

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP:  TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS: ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY</b> 1200 Aguajito Road Monterey, California 93940 Monterey Division	
PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT:	
<b>Declaration of COVID-19-Related Financial Distress</b>	CASE NUMBER:

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:

Loss of income caused by the COVID-19 pandemic.

Increased out-of-pocket expenses directly related to performing essential work during the COVID-19 pandemic.

Increased expenses directly related to health impacts of the COVID-19 pandemic.

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.

Increased costs for childcare or attending to an elderly, disabled, or sick family member directly related to the COVID-19 pandemic.

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.

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Dated:

Printed Name: \_\_\_\_\_

Signed \_\_\_\_\_