

# Basis for COVID Hardship Declaration

Date: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Dear \_\_\_\_\_ (Landlord/Agent):

This letter is to inform you that I was unable to pay my rent due from (date): \_\_\_\_\_ to: \_\_\_\_\_ (date) due to financial impacts related to COVID-19. The total claim amount that I am seeking COVID protection for is: \$\_\_\_\_\_.

## Check the boxes that apply:

Suspected or confirmed diagnosis of COVID-19 or caring for myself or someone else such as a household member suspected or confirmed with COVID-19 from (date): \_\_\_\_\_ to: \_\_\_\_\_ (date) without receiving paid leave from my employer. Amount: \$\_\_\_\_\_

Lay-off, loss of hours, loss of revenue, or other income reduction resulting from business closure or other economic or employer impacts of COVID-19 from (date): \_\_\_\_\_ to: \_\_\_\_\_ (date). Amount: \$\_\_\_\_\_

Extraordinary out-of-pocket medical expenses related to diagnosis of, testing for, and/or treatment of COVID-19. Amount: \$\_\_\_\_\_

Loss of wages or additional expenses due to childcare needs that arose from school closures related to COVID-19 (not compensated through other governmental or non-governmental program). Amount: \$\_\_\_\_\_

Other COVID-19 related reason (specify) \_\_\_\_\_  
Amount: \$\_\_\_\_\_

I will only be able to pay \$\_\_\_\_\_ per month on the remaining rent debt until further notice.

I have attached supporting documentation to support my claim.

I understand that failure to provide supporting documentation to support my COVID-related hardship claims will result in a forfeiture of COVID-related protections for such claims. I understand that my rent is not being waived, and as a residential tenant, I have twelve (12) months following the end of the "Resolution Period" to pay back any COVID-hardship qualifying amount due.

Regards,

\_\_\_\_\_ (Tenant signature)

\_\_\_\_\_ (Printed name)