**Tenant Financial Hardship Notice**

Under the Governor’s COVID-19 declaration of emergency of March 10, 2020, and the eviction moratorium law of April 20, 2020, I swear and affirm that the following document is true.

1. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and I live at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. I pay $\_\_\_\_\_\_\_ per month in rent.
3. I am unable to pay my rent for \_\_\_\_\_\_\_\_\_\_\_\_\_because I have been affected by COVID-19.

*The following information should be about how my household has been impacted by COIVD-19*

1. Our household has lost income due to COVID-19 because a household member
	1. \_\_\_\_ Was laid off, furloughed, workplace closed, or work suspended beginning on \_\_\_\_\_ (date);
	2. \_\_\_\_ Hours of work or amount of work reduced beginning on \_\_\_\_\_ (date);
	3. \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. I have additional expenses due to COVID-19 because:
	1. \_\_\_\_ Extra child care costs, including food, diapers, and other costs;
	2. \_\_\_\_ Extra costs because other household members are working extra hours due to COVID-19, including child care and transportation;
	3. \_\_\_\_ Extra medical costs related to COVID-19;
	4. \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I affirm that the information provided here is true.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date