

## 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	
<b>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.</b>		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:**

- AZ Dept. of Housing       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	\$ _____
<b>Total</b>	<b>\$ _____</b>

**Time period covered by this agreement**

From: \_\_\_\_\_ (month/year)  
 To: \_\_\_\_\_ (month/year)

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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.

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Tenant Signature

Date

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Property Owner or Representative's Signature

Date

Original to Landlord       Copy to Tenant

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### 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: [\[PCCAA website on evictions\]](#) or <https://clsaz.org/covid-19/>

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

### Log of attempts to discuss payment plan with landlord:

Date	By phone, email or in person	Notes