*Instructions: Complete this letter and send it to your landlord, keeping a copy for yourself.*

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

Landlord address or email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re: My tenancy at [address]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Landlord,

Due to the public health emergency caused by COVID-19, I am unable to pay my rent in a timely manner.  On March 24, 2020, Governor Doug Ducey issued Executive Order 2020-14, suspending evictions for 120 days for COVID-19 related reasons.  I am giving you written notice as required by the Executive Order.

I am unable to pay rent because I:

[*check 1 or more boxes*]

[     ] Or someone in my home is required to be quarantined based on a diagnosis or symptoms of COVID-19.

[     ] Have a health condition that makes me more at risk for COVID-19 than the average person.

[     ] Have suffered a substantial loss of income resulting from COVID-19, specifically:

       \_\_\_\_ Job loss

       \_\_\_\_ Reduction in compensation

       \_\_\_\_ Closure in place of employment

       \_\_\_\_ Obligation to be absent from work to care for home-bound school-age child

       \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supporting documentation, if available.

[    ] I have attached supporting documentation.  List types of documentation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[   ] I do not have supporting written documentation, however, I can provide more information by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under Governor Ducey’s Executive Order, landlords may not interpret any of the above reasons as violations of the health and safety provisions of a lease, or as other justification to terminate a lease.

I acknowledge that the contractual terms of the lease remain in effect.

Thank you for your understanding during this time of crisis.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*Signature]*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*Printed name*]