

15 DAY NOTICE TO PAY RENT OR QUIT

TO _____
And all other tenants in possession of the premises described as:
Address _____
City _____ Zip Code _____
County _____ of California

PLEASE TAKE NOTICE that the rent is now due and payable on the above-described premises which you currently hold and occupy.

Your rent account is delinquent in the amount itemized as follows:

Rental Period _____	Rent Due \$ _____
Rental Period _____	Rent Due \$ _____
Rental Period _____	Rent Due \$ _____
Rental Period _____	Rent Due \$ _____
Rental Period _____	Rent Due \$ _____
Rental Period _____	Rent Due \$ _____

Total Rent Due \$ _____

Less partial payments of \$ _____

Equals TOTAL BALANCE DUE \$ _____

Deliver and make rent payable to: _____
At: _____
Phone# _____
Days: _____ Time: _____

You are hereby required to pay said rent in full within fifteen (15) days or to remove from and deliver up possession of the above-described premises, or legal proceedings will be instituted against you to recover possession of said premises, to declare the forfeiture of the Lease or Rental Agreement under which you occupy said premises and to recover rents and damages, together with court costs and attorney's fees, according to the terms of your Lease or Rental Agreement.

You cannot be evicted for failure to comply with the notice if you deliver a signed declaration of COVID-19-related financial distress to the landlord or landlord's agent on or before the date that the notice to pay rent or quit expires.

Dated this _____
Owner/ Manager

NOTICE FROM THE STATE OF CALIFORNIA:

If you are unable to pay the amount demanded in this notice, and have decreased income or increased expenses due to COVID-19, your landlord will not be able to evict you for this missed payment if you sign and deliver the declaration form included with your notice to your landlord within 15 days, excluding Saturdays, Sundays, and other judicial holidays, but you will still owe this money to your landlord. If you do not sign and deliver the declaration within this time period, you may lose the eviction protections available to you. You must return this form to be protected. You should keep a copy or picture of the signed form for your records.

You will still owe this money to your landlord and can be sued for the money, but you cannot be evicted from your home if you comply with these requirements. You should keep careful track of what you have paid and any amount you still owe to protect your rights and avoid future disputes. Failure to respond to this notice may result in an unlawful detainer action (eviction) being filed against you.

For information about legal resources that may be available to you, visit lawhelpca.org.

PROOF OF SERVICE

I, the undersigned, being at least 18 years of age, declare under penalty of perjury that I served the **15 Day Notice to Pay Rent or Quit**, a true and accurate copy of which is attached hereto, on the above-mentioned tenant(s) in possession in the manner(s) indicated below:

- On _____, I personally delivered a copy of the notice to the tenant.
- On _____, after attempting personal service, I handed the notice to a person of suitable age and discretion at the tenant's residence/business, and I deposited a true copy of the notice in the United States Postal mail service, in a prepaid, sealed envelope, addressed to the tenant at his/her place of residence/business.
- On _____, after attempting service, in both manners indicated above, I posted the notice in a conspicuous place at the tenant's residence/business, and deposited a true copy of the notice in the United States Postal mail service, in a prepaid, sealed envelope, addressed to the tenant at his/her place of residence/business.

Executed on _____, at the City of _____

County of _____, State of California.

Served by _____

Declaration of Covid-19-related Financial Distress

I am currently unable to pay my rent or other financial obligations under the lease in full because of one or more of the following:

1. Loss of income caused by the COVID-19 pandemic.
2. Increased out-of-pocket expenses directly related to performing essential work during the COVID-19 pandemic.
3. Increased expenses directly related to health impacts of the COVID-19 pandemic.
4. Childcare responsibilities or responsibilities to care for an elderly, disabled, or sick family member directly related to the COVID-19 pandemic that limit my ability to earn income.
5. Increased costs for childcare or attending to an elderly, disabled, or sick family member directly related to the COVID-19 pandemic.
6. Other circumstances related to the COVID-19 pandemic that have reduced my income or increased my expenses.

Any public assistance, including unemployment insurance, pandemic unemployment assistance, state disability insurance (SDI), or paid family leave, that I have received since the start of the COVID-19 pandemic does not fully make up for my loss of income and/or increased expenses.

Typed Tenant Name: _____ Typed Tenant Name: _____

Signed under penalty of perjury: _____ **Dated:** _____

Signed under penalty of perjury: _____ **Dated:** _____

Please return signed declaration by one of the following:

In person at the following address:

By United States Postal Mail to the following address:

By E-Mail: _____