

## COVID-19 Hardship Rent Consideration

Resident(s) Name: \_\_\_\_\_

Resident(s) Name: \_\_\_\_\_

Leased Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

We understand that COVID-19 has affected a large part of the population, and you have indicated that your employment with:

\_\_\_\_\_

**(List name of employer and telephone number if related to loss of employment or reduction in hours)** has been affected. In accordance with California law, all residents are responsible for any rent payments due under the rental agreement. I understand that I am responsible for the full monthly rent payment. At this time the resident(s) located at the above- mentioned address are asking for an accommodation due to:

- Financial impacts related to loss of employment directly related to COVID-19.
- Financial impact-reduction of work hours directly related to COVID-19, resulting in loss of income.
- Medical expenses attributable to COVID-19.
- Financial impact due to caring for oneself, or for a family member, related to COVID-19, or impact from school closures or daycare closure related to COVID-19.

I will only be able to make a payment of: \$\_\_\_\_\_ for the month of \_\_\_\_\_.

Resident(s) provides Owner/Agent proof of the inability to meet his/her financial responsibility and is attached. If proof is not provided as required in this agreement, and verifiable and directly attributable to COVID-19, the request will be denied, and the resident is responsible for the monthly rent. Proof may be in the form of loss of employment or medical documentation, copies

of business records, bank statements that show a drop-in income, employer pay stubs, or letter from an employer notifying tenant of reduction in compensable hours. Resident acknowledges that the Owner/Manager is not in default of the Rental Agreement.

**Resident(s) Signature:** \_\_\_\_\_ **Date**\_\_\_\_\_

**Resident(s) Signature:** \_\_\_\_\_ **Date**\_\_\_\_\_

**This section to be completed by Owner/Agent only:**

**For office use only:**

The Resident is responsible for the monthly rent of \$\_\_\_\_\_. We are providing the following accommodations for the month of \_\_\_\_\_ (month and year).

**Proof:**

Resident Provided Proof.

Residents needs to provide proof no later than \_\_\_\_\_ (date) in accordance with the law.

**Check all those that apply:**

Payment Plan-To be used in conjunction.

Waiving of late fee.

Temporary delay in rent obligation where resident is approved to pay \$\_\_\_\_\_.

Other: \_\_\_\_\_

The law does not eliminate a resident's obligation to pay the unpaid rent. After the expiration of the local and or state emergency, you are obligated to pay, and an owner may seek payment of any unpaid rent, which the renter must pay in accordance with the law.

**Owner/Agent:**\_\_\_\_\_ **Date:** \_\_\_\_\_