



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 in compliance with Ordinance 20-05 of the City of West Sacramento, however, a tenant may also provide his/her own hand-written or printed landlord notice.

NOTIFICATION MUST BE PROVIDED TO THE LANDLORD/PROPERTY MANAGER BEFORE THE DAY RENT IS DUE, OR WITHIN A REASONABLE PERIOD OF TIME AFTERWARDS NOT TO EXCEED SEVEN (7) DAYS.

TENANT INFORMATION					
First Name:		Last Name:			
Address:				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 Code:	
E-Mail Address:			Contact Phone:		

REASONS FOR LOSS OF INCOME DUE TO COVID-19 (PLEASE CHECK ALL THAT APPLY)			
Supporting documentation verifying loss of wages must be provided to the landlord no later than the time upon payment of back-due rent.			
<input type="checkbox"/> Yes	Residential tenant or commercial business owner was sick with a suspected or confirmed case of COVID-19	<input type="checkbox"/> Yes	Residential tenant experienced other substantial income reduction resulting from COVID-19 or the state of emergency: _____
<input type="checkbox"/> Yes	Residential tenant or commercial business owner was caring for a household/family member who was sick with a suspected or confirmed case of COVID-19	<input type="checkbox"/> Yes	Residential tenant had to miss work to care for a home-bound school-aged child
<input type="checkbox"/> Yes	Residential tenant experienced a lay-off	<input type="checkbox"/> Yes	Commercial tenant's business was required to close in compliance with a recommendation from a government agency
<input type="checkbox"/> Yes	Residential tenant complied with a government recommendation to stay at home, self-quarantine, or avoid congregation with others during the state of emergency	<input type="checkbox"/> Yes	Commercial tenant experienced a substantial loss of business resulting from COVID-19 or the state of emergency
<input type="checkbox"/> Yes	Residential tenant experienced loss of work hours	<input type="checkbox"/> Yes	Other: _____ _____

Tenant Name (Printed)	Tenant Signature	Date
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