

Tenant Notification and Payment Plan for Landlord

Property Owner/Name	Property Manager	
Contact phone	Email	
Address		Zip
Tenant's Name		Unit #
Address		Zip
Contact phone	Email	
Is this a CARES Act protected property? NOTE: If the property is covered by the CARES Act, then no fees or penalties can be recovered for the period when the CARES Act was in effect: March 27 to July 25.		Yes No Unsure

The tenant verifies that he/she has one of the following covid19 reasons for nonpayment of rent:

- Lost job or income
 Have a CDC approved health risk (see list below)
 Stay home to care for children
 Self-quarantine for covid19 symptoms or exposure

Verified by Documentation (see below) or Detailed letter Verified by landlord (initial) _____

The tenant verifies that he/she has applied for rent assistance through one of the following:

- CIC (tucsonpimaep.com)
 Pima County Community Action Agency
 Catholic Community Services
 Chicanos Por La Causa
 Old Pueblo Community Services
 Primavera
 PPEP
 St. Vincent de Paul
 Other program _____

Date of application: _____ Verified by landlord (initial) _____

The property owner and tenant agree to: (Mark any that apply)

- Spread payments over a period of _____ months of an additional \$_____ rent per month. The deferred amount will not incur fees or interest.
- Extend the current lease until _____.
- Forgive \$_____ of rent for a period of _____ months.
- Reduce rent by \$_____ for _____ months.
- Use \$_____ from the security deposit to cover arrears
- Rent will be forgiven for maintenance or other services at \$_____ per hour.

Other agreements:

Amount of outstanding rent owed	\$	
Amount of outstanding utilities	\$	
Other fees or fines	\$	
Minus any adjustments from landlord	\$	
Total	\$	

Time period covered by this agreement

From: _____ (month/year)
 To: _____ (month/year)

Tenant Notification and Payment Plan for Landlord

This document does not change any of the terms of requirements established under the Lease Agreement between the Parties. This document is intended to provide short-term relief to the Tenant and does not waive or supplement any of the Landlord's or Tenant's rights or responsibility under that lease agreement.

Tenant Signature

Date

Property Owner or Representative's Signature

Date

Original to Landlord Copy to Tenant

CDC approved reasons for health risk for covid19:

- ♦ Diabetes
- ♦ Obesity
- ♦ Cancer
- ♦ 65 or older
- ♦ Sickle cell disease
- ♦ HIV or AIDs
- ♦ Bone marrow or organ transplant
- ♦ Liver disease
- ♦ Bad asthma, COPD, or chronic lung disease
- ♦ Immune deficiency or disease
- ♦ Taking steroids or other medications that compromises the immune system

❖ Documentation could include:

- A note from your employer
- Notice of your child's school closure
- Pay stubs that show a loss of income
- A note from your doctor or medical professional

For sample request forms, go to: <https://clsaz.org/covid-19/>

If you can not get documentation from others, **write a detailed letter.**

Log of attempts to discuss payment plan:

Date	By phone, email or in person	Notes