TENANT REQUEST/AGREEMENT FOR COVID-19 HARDSHIP DEFERRAL OF RENT Housing Authority of the City of Santa Barbara

Addendum to Lease Agreement – Unsubsidized Residential Tenancies

Head of Household Name:			
Address:			
Explain the significant negative (include household member nar		old income that has impacted yonamed above):	our ability to pay rent
Name of Employer(s): (if self-er	nployed, indicate self-em	ployed and type of business):	
Indicate the reason that you are			•
 □ You have suffered a lay business closure or othe □ You are complying with a or quarantine, or avoid of □ You have extraordinary of 	voff, loss of compensabler economic or employer an order or recommendate congregating with others but-of-pocket medical ex	usehold or family member who is e work hours, or other income impacts of COVID-19 ion from a government authority during the COVID-19 state of em penses as a result of COVID-19 in school closures related to COV	reduction resulting from to stay home, self-isolate, nergency
Specify how much of your month			
Monthly Amount:	*Reque	sted Effective Date:	
*Rent deferral requests shall be should submit verification with reduced pay or hours, business approved form for your record agreement.	this form for immediat s records, medical expe	e processing (i.e. letter from ernses/receipts). When complete	nployer, paystubs showing d, Housing will return the
Head of household must read an	d initial each statement a	nd all adults sign below:	
I/we certify that all info	ormation I have provided	above is true and complete.	
directly attributable to COVID-	19, or this change is not	come change is not provided, or approved by Housing, this agree nt amount as per my current leas	ment will be deemed void
	due under my Lease Agre	rral and under California Law, I/v ement. I/we agree to pay any de emergency.	
	expiration of the local a	this deferral does not eliminatend/or state emergency, I/we amnce with the law.	
I/we acknowledge and action by the Santa Barbara Cit		um shall expire on May 31, 202	0 unless extended due to
Resident Signature	Date	Resident Signature	Date
Telephone No. and Email Address		Housing Authority Signature	Date
		Monthly Deferred Amount:	Approved Denied