



# NOTICE RE: NON-PAYMENT DUE TO COVID-19

(Tenant Provided Prior Notification to Landlord of Non-Payment Due to COVID-19)

www.aagla.org

Apt No.: \_\_\_\_\_

TENANT: \_\_\_\_\_

PREMISES: \_\_\_\_\_  
(Street Address) (City) (Zip Code)

**PLEASE TAKE NOTICE:** This jurisdiction has passed an ordinance that may prohibit Owner / Agent from evicting residential renters if the renter is able to show an inability to pay rent due to financial impacts related to the COVID-19 (Coronavirus) pandemic. Financial impacts related to COVID-19 include lost household income as a result of any of the following:

- Infliction with the COVID-19 (Coronavirus) or caring for a household or family member who is sick with COVID-19;
- Lay-off, loss of hours, or other substantial income reduction resulting from business closure or other economic or employer impacts due to COVID-19;
- Compliance with a recommendation from a government health authority to stay home, self-quarantine, or avoid congregating with others during the State of Emergency;
- Extraordinary out-of-pocket medical expenses attributable to your care of care of a household or family member who is sick with COVID-19; or
- Childcare needs arising from school closures related to COVID-19.

You have given notice you have been impacted by one of the situations described above. Accordingly, in order to temporarily avoid eviction proceedings against you, you are obligated to provide specific, verifiable supporting financial, employment and/or medical documentation of your loss of income and reflecting that your loss of income is directly attributable to COVID-19.

**The law does not eliminate your obligation to pay the unpaid rent. After the expiration of the local emergency, you are obligated to pay, and an owner may seek payment of the unpaid rent, which the renter must repay within six months.**

DATED: \_\_\_\_\_, 20\_\_\_\_\_  
(Owner / Agent)

**TENANT RESPONSE: I / WE HEREBY REQUEST DEFERMENT OF RENT DUE TO THE FOLLOWING REASON(S): (Check ALL That Apply / Sign and Date / Attach Supporting Documentation and Return to Owner/Agent):**

\_\_\_\_\_ Termination of Employment      \_\_\_\_\_ Temporary Lay-Off

\_\_\_\_\_ Reduction of Work Hours      \_\_\_\_\_ Medical Expenses      \_\_\_\_\_ Child Care

\_\_\_\_\_ I / We Can Make Partial Monthly Payment in the Amount of: \$\_\_\_\_\_

DATED: \_\_\_\_\_, 20\_\_\_\_\_  
(Tenant)

DATED: \_\_\_\_\_, 20\_\_\_\_\_  
(Tenant)