

DECLARATION OF FINANCIAL HARDSHIP FOR EVICTION PROTECTION

This form may be given to the housing provider in person, by first class mail or, if available, by sending a copy or photograph of the completed form by e-mail or text message.

I, _____ (resident's name), am a resident at _____ (resident's address). I am unable to pay my obligations under the rental agreement because of one or more of the reasons below that have impacted me since March 16, 2020:

- Loss of household income;
- Increased medical expenses;
- Loss of work or wages;
- Increased child care responsibilities or responsibilities to care for a person with a disability or a person who is elderly, injured or sick;
- Increased costs for child care or caring for a person with a disability or a person who is elderly, injured or sick; or
- Other circumstances that have reduced my income or increased my expenses.

Any public assistance, including unemployment insurance, pandemic unemployment assistance and other public assistance that I have received on or after March 16, 2020, does not fully make up for my loss of income or increased expenses. I understand that I still owe my rent, which must be paid by July 1, 2021. I understand that I must comply with other obligations that I may have under my rental agreement.

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it may be used as evidence in court and is subject to penalty for perjury.

(Resident's signature)

(date)