

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
