

**STATE OF NEW YORK'S TENANT'S DECLARATION OF HARDSHIP DURING THE COVID-19 PANDEMIC PURSUANT TO THE COVID-19 EMERGENCY EVICTION AND FORCLOSURE PREVENTION ACT**

My name is \_\_\_\_\_, I am a TENANT, LAWFUL OCCUPANT, or OTHER PERSON RESPONSIBLE for paying rent, use and occupancy, or any other financial obligation under a lease or tenancy agreement at \_\_\_\_\_ (address of dwelling unit including apartment number or floor).

**YOU MUST INDICATE BELOW YOUR QUALIFICATION FOR EVICTION PROTECTION BY SELECTING OPTION "A" OR "B", OR BOTH.**

A. (\_\_\_\_\_) I am experiencing financial hardship, and I am unable to pay my rent or other financial obligations under the lease in full or obtain alternative suitable permanent housing **because of one or more of the following:**

\_\_\_\_\_1. Significant loss of household income during the COVID-19 pandemic.;

\_\_\_\_\_2. Increase in necessary out-of-pocket expenses related to performing essential work or related to health impacts during the COVID-19 pandemic.;

\_\_\_\_\_3. Childcare responsibilities or responsibilities to care for an elderly, disabled, or sick family member during the COVID-19 pandemic have negatively affected my ability or the ability of someone in my household to obtain meaningful employment or earn income or increased my necessary out-of-pocket expenses.;

\_\_\_\_\_4. Moving expenses and difficulty I have securing alternative housing make it a hardship for me to relocate to another residence during the COVID-19 pandemic.;

\_\_\_\_\_5. Other circumstances related to the COVID-19 pandemic have negatively affected my ability to obtain meaningful employment or earn income or have significantly reduced my household income or significantly increased my expenses. To the extent that I have lost household income or had increased expenses, any public assistance, including unemployment insurance, pandemic unemployment assistance, disability insurance, 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 household income or increased expenses.

**OR**

B. (\_\_\_\_\_) Vacating the premises and moving into new permanent housing would pose a significant health risk because I or one or more members of my household have an increased risk for severe illness or death from:

\_\_\_\_\_ COVID-19 due to being over the age of sixty-five, having a disability or having an underlying medical condition, which may include but is not limited to being immunocompromised.

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**I understand that I must comply** with all other lawful terms under my tenancy, lease agreement or similar contract.

**I further understand that** lawful fees, penalties or interest for not having paid rent in full or met other financial obligations as required by my tenancy, lease agreement or similar contract may still be charged or collected and may result in a monetary judgment against me.

**I further understand** that my landlord may be able to seek eviction after May 1, 2021, and that the law may provide certain protections at that time that are separate from those available through this declaration.

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date signed: \_\_\_\_\_

**NOTICE: You are signing and submitting this form under penalty of law. That means it is against the law to make a statement on this form that you know is false."**