

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.

the protections of the Ordinance, and submit documentation thereof. Within three days after service of said Pre-Notice upon you, excluding weekends and judicial holidays, you failed to submit said notice and documentation.

In order to be protected by the Ordinance you should, prior to the expiration of this Notice, notify your Landlord that you qualify as an Affected Tenant and provide documentation. You may notify your Landlord of your intention to assert this defense by filling out and returning the attached form.

Dated: March 26, 2020

By: _____

Name:

Landlord/ Agent

Attachment 1: Notification To Landlord Of Qualification As An Affected Tenant As A Result Of COVID-19

THIS NOTICE SUPERSEDES ALL PREVIOUSLY SERVED NOTICES TO PAY OR QUIT

**NOTIFICATION TO LANDLORD OF QUALIFICATION AS AN
AFFECTED TENANT 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 24, 2020, the City of Santa Clara adopted an emergency ordinance and regular ordinance entitled Emergency Evictions Protection, Chapter 8.65 (the "Ordinance"), establishing a temporary moratorium on evictions effective immediately and through May 31, 2020. The Ordinance prohibits evictions where a tenant is an "Affected Tenant" as defined therein.

Under the Ordinance a tenant qualifies as an Affected Tenant where the Tenant or Tenant Household has, as a result of the COVID-19 pandemic, or declaration of the County Public Health Officer, or other local, State or Federal Authority, suffered a substantial loss in income as a result of any of the following: 1) job loss; 2) a reduction of compensated hours of work; 3) employer's business closure; 4) missing work due to a minor child's school closure; or 5) other similarly-caused reason resulting in a loss of income due to COVID-19.

In order to be protected by the Ordinance, a Tenant must demonstrate that they are unable to pay rent due to financial impacts related to COVID-19. The Ordinance instructs Tenants to submit evidence in writing informing the landlord of the Affected Tenant's lost income and inability to pay full rent.

You may use this form to notify your landlord that you qualify as an Affected Tenant and intend to seek the protection of the City of Santa Clara Emergency Evictions Protection, Chapter 8.65 (the "Ordinance"), by providing the written evidence required by the Ordinance.

Name: _____

Address: _____

I intend to seek protection against eviction for nonpayment of rent under 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 \$_____.

As a result of the COVID-19 pandemic, or declaration of the County Public Health Officer, or other local, State or Federal Authority, I have suffered a substantial loss in income as a result of any of the following: (you must check at least one)

- job loss;
 - a reduction of compensated hours of work
 - employer's business closure
 - missing work due to a minor child's school closure
 - other similarly-caused reason resulting in a loss of income due to COVID-19. Explain _____
-

Documentation. In addition to notifying your Landlord of your inability to pay, you are required to provide the written evidence 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 loss in income I have experienced due to COVID-19:

- Letter from employer citing COVID-19 as a reason for reduced work hours or termination
- Employer paycheck stubs from before and after the COVID-19 pandemic
- Bank Statements from before and after the COVID-19 pandemic
- Other Documentation: _____

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