

**New Jersey Department of Human Services
PAAD, LIFELINE AND SPECIAL BENEFIT PROGRAMS**

PO Box 715

Trenton, N.J. 08625-0715

www.nj.gov/humanservices

AFFIDAVIT OF SEPARATION

****THIS FORM MUST BE NOTARIZED****

Date of Initial Separation: _____
Name of Applicant: _____
Applicant Residence: _____
Name of Spouse: _____
Spouse Residence: _____

I, _____, certify and attest to the truthfulness of the following:
(Print Name of Applicant)

1. That my spouse and I are separated and do not reside together.
2. That I have no access to the funds of my spouse.
3. That I receive no support or monies from my spouse.
4. That my spouse and I do not mingle or join our funds in any way and do not file joint federal or state income tax returns.

Applicant Signature: _____

Date: _____

Social Security Number: _____

Sworn and subscribed this _____

day of _____, 20_____.

Notary Public of New Jersey