

15-DAY NOTICE TO PAY RENT OR QUIT
(Protected Period: March 1, 2020 Through August 31, 2020)

To: _____

And all other occupants in possession of the Premises located at:

_____ (Street Address) _____ (Unit #)

_____ (City) _____ (State) _____ (Zip)

Within fifteen (15) days after service of this notice upon you, excluding Saturdays, Sundays and other judicial holidays, you are required to:

1) pay the rent now due for the premises described above in the total amount of \$_____

Itemized as follows:

Amount Paid

Balance Due

Rent due March _____, 2020 _____ \$ _____

Rent due April _____, 2020 _____ \$ _____

Rent due May _____, 2020 _____ \$ _____

Rent due June _____, 2020 _____ \$ _____

Rent due July _____, 2020 _____ \$ _____

Rent due August _____, 2020 _____ \$ _____

<<< Or >>>

2) Complete the attached declaration, sign it under penalty of perjury, and deliver the signed declaration to the Landlord as provided below

<<< Or >>>

3) quit and deliver up possession of the premises described above.

You are further notified that if you do not comply with any of the above, the undersigned does hereby elect to declare the forfeiture of your lease or rental agreement under which you hold possession of the above-described premises, and lessor will institute legal proceedings to recover rent and possession of said premises which could result in a judgment against you including court costs and attorney fees.

15-DAY NOTICE TO PAY RENT OR QUIT
(Protected Period: March 1, 2020 Through August 31, 2020)

“NOTICE FROM THE STATE OF CALIFORNIA: *If you are unable to pay the amount demanded in this notice, and have decreased income or increased expenses due to COVID-19, your landlord will not be able to evict you for this missed payment if you sign and deliver the declaration form included with your notice to your landlord within 15 days, excluding Saturdays, Sundays, and other judicial holidays, but you will still owe this money to your landlord. If you do not sign and deliver the declaration within this time period, you may lose the eviction protections available to you. You must return this form to be protected. You should keep a copy or picture of the signed form for your records.*

You will still owe this money to your landlord and can be sued for the money, but you cannot be evicted from your home if you comply with these requirements. You should keep careful track of what you have paid and any amount you still owe to protect your rights and avoid future disputes. Failure to respond to this notice may result in an unlawful detainer action (eviction) being filed against you.

For information about legal resources that may be available to you, visit lawhelpca.org.”

Dated: _____
Owner / agent

Rent payable to: _____

Address for delivery of payment or signed declaration:

Telephone number: _____

Payment or signed declaration may be personally delivered to: _____
[name]

Usual days and hours for delivery of payment or signed declaration in person:
Monday - Friday, 9:00 am to 5:00 pm

You may also scan and attach the signed Declaration to Owner/Agent to the following email address:
_____. [this option is only available if an email address is included
here]

As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

15-DAY NOTICE TO PAY RENT OR QUIT
(Protected Period: March 1, 2020 Through August 31, 2020)

DECLARATION OF COVID-19-RELATED FINANCIAL HARDSHIP
[Protected Time Period]

I am currently unable to pay my rent or other financial obligations under the lease in full because of one or more of the following:

1. Loss of income caused by the COVID-19 pandemic.
2. Increased out-of-pocket expenses directly related to performing essential work during the COVID-19 pandemic.
3. Increased expenses directly related to health impacts of the COVID-19 pandemic.
4. Childcare responsibilities or responsibilities to care for an elderly, disabled, or sick family member directly related to the COVID-19 pandemic that limit my ability to earn income.
5. Increased costs for childcare or attending to an elderly, disabled, or sick family member directly related to the COVID-19 pandemic.
6. Other circumstances related to the COVID-19 pandemic that have reduced my income or increased my expenses.

Any public assistance, including unemployment insurance, pandemic unemployment assistance, state disability insurance (SDI), or paid family leave, that I have received since the start of the COVID-19 pandemic does not fully make up for my loss of income and/or increased expenses.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Tenant _____ (signature)
_____ (print name)

Dated: _____

Address of Tenant's Premises:

_____, Apt./Unit # _____

City _____ State _____ Zip Code _____

UNAUTHORIZED USE PROHIBITED
For Members Only
Apartment Association,
California Southern Cities
Approved Form # F73D – 10/20



15-DAY NOTICE TO PAY RENT OR QUIT
(Protected Period: March 1, 2020 Through August 31, 2020)

DECLARATION OF SERVICE OF NOTICE TO RESIDENT(S)

I declare that at the time of service of the papers herein referred to, I was at least (18) eighteen years of age, and that I served the following notice: **15-Day Notice to Pay Rent or Quit [Protected Period]**

on the _____ day of _____, _____ in one of the manners checked and set forth below:

(1) PERSONAL SERVICE

_____ By **DELIVERING** a copy of the Notice **PERSONALLY** to: _____

(2) SUBSTITUTE SERVICE AND MAILING

(To be used only in the event that Personal service cannot be completed)

_____ By **LEAVING** a copy of the Notice with _____ a person of suitable age and discretion at the residence or usual place of business of the resident(s), said resident(s) being absent thereof, and **MAILING** by first class mail on said date a copy to each resident(s) by depositing said copy in the United States Mail in a sealed envelope with postage fully prepaid, addressed to the resident(s) at their place of residence:

(Street Address) _____
Apt. no. _____ City _____ State _____ Zip _____

(3) POSTING SERVICE AND MAILING

(To be used only in the event that Personal and Substitute service cannot be completed)

_____ By **POSTING** a copy of the Notice in a conspicuous place on the property therein described, there being no person of suitable age and discretion to be found at any known place of residence or business of said resident(s), and **MAILING** by first class mail on the same day as posted, a copy to each said resident(s) by depositing said copy in the United States Mail in a sealed envelope with postage fully prepaid, addressed to the resident(s) at their place of residence:

(Street Address) _____
Apt. no. _____ City _____ State _____ Zip _____

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and if called as a witness to testify thereto, I could do so competently.

Executed this _____ day of _____, _____ at _____, California.

Print Name

Signature

UNAUTHORIZED USE PROHIBITED
For Members Only
Apartment Association,
California Southern Cities
Approved Form # F73D – 10/20

