This form is provided to Landlords free of charge by **The Law Offices of Todd Rothbard** 100 Saratoga Ave., Suite 200

Santa Clara, CA 95051 Phone: (408) 244-4200

Email: office@toddrothbardlaw.com

Please email us and we will send you instructions on filling out and serving this notice, and will answer any other questions you may have.

PRE-NOTICE OF RENT DELINQUENCY AND NOTIFICATION TO LANDLORD OF COVERED REASON FOR DELAYED PAYMENT AS A RESULT OF COVID-19

On March 16, 2020, Governor Gavin Newsome Issued Executive N-28-20, that authorized local governments to limit a Landlord's ability to evict a tenant between the date of the Order and May 31, 2020. On March 17, 2020, the City of Berkeley adopted the COVID-19 Emergency Response Ordinance, Berkeley Municipal Code Chapter 13.110 (the "Ordinance"), which was effective immediately, and through the Expiration of the City's State of Emergency. The Ordinance prohibits evictions where a tenant is unable to pay rent due to "Covered Reason for Delayed Payment."

The Ordinance Defines "Covered Reason for Delayed Payment" means a situation where

- (1) the basis for an eviction is nonpayment of rent, or a foreclosure, arising out of a substantial decrease in household or business income (including, but not limited to, a substantial decrease in household income caused by layoffs or a reduction in the number of compensable hours of work, or a substantial decrease in business income caused by a reduction in opening hours or consumer demand); or substantial out-of-pocket medical expenses; and
- (2) the decrease in household or business income or the out-of-pocket medical expenses described in subparagraph (i) was caused by the COVID-19 pandemic, or by any local, state, or federal government response to COVID-19, and is documented.

In order to be protected by the Ordinance, a Tenant must notify the Landlord that their inability to pay qualifies as a Covered Reason for Delayed Payment and provide documentation.

This Notice is intended to serve as Landlord's "Pre-Notice of Rent Delinquency" as required by B.M.C. § 13.110.020.
You are delinquent in rent in the amount of \$
Within three days, excluding weekends and holidays, you are required to provide Landlord with a notice and documentation of a basis for an inability to pay rent under as provided by the Ordinance, if you have such basis.
Notice and Documentation should be Provided to:
Name:
Address:
[] By Mail [] In person, between the hours of and, on the days to

You may provide the required Notice and Documentation by using the below form.

the required Notice and Documentation.
Name:
Address:
I intend to seek protection against eviction for nonpayment of rent under C the COVID-19 Emergency Response Ordinance, Berkeley Municipal Code Chapter 13.110 (the "Ordinance").
I owe rent for (month), 2020, in the amount due of \$
I am able to pay \$ I am not able to pay the remaining amount due of \$
I have suffered a substantial decrease in household or business income resulting from the COVID-19 pandemic for the following reason: (you must check at least one)
[] I am sick with COVID-19, or caring for a household or family member who is sick with COVID-19
[] I have been laid-off, lost working hours, lost business income, or suffered other income reduction resulting from COVID-19 or the federal, state or local government response to COVID-19
[] I have incurred substantial out-of-pocket medical costs related to COVID-19; or
[] I suffered another substantial decrease in income caused directly by COVID-19 or the governmental response to the COVID-19 pandemic. Explain
Documentation . In addition to notifying your Landlord of your inability to pay, you are required to provide documents to support the claims you made above, and that they are caused by the COVID-19 pandemic
I have attached the following documentation of the substantial decrease in income I have experienced due to COVID-19:
[] Letter from employer citing COVID-19 as a reason for reduced work hours or termination.
[] Paycheck stubs from before and after the COVID-19 outbreak
[] Bank statements from before and after the COVID-19 outbreak showing a reduction in income
[] Receipts for increased out of pocket medical expenses, due to COVID-19
[] Other proof of substantial loss of income related to COVID-19
[] Other:
Tenant Signature: Date:

You may use this form to notify your landlord that you intend to seek the protection of the Ordinance by providing

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THREE DAY NOTICE TO PAY RENT OR QUIT

(C.C.P. Section 1161 Subsection 2)

TO:	TO:, and all tenants in			
PLEASE TAKE NOTICE and unpaid in the reasonably estimated			r the below described prem	nises and is due
THE PREMISES herein referred to , State of California			llows:	, County of
Address:				
WITHIN THREE DAYS of judicial holidays, you are required to said premises.			1 7	•
SHOULD YOU FAIL to pa day period, your landlord will instit to declare a forfeiture of the lease of to recover all unpaid rent, unlawful	ute legal proceed r rental agreemen	lings to reco	ver possession of said pren you hold possession of said	nises from you, d premises, and
SHOULD YOU MAKE a p detainer proceedings are commence accept such partial payment; howev your landlord will continue with the payment pursuant to the provisions of the provis	ed, after the con er, unless specifi prosecution of a of California Coo	nmencement cally agreed n unlawful d	of such proceedings, you otherwise in writing signer etainer action notwithstand	r landlord will d by all parties,
Payment should be made to:	Name: Address:			
	Telephone:			
(Check should be made payable to:)	
PAYMENT MAY BE MADE IN A	NY OF THE CH	ECKED ME	ETHODS BELOW:	
By personal delivery: The usual days and hours when available to accept payments are the days of between the hours of and	By mail or couri to the above add be postmarked w three day notice	ress (must vithin the	By deposit into Ac #_ Bank Name: Address: By electronic fund pursuant to previor established proced	at s transfer usly

