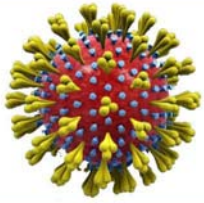
ANAHEIM

CORONAVIRUS
ANAHEIM RESPONDS



EVICTION PROTECTION PROGRAM

Tenant delay of rent payment due to 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 Anaheim Ordinance No. 6482. **This notification must be provided to the landlord or the landlord's authorized agent 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 Tenant is Able to Pay		
LANDLORD/PROPERTY MANAGEMENT INFORMATION						
First Name		Last Name				
Company Name						
Mailing Address						
City			State		Zip Code	
E-Mail Address			Contact Phone			

REASON FOR LOSS OF INCOME DUE TO COVID-19 (PLEASE CHECK ALL THAT APPLY) Verifiable documentation to support your reason must be provided			
Tenant was sick with COVID-19	☐Yes	Tenant experienced loss of work hours	☐Yes
Tenant was caring for a household/family member who was sick with COVID-19	☐Yes	Tenant experienced other income reduction resulting from COVID-19: _____ _____	☐Yes
Tenant experienced a lay-off	☐Yes	Tenant had to miss work to care for a home-bound school-aged child.	☐Yes
Tenant complied with a government recommendation to stay at home, self-quarantine, or avoid congregating with others during the state of emergency	☐Yes	Tenant was under medical self-isolation.	☐Yes

Tenant:_____
(Print Name)

_____
(Signature)

Date:_____

Questions:
Phone: (714) 765-4311
Email: 311request@anaheim.net
Website: Anaheim.net/anytime

ANAHEIM

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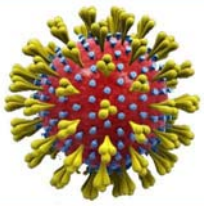

EVICTION PROTECTION PROGRAM

Commercial Tenant delay of rent payment due to COVID-19

This form may be used by a commercial tenant to provide written notification to landlord of loss of income related to COVID-19 in compliance with Anaheim Ordinance No. 6482.

This notification must be provided to the landlord or the landlord's authorized agent before the day rent is due.

COMMERCIAL TENANT INFORMATION					
First Name		**Last Name**			
Business Name					
Business Address		**Unit No.**		**Zip Code**	
E-Mail Address		**Contact Phone**			
Rent Due Date		**Rent Amount Due**		**Rent Tenant is Able to Pay**	
LANDLORD/PROPERTY MANAGEMENT INFORMATION					
First Name		**Last Name**			
Company Name					
Mailing Address					
City		**State**		**Zip Code**	
E-Mail Address		**Contact Phone**			

REASON FOR LOSS OF INCOME DUE TO COVID-19 (PLEASE CHECK ALL THAT APPLY) Verifiable documentation to support your reason must be provided			
The owner, management personnel, or key employees of the business were/are sick with COVID-19 or caring for household or family members who were/are sick with COVID-19	**☐Yes**	**The business's compliance with a recommendation from a government agency to close, reduce service, or limit contact between members of the public and its personnel/employees**	**☐Yes**
The business experienced income reduction resulting from COVID-19 or the state of emergency	**☐Yes**	**Key employee(s) of the business need to miss work to care for a home-bound school-age child**	**☐Yes**

Tenant:_____
(Print Name)

_____
(Signature)

Date:_____

Questions:
Phone: (714) 765-4311
Email: 311request@anaheim.net
Website: Anaheim.net/anytime