

## 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                             | Dick James & Associates, Inc. |                 |  |                        |  |
| 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:<br>_____ |
| <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)