

This form is provided to Landlords free of charge by

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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.

was caused by COVID-19, and/ or the state, local, or federal government’s response to COVID-19. You may notify your Landlord of your intention to request this assistance by filling out and returning the attached form.

Dated:

By: _____

Name:

Landlord/ Agent

Attachment 1: Notification to Landlord of Income Loss Due to COVID-19

THIS NOTICE SUPERSEDES ALL PREVIOUSLY SERVED NOTICES TO PAY OR QUIT

NOTIFICATION TO LANDLORD OF INCOME LOSS DUE TO COVID-19

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.

The Income Loss Documentation only applies in the following situation:

1. The basis of the eviction is nonpayment of rent, or a foreclosure.
2. The nonpayment or foreclosure arises out of a “substantial decrease in household or business income, that was caused by COVID-19, or the governmental response to COVID-19,” including:
 - a. Layoffs or reduction in hours,
 - b. Substantial decrease in business income due to reduced operable hours or consumer demand, or
 - c. Substantial out of pocket medical expenses.
3. The decrease in income is documented.

If 1-3 apply to you, then you may be an “Affected Tenant,” meaning your Landlord will take your documented income loss into consideration. This documentation does not waive any unpaid rent, but may delay an eviction for a period of time.

If a landlord initiates an eviction for nonpayment of rent during the period the Order is in place, an Affected Tenant should notify the landlord, and provide documentation of income loss due to COVID-19, prior to the expiration of the three day notice.

You may use this form to notify your landlord that you intend to stop an eviction because you are an **Affected Tenant**:

Name: _____

Address: _____

Amount of Rent Due and Unpaid: _____

I intend to seek protection against eviction for nonpayment of rent under the Order, because I am an Affected Tenant (as defined above). My household or business income has substantially decreased as a result of COVID-19, including the governmental response to it, due to the following: (you must check at least one)

Job or Income Loss due to COVID-19

Missing work to care for a child due to school closure in response to COVID-19

Reduction of hours due to COVID-19

State or local emergency action, in response to COVID-19, that prevents me from working or opening my business

Substantial increase in out of pocket medical expenses due to COVID-19

Other: _____

Documentation Required. In addition to notifying your Landlord of your status as an Affected Tenant (above), you may only claim COVID-19 as a Defense to eviction if you have, prior to the Notice of Termination expiring, provided written documentation or other objectively verifiable proof of your status as an Affected Tenant.

I have attached the following required documentation of my status as an Affected Tenant:

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 showing financial situation before and after the outbreak of COVID-19

Other proof of substantial loss of income related to COVID-19

Tenant Signature: _____

Date: _____

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:

Three Day Notice to Pay Rent or Quit

On the following resident(s): _____, and
all tenants in possession

on the _____ day of _____, 20__.

BY DELIVERING a copy for each of the above-named resident(s) PERSONALLY

OR

BY LEAVING a copy for each of the above-named resident(s) with a person of suitable age and discretion at the residence or usual place of business of the resident(s), said resident(s) being absent thereof;

AND MAILING by first class mail on said date a copy to each resident(s) by depositing said copies in the United States Mail, in a sealed envelope, with postage fully prepaid, addressed to the above-named resident(s) at their place of residence.

OR

BY POSTING a copy for each of the above-named resident(s) in a conspicuous place on the property therein described there being no person of suitable age or discretion to be found at the residence or any known usual place of business of said resident(s);

AND MAILING by first class mail on said date a copy to each resident(s) by depositing said copies in the United States Mail, in a sealed envelope, with postage fully prepaid, addressed to the above-named resident(s) at their place of residence.

I declare, under penalty of perjury, that the foregoing is true and correct and if called as a witness to testify thereto, I could do so competently.

Executed this _____ day of _____, 20__ at _____ California.

Declarant