Dear Landlord/Property Manager,

PART I

I, or a member of my household, have experienced a loss of income or increase in expenses between March 1, 2020 and August 31, 2020 due to the COVID-19 pandemic because I, or a member of my household (check all that apply):

☐ Was diagnosed with COVID-19 or had to self-quarantine due to potential exposure to COVID-19.
☐ Cannot work or have had to self-quarantine because I/we have a greater risk of harm if COVID-19 is contracted due to a compromised immune system, age, or due to the specific recommendation of a health care professional, the CDC, the Governor of Pennsylvania, the Secretary of Health of Pennsylvania, the Mayor of Philadelphia, or the Health Commissioner of Philadelphia.
☐ Had to care for a family member due to a diagnosis of COVID-19 or a need to self-quarantine.
☐ Had to care for a family member due to school, childcare or elder care closure during the pandemic.
☐ Lost a job or my worksite was temporarily closed.
☐ Had reduced hours or wages at work.
☐ Was not employed before March 1, 2020 and was not able to find new employment during this time.
☐ Had to financially support a family member due to one of the above reasons.

I am notifying you of this COVID-related financial loss to exercise my rights under Section 9-809 of The Philadelphia Code “COVID-19 Emergency Housing Protections” and ask that you (check all that are applicable):

☐ Waive late fees and interest for March 1, 2020 through May 31, 2021.
☐ Engage in mediation prior to beginning eviction proceedings.
☐ Enter into a repayment agreement for any back rent owed from March 1, 2020 through August 31, 2020. [NOTE: Tenant Must Fill Out Part II of This Form if Checked]

I hereby certify that the statements above, and below – if applicable, are true and correct to the best of my knowledge and belief.

I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by statute or ordinance.
I look forward to working with you to stabilize my housing.

Sincerely,
Tenant Signature: ____________________________
Tenant Name: ________________________________
Date: _______________________________________
Address: ____________________________________
Phone #: _________________________________
Email: ______________________________________

PART II – ADDITIONAL FACTS AND DOCUMENTATION

REQUIRED FOR TENANTS SEEKING A REPAYMENT AGREEMENT
OPTIONAL FOR ALL OTHER TENANTS

Evidence of the loss of income or increase in expenses that I, or a member of my household experienced between March 1, 2020 and August 31, 2020 due to the COVID-19 pandemic is (provide proof of the loss of income or increase in expenses you indicated in Part I):

☐ See attached documents.

☐ Unavailable for the following reason(s):

________________________________________________
________________________________________________
________________________________________________

Rental Assistance is now available through the City of Philadelphia for tenants and landlords to apply together. For more information go to: https://phlrentassist.org/