



# NOTIFICATION TO PROPERTY MANAGEMENT NON-PAYMENT OF RENT DUE TO COVID-19

835 East 14th Street, San Leandro CA 95521 Phone: 510-577-6004 or 510-577-6005

## TENANT IS ENCOURAGED TO COMPLETE AND PROVIDE TO PROPERTY MANAGER AS SOON AS POSSIBLE

The City of San Leandro enacted an urgency ordinance establishing a moratorium on residential and commercial evictions for non-payment of rent due to a tenant's substantial loss of income or medical expenses due to the COVID-19 pandemic. In order for the eviction moratorium to apply, a tenant must notify their landlord in writing, and within thirty (30) days of the rent being due, of the tenant's inability to pay the full rent and provide supporting documentation. Tenants are encouraged, but not required, to use this form. The eviction moratorium took effect March 23, 2020, and will remain in effect through at least May 31, 2020.

### TENANT INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address & Unit # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Tenant Will Make Partial Rent Payment: YES  NO  If yes, what amount: \_\_\_\_\_

### COVID-19 IMPACT

My income has been substantially impacted by COVID-19 due to the following (select one):

- Need to remain off work due to COVID-19 illness or symptoms
- Need to self-quarantine because of exposure to someone sick with COVID-19
- Reduction of work hours or job loss due to closure of business that employed tenant(s)
- Missing work to care for a child due to school closure
- Inability to operate a non-essential business because of the Shelter-in-Place order
- Lack of business due to no customers
- Medical expenses
- Other: \_\_\_\_\_

### COVID-19 IMPACT DOCUMENTATION

I am providing the following documentation of my substantial loss of income (select all that apply):

- Letter from employer
- Paycheck stubs from before & after the initial COVID-19 Shelter-in-Place Order (3/16/2020)
- Bank statements showing available balances before & after COVID-19 outbreak
- Other proof of substantial loss of income: \_\_\_\_\_

**CERTIFICATION:** I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Documentation for items selected above is attached:  Yes  No

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_