

RENT DEFERRAL REQUEST: COVID-19

Community Name

All payment arrangements are a deferral of rent with balance being cured in full when payment plan expires. Resident is responsible for all monthly charges accrued and all other obligations listed in the lease agreement.

Print name of resident(s) as it appears on your lease.

Space #: _____

Date of request: _____ Phone number: _____ Email: _____

Amount of rent requesting to be deferred: _____

Reason for loss of income due to COVID-19: (Check all that apply.)

- Resident was sick with COVID-19.
- Resident was caring for a household/family member who was sick with COVID-19
- Resident experienced lay-off
- Resident complied with a government recommendation to stay at home, self-quarantine, or avoid congregating with others during the state of emergency.
- Resident experienced loss of work hours.
- Resident had to miss work to take care for a homebound school-aged child.
- Other (Please describe): _____

Resident Comments:

Please supply supporting documentation verifying loss of wages to the landlord with your request. Documentation should be on letterhead from office it originates from. (Acceptable documents include but not limited to: letter from human resources, employer, physician's office, caregiver facility, school, Section 8, bank statements, medical bills, other.)

I certify that all the forgoing information is true and correct and that any information which is incorrect, either intentionally or negligently could result in revocation of any deferred rent granted by the mobilehome community.

Resident Signature

Date

Resident Signature

Date

The program is subject to eligibility and determination of hardship. All requests are subject to Caritas and Birtcher Anderson Realty review and approval, at their sole discretion. Caritas and Birtcher Anderson Realty reserve the right to refuse requests or grant them in part, which shall not constitute a waiver of any obligations in any other lease or agreement with the requestor. We are committed to a policy of equal housing opportunity.

Manager's Signature

Date (completed packet received)

Authorizing Agent

Date: _____ Approved Denied

Manager Comments: