

## TENANT PROTECTION PROGRAM

### RESIDENTIAL TENANT DELAY OF RENT PAYMENT – COVID-19

This form may be used by a tenant to provide written notification  
to landlord of loss of income related to COVID-19.

**THIS NOTIFICATION MUST BE PROVIDED TO THE LANDLORD/PROPERTY MANAGER BEFORE THE DAY RENT IS DUE.**

| TENANT INFORMATION                       |  |                 |  |                        |  |
|--|--|-----------------|--|------------------------|--|
| First Name                               |  | Last Name       |  |                        |  |
| Address                                  |  | Unit No.        |  | Zip Code               |  |
| E-Mail Address                           |  | Contact Phone   |  |                        |  |
| Rent Due Date                            |  | Rent Amount Due |  | Rent Amount to be Paid |  |
| LANDLORD/PROPERTY MANAGEMENT INFORMATION |  |                 |  |                        |  |
| First Name                               |  | Last Name       |  |                        |  |
| Company Name                             |  |                 |  |                        |  |
| Mailing Address                          |  |                 |  |                        |  |
| City                                     |  | State           |  | Zip                    |  |
| E-Mail Address                           |  | Contact Phone   |  |                        |  |

| REASON FOR LOSS OF INCOME DUE TO COVID-19 (PLEASE CHECK ALL THAT APPLY)                                      |  |                              |   |
|--|--|------------------------------|---|
| <b>Supporting documentation verifying loss of wages must be provided to the landlord as soon as possible</b> |  |                              |   |
| <input type="checkbox"/> Yes   | Tenant was sick with COVID-19  | <input type="checkbox"/> Yes | Tenant experienced loss of work hours                                       |
| <input type="checkbox"/> Yes   | Tenant was caring for a household/family member who was sick with COVID-19   | <input type="checkbox"/> Yes | Tenant experienced other income reduction resulting from COVID-19:<br>_____ |
| <input type="checkbox"/> Yes   | Tenant experienced a lay-off   | <input type="checkbox"/> Yes | Tenant had to miss work to care for a home-bound school-aged child.         |
| <input type="checkbox"/> Yes   | Tenant complied with a government recommendation to stay at home, self-quarantine, or avoid congregating with others during the state of emergency |                              |   |

Tenant: \_\_\_\_\_  
(Print Name)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)