



## ALACHUA COUNTY PROPERTY APPRAISER'S AFFIDAVIT OF SEPARATION

Parcel No. \_\_\_\_\_

Please check all that apply. A check means yes. (Copies of documents may be requested for review):

- Do you and your spouse share residences? (Spend time together in each other's homes.)
- Do you vacation together?
- Do you and your spouse file a joint tax return?
- Do you and your spouse have joint checking, savings or brokerage accounts?
- Do you and your spouse have life insurance policies, retirement or pension accounts, annuity contracts, or mutual fund accounts together? Or are you or your spouse listed as the beneficiary for each other on any of these policies or accounts?
- Do you share or have joint credit cards or other lines of credit together?
- Do you and your spouse pay each other's utility bills or mortgage payments?
- Do you and your spouse have children together and do either of you contribute to child support?
- Do you have cars, boats or aircraft titled in both your names?
- Do you own property in another county or state with your spouse?
- Have you or your spouse filed for divorce? Date filed: \_\_\_\_\_ in \_\_\_\_\_ County
- Have you and your spouse separated and live apart? Date separated: \_\_\_\_\_

I am married to \_\_\_\_\_, who lives at \_\_\_\_\_

Spouse's SSN \_\_\_\_\_

**My spouse and I are separated from each other and have established separate family /economic units. We do not contribute to each other financially.**

**I have read each statement in this affidavit and affirm each statement is true and correct. I understand that the statements made in this affidavit are being made under penalty of perjury, punishable as provided in Section 196.131(2) Florida Statutes, which provides that any person who knowingly and willfully gives false information for the purpose of claiming Homestead Exemption is guilty of a misdemeanor of the first degree, punishable as provided in S.775.08(2) or by fine not exceeding \$5,000, or both.**

\_\_\_\_\_ signed \_\_\_\_\_ date

BEFORE ME, an officer duly authorized to accept acknowledgements and affirmations, personally appeared \_\_\_\_\_, who is ( ) personally known to me, or ( ) who has produced \_\_\_\_\_ as identification, first being duly sworn, deposes and says that the above information is true and correct to the best of his/her knowledge, information and belief.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_  
Notary Public, State of Florida at large. My Commission expires: \_\_\_\_\_