under penalties of perjury, I affirm the foregoing information is true, correct, and complete to the best of my
knowledge. I understand that if I provide any false information to obtain housing, my housing assistance may be
terminated.

Signature: _____ Date: _____

Sworn to and Subscribed before me

This _____ day of _____, 20_____.

Notary Public

Notary Name: _____

My commission expires: _____