

TENANT PROTECTION PROGRAM

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 Section 5.156.090 of the Sacramento City Code.

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)			
Supporting documentation verifying loss of wages must be provided to the landlord as soon as possible			
<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: _____
<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)