

Date: \_\_\_\_\_

**THIS IS NOT AN EVICTION NOTICE**

## COVID19 Rental Relief Declaration form

Pursuant to the Governor's Declaration of State Moratoriums for rent, late fees and evictions

Please return your completed form within three business days to Northfield Properties, Inc at the address listed below.

I am requesting Tenant COVID19 Rental Relief for the month(s) of \_\_\_\_\_.

The total monthly amount for rent and recurring charges is \$\_\_\_\_\_.

Resident Name(s): \_\_\_\_\_

Resident Address: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Email: \_\_\_\_\_

### **Tenant Declaration:**

I certify that I have been affected by COVID19 for which the Governor has declared a State of Emergency and authorized the use of this form. I am not able to make my regular monthly payment because of this disaster, therefore:

- I cannot afford to pay any part of my monthly rent; I am requesting to defer all of my monthly rent for the current month.
- I cannot afford to pay all of the monthly rent that is due but I agree to repay any monies deferred and can pay as follows:
  - Amount I owe: \$ \_\_\_\_\_
  - Amount I am able to pay: \$ \_\_\_\_\_
  - Amount I wish to defer: \$ \_\_\_\_\_

### **Housing Provider Contact Information (Address where Rent is Paid)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Email: \_\_\_\_\_

**To ensure payment is properly credited to the correct resident's account include the following information on the check:**

Check shall be made payable to:

\_\_\_\_\_  
Resident's name

\_\_\_\_\_  
Residence's address

I UNDERSTAND THAT I STILL OWE THE MONIES LISTED ABOVE AND I AGREE TO WORK IN GOOD FAITH WITH MY HOUSING PROVIDER ON A PAYMENT PLAN UNLESS THE STATE OF WASHINGTON ISSUES DIRECT RENTAL REIMBURSEMENT PAYMENT FOR THE TOTAL AMOUNT OWED.

I, the undersigned, declare under penalty of perjury, under the laws of the State of Washington, that the information and documents provided are true and correct to the best of my knowledge.

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Tenant Signature

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City and State

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Date