CALIFORNIA SEVEN (7) DAY NOTICE OF INABILITY TO PAY RENT

*(Los Angeles County)*

TO LANDLORD:

Address: City: , State: California , Zip Code:

Due to Covid-19 Financial Hardship, we are unable to pay the balance due for rent owed between July 1, 2022 - March 31, 2023, for one or both of the following reasons:

⬜ 10% or more of monthly income lost due to Covid-19 financial hardship.

⬜ 7.5% increase of monthly unreimbursed expenses due to Covid-19 financial hardship.

Dated this day of , 20

*(Signature of Tenant) (Tenant’s Printed Name)*

*(Signature of Tenant) (Tenant’s Printed Name)*

*(Tenant’s Address, City, State, Zip Code)*

*(Tenant’s Telephone Number*

**DECLARATION OF SERVICE OF NOTICE OF INABILITY TO PAY RENT**

I, , declare:

1. I am now, and at all times mentioned herein, a citizen of the United States, resident of the State of , over the age of eighteen years. I make this declaration based on my own personal knowledge. I am competent to testify to the matters herein.
2. On , 20 , at approximately am/pm, I served a Notice of Inability to Pay Rent to the Landlord located at:

, in County, California, by:

◯ a) personally handing a true and correct copy to , landlord under the Lease, (hereinafter the “Landlord”); **OR**

◯ b) personally handing a true and correct copy to , a Representative for the Landlord and mailing a copy addressed to the Landlord.

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

DATED this day of , 20 , in the city of , California.

, Declarant