COVID-19 EVICTION DEFENSE: On March 16, 2020, Governor Gavin Newsome Issued Executive N-28-20 (the "Order"), that authorized local governments to limit a Landlord's ability to evict a tenant between the date of the Order and May 31, 2020. On March 17, 2020, the City of Berkeley adopted the COVID-19 Emergency Response Ordinance, Berkeley Municipal Code Chapter 13.110 (the "Ordinance"), which was

evictions where a tenant	is unable to pay rent due to	to "Covered Reason for Delayed Payment."	
on results from a "Coveredocumentation thereof.	(date), wherein you were ed Reason for Delayed I	of Rent Delinquency, as required by B.M.C. § 13.110 to directed to Notify your Landlord if your non-payer Payment" as defined by the Ordinance, and supervice of said Pre-Notice upon you, excluding week ince and documentation.	ment ıbmit
Landlord that your inab	oility to pay qualifies as a y notify your Landlord of	a Covered Reason for Delayed Payment and prof your intention to assert this defense by filling out	vide
Dated:	Ву:	Name: Landlord/ Agent	

effective immediately, and through the Expiration of the City's State of Emergency. The Ordinance prohibits

Attachment 1: Notice Of Rent Delinquency And Notification To Landlord Of Covered Reason For Delayed Payment As A Result Of Covid-19

THIS NOTICE SUPERSEDES ALL PREVIOUSLY SERVED NOTICES TO PAY OR QUIT

Attachment 1

NOTICE OF RENT DELINQUENCY AND NOTIFICATION TO LANDLORD OF COVERED REASON FOR DELAYED PAYMENT AS A RESULT OF COVID-19

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In order to be protected by the Ordinance, a Tenant must notify the Landlord that their inability to pay qualifies as a Covered Reason for Delayed Payment and provide documentation.

providing the required Notic	ce and Documentation.	
Name:		
Address:		
•	against eviction for nonpayment of rent und ey Municipal Code Chapter 13.110 (the "Ordin	_ ,
I owe rent for	(month), 2020, in the amount due of \$	·
I am able to pay \$	I am not able to pay the remaining a	mount due of \$
	ial decrease in household or business incom reason: (you must check at least one)	e resulting from the COVID-19
[] I am sick with COVID-19, o	or caring for a household or family member wh	no is sick with COVID-19
	the federal, state or local government response	
[] I have incurred substantia	al out-of-pocket medical costs related to COVID	0-19; or
	antial decrease in income caused directly by andemic. Explain	_
	to notifying your Landlord of your inability to plaims you made above, and that they are cause	
I have attached the following to COVID-19:	g documentation of the substantial decrease in	income I have experienced due
[] Letter from employer citir	ng COVID-19 as a reason for reduced work hou	rs or termination.
[] Paycheck stubs from befo	ore and after the COVID-19 outbreak	
[] Bank statements from bei	fore and after the COVID-19 outbreak showing	a reduction in income
[] Receipts for increased out	t of pocket medical expenses, due to COVID-19)
[] Other proof of substantial	l loss of income related to COVID-19	
[] Other:		
Tenant Signature		Date:

You may use this form to notify your landlord that you intend to seek the protection of the Ordinance by

DECLARATION OF SERVICE OF NOTICE TO RESIDENT

I, the undersigned declare that at the time of service of the papers herein referred to, I was at least eighteen (18) years of age, and that I served the following notice:

[X] Three Day Notice to Pay Rent or Quit

	following resident(s):					, and
on the	day of	20	<u>_</u> .			
	BY DELIVERING a copy for			amed resident(s) PERSONA	LLY
OR						
	BY LEAVING a copy for eac discretion at the residence or uthereof;			· /	-	_
	AND MAILING by first class in the United States Mail, in a named resident(s) at their place	sealed e	nvelope, wit			
OR						
	BY POSTING a copy for each property therein described the residence or any known usual	re being	no person of	suitable age of	or discretion to	
	AND MAILING by first class in the United States Mail, in a named resident(s) at their place	sealed e	nvelope, wit	1 .	` '	
testify	I declare, under penalty of per thereto, I could do so compete		t the foregoin	ng is true and	correct and if	called as a witness to
Execute	ed this day of, 20	0 at_	(California.		
		-	Declarant			
			Jeciarani			