ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address):  ADDRESS: CITY, STATE, ZIP:  TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS: ATTORNEY FOR (Name):  SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY 1200 Aguajito Road Monterey, California 93940 Monterey, Division PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT:  Declaration of COVID-19-Related Financial Distress  I am currently unable to pay my rent or other financial obligations under the lease in full k of one or more of the following: Loss of income caused by the COVID-19 pandemic. Increased out-of-pocket expenses directly related to performing essential work dur COVID-19 pandemic.	
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COVID-19 pandemic.	ing the
Increased expenses directly related to health impacts of the COVID-19 pandemic.	
Childcare responsibilities or responsibilities to care for an elderly, disabled, or sick	amily
member directly related to the COVID-19 pandemic that limit my ability to earn income.	
Increased costs for childcare or attending to an elderly, disabled, or sick family mer	nber
directly related to the COVID-19 pandemic.	
Other circumstances related to the COVID-19 pandemic that have reduced my inc	ome or
increased my expenses:	
Any public assistance, including unemployment insurance, pandemic unemployment assistate disability insurance (SDI), or paid family leave, that I have received since the start of COVID-19 pandemic does not fully make up for my loss of income and/or increased exper	the
I declare under penalty of perjury under the laws of the State of California that the fore is true and correct.	going
Dated:	
Printed Name: Signed	