

COVID-19 Tenant Questionnaire

PARTIES					
LANDLORD/AGENT:					
TENANT 1:		TENANT 2:			
TENANT 3:		TENANT 4:			
PREMISES: (STREET/UNIT)			CITY/STATE:		ZIP:

1. Are you currently unable to pay the rent owed? ____ Yes. ____ No

2. Is your inability to pay rent directly related to the COVID19 virus? ____ Yes. ____ No

If you answered YES to this question, please proceed to answer the following:

3. In what way is your inability directly related to the Covid-19 virus?

Check the box for all that apply:

- ☐ Medical Expenses due to Covid-19;
- ☐ Childcare Needs Arising From School Closures Related To Covid-19;
- ☐ Wage Loss Due To Lay-Off, Loss Of Hours, Or Other Income Loss Reduction Resulting From Business Closure or Due to Covid-19 Sickness;
- ☐ Covid-19 Sickness
- ☐ Caring For A Household Or Family Member Who Is Sick With Covid-19;
- ☐ Compliance With A Recommendation From A Government Health Requirement Due to Covid-19 Authority
- ☐ Extraordinary Out-Of-Pocket Medical Expenses due to Covid-19.

4. For each box checked directly above, please provide written evidence establishing the direct connection between your inability to pay rent and the COVID19 virus. Such evidence may consist of, but is not limited to, the following:

- A letter from your employer indicating you lost hours or employment as a direct result of COVID19, and/or
- Paystubs, and/or,
- Records of your hours, and/or,
- Records evidencing you are unable to work as a result of the need for childcare or care for another family member, etc., and/or,
- Any other written or tangible evidence establishing the direct connection between your inability to pay rent and the COVID19 virus.

5. On what date did you first experience the situation and or circumstance that make you unable to pay your rental obligation? _____, 2020

6. Have you applied for any form of government aid in association with the situation and/or circumstances that led to your inability to pay rent? ____ Yes. ____ No

a. If yes, please list the governmental agencies with which you have applied for assistance, as well as the date on which you applied? _____ Name of Government Agencies

_____ Date: _____, 2020

b. How much financial assistance are you receiving on a monthly basis? \$ _____

c. What is the frequency with which you anticipate receiving financial assistance?

_____ (weekly or monthly)

d. If no, please

i. Explain why you have not yet applied for government assistance.

ii. Provide an anticipated date by which you intend to apply for financial assistance:
_____, 2020

7. Please provide additional information you feel is relevant to this situation and your inability to pay rent.

8. Please provide your name, address and date this form is submitted to your Landlord/Agent.
_____, Name _____ Address _____
_____ Date _____

Tenant 1	Date	Tenant 2	Date
Tenant 3	Date	Tenant 4	Date
Landlord	Date	Landlord's Agent	Date

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Apartment Association,
California Southern Cities
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