

NOTICE OF INABILITY TO PAY RENT DUE TO COVID- 19

(DATE)

(ADDRESS OF LANDLORD OR LANDLORD'S AGENT)

Dear _____,
(LANDLORD OR LANDLORD'S AGENT)

I, as detailed herein, am providing you timely notice of my inability to make my regular monthly rental payment due to financial impacts related to COVID-19, for the property commonly referred to as:

(YOUR ADDRESS)

Specifically, I am unable to make my monthly rental payment because I have experienced (i) 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 (ii) the decrease in household or business income or the out-of-pocket medical expenses described above was caused by the COVID-19 pandemic, or by a local, state, or federal government response to COVID-19.

Within ____ days of providing you notice of my inability to make my regular monthly rental payment, I will provide you with documentation or other objectively verifiable information that, due to financial impacts related to COVID-19, I am unable to pay my regular monthly rent. This documentation may include, but is not limited to, letters from my employer, financial statements, business records, physician's letter, bills, and/or a combination thereof. I understand this does not discharge my duty to pay rent per our rental agreement.

Thank you,

TENANT'S NAME (ALL TENANTS OVER 18 YRS. OLD)

TENANT'S SIGNATURE (ALL TENANTS OVER 18 YRS. OLD)

LEGAL AID SOCIETY OF SAN DIEGO
QUESTIONS ABOUT EVICTIONS? CALL US AT 877-LEGAL-AID (877-534-2524)