

**NOTICE TO LANDLORD OF EVICTION PROTECTION DUE TO COVID-19  
(PURSUANT TO COUNTY OF SANTA CLARA ORDINANCE NO. NS-9.287)**



On March 24, 2020, the Board of Supervisors of the County of Santa Clara enacted an eviction moratorium that took immediate effect. This moratorium applies to both residential and small businesses. The moratorium temporarily halts evictions for non-payment of rent and no-fault evictions when a tenant has incurred substantial loss of income and/or substantial out-of-pocket medical expense due to the COVID-19 pandemic. The moratorium runs through May 31, 2020. However, the County may extend or repeal the moratorium.

If a landlord initiates an eviction for non-payment of rent or a no-fault eviction as listed under California Civil Code section 1946.2(b)(2), the tenant should notify the landlord that the tenant intends to stop the eviction. Alternatively, tenants may notify their landlords that they qualify for protection under the ordinance before any eviction is initiated. The County recommends that tenants notify their landlords in writing as soon as possible. The following is an example of a notification:

*My name is John Doe. I live at 123 Main Street, Apt. #1, in Milpitas. I am seeking protection against eviction for non-payment of rent and/or no fault eviction under the County's eviction moratorium because I have incurred a substantial loss of income or a substantial out-of-pocket medical expense due to COVID-19.*

**TENANTS ARE ENCOURAGED TO COMPLETE THIS FORM AND PROVIDE IT TO THEIR LANDLORD AS SOON AS POSSIBLE.  
TENANTS SHOULD KEEP A COPY OF THIS FORM AND ANY DOCUMENTATION FOR THEIR RECORDS.**

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First Name/Entity Name	Last Name	M.I.		
Street Address	City	State	Zip Code	Unit #

**COVID-19 IMPACT:** My income has been substantially negatively impacted by COVID-19 due to the following:

- Job Loss
- Reduction of hours
- Missing work to care for a family member infected with COVID-19
- Substantial out-of-pocket medical expense
- Other: \_\_\_\_\_
- Missing work to care for a child due to school closure
- State or local emergency action that prevents me from working

**DOCUMENTATION:** I am providing the following documentation of my substantial loss of income or out-of-pocket medical expenses:

- Letter from employer citing COVID-19 as a reason for reduced work hours or termination
- Paycheck stubs from before and during the COVID-19 pandemic
- Bank statements showing financial situation before and during the COVID-19 pandemic
- Other proof(s) of substantial loss of income: \_\_\_\_\_

**DOCUMENTATION FOR ITEMS SELECTED ABOVE IS ATTACHED:**  Yes  No

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**Tenant Signature**

**Date**