

**DECLARATION UNDER PENALTY OF PERJURY
FOR THE CDC'S TEMPORARY HALT IN EVICTIONS TO PREVENT
FURTHER SPREAD OF COVID-19**

INSTRUCTIONS TO TENANTS

This declaration is for tenants, lessees, or residents of residential properties who are covered by the Centers for Disease Control and Prevention (CDC)'s Order temporarily halting residential evictions (not including foreclosures on home mortgages) to prevent the further spread of COVID-19. **Under the CDC's Order you must provide a copy of this declaration to your landlord, property manager, or other person who has a right to have you evicted. In most cases, each adult listed on the lease, rental agreement, or housing contract must complete this declaration.** Unless the CDC Order is extended, changed, or ended, the Order prevents you from being evicted or removed from where you are living through October 3, 2021 for nonpayment of rent. You are still required to follow all the terms of your lease and rules of the place where you live. You may still be evicted for other reasons (specifically, violating a lease provision unrelated to payment or causing a nuisance on the property). This declaration is sworn testimony, meaning that you can be prosecuted, go to jail, or pay a fine if you lie, mislead, or omit important information. **Keep a copy or picture of this declaration for your records.**

INSTRUCTIONS TO LANDLORDS OR OTHER PERSONS WITH THE RIGHT TO EVICT

After receiving this declaration, it is a violation of the CDC's Order to evict a covered person from a residential property unless specifically permitted by the CDC Order. This would include arranging for the tenant's removal from the unit or property. A landlord or other person who violates the CDC Order of which this Declaration is an attachment may be subject to a fine of no more than \$100,000 if the violation does not result in a death or one year in jail, or both, or a fine of no more than \$250,000 if the violation results in a death or one year in jail, or both, or as otherwise provided by law. An organization that violates this Order may be subject to a fine of no more than \$200,000 per event if the violation does not result in a death or \$500,000 per event if the violation results in a death or as otherwise provided by law. The U.S. Department of Justice may initiate court proceedings as appropriate seeking criminal penalties (18 U.S.C. 3559, 3571; 42 U.S.C. 271; 42 CFR 70.18).



Eviction Protection Declaration

The Centers for Disease Control and Prevention (CDC) has issued an order that may protect you from being evicted or removed from where you are living. **This means that you may be able to stay at the place where you live through October 3, 2021, if you qualify.**

How to use this form

1. See if you qualify for eviction protection under the CDC order. If you'd like help from an expert, contact the US Department of Housing and Urban Development (HUD) at (800) 569-4287 or go to <https://www.hudexchange.info/programs/housing-counseling/rental-eviction/> to get contact information for a local housing counselor.
2. Sign the declaration that you qualify, on the next page.
3. Give the signed declaration page to the individual or company you rent from (for example, building management, landlord, etc.). Keep a picture or copy for your records and call your expert back if there's a problem.

If your landlord violates the CDC order, they could be subject to criminal penalties, including fines or a term of imprisonment.

1. Do I qualify?

If you can check at least one box in each column, you qualify.

Column A

I received a stimulus check (Economic Impact Payment) in 2020 or 2021

I was not required to report any income to the IRS in 2020

I am receiving **any** of the following benefits:

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- Supplemental Security Disability Income (SSDI)

In 2020 or 2021, I earned (or expect to earn) **less than** \$99,000 as an individual or **less than** \$198,000 as a joint filer

None of the above — You do not qualify.

AND

Column B

I cannot pay my full rent or make a full housing payment because:

My household income has gone down substantially

I have been laid off from work

My work hours or wages have been cut

I have extraordinary out-of-pocket medical expenses¹

None of the above — You do not qualify.

You checked at least one item in each column? Your income level qualifies.

[Check the first box on the next page]

¹Defined as 7.5% or more of my adjusted gross income for the year

2. My Declaration that I qualify

By checking the boxes below, I declare that each statement is true.

My income level qualifies for the reasons explained above.

I live in a U.S. county experiencing substantial or high² rates of community transmission levels of SARS-CoV-2.

I have done my best to make timely partial payments that are as close as possible to the full payment and to get government assistance in making my rent or housing payments.³

If I were evicted, I have no other available housing options, so I would:

- Probably become homeless, **or**
- Have to move to a homeless shelter, **or**
- Have to move in with others who live in close quarters.

I understand that after I sign:

- Unless I come to an agreement with my landlord, I am still responsible for rent, back rent, and any fees, penalties or interest under my lease.
- I must still follow the conditions of my lease.
- Unless I come to an agreement with my landlord, if I fail to make my required payments, I could be evicted when this temporary halt of evictions ends.
- I can still be evicted for reasons other than not paying rent or not making a housing payment.

I sign this declaration⁴ under penalty of perjury. That means I promise that the statements above are the truth and that I understand that I can be criminally punished for lying.

You sign here:

X _____

Date: _____

3. Give this signed page to the individual or company you rent from.

ATTN LANDLORDS: Thank you for your compliance. If you violate the CDC's Eviction Order, you and/or your business may be subject to criminal penalties, including fines and a term of imprisonment.

Troubleshooting tools for tenants

Find emergency rental financial assistance

Call (800) 569-4287 to find a listing for local HUD-approved housing counselors

Report problems with debt collection

Submit a complaint to CFPB
cfpb.gov/complaint

Report discrimination

Submit a complaint.
Call HUD at (800) 669-9777

² See COVID-19 Integrated County View: <https://covid.cdc.gov/covid-data-tracker/#county-view/>

³ Calling a local expert is the best way to figure out all the help that is available to you. Find a listing for a local HUD-approved housing counselor by calling (800) 569-4287.

⁴ If you have already signed an eviction moratorium declaration, you do not need to submit another one.

JUSTICE COURT, TOWNSHIP OF _____
CLARK COUNTY, NEVADA

Landlord's
Name: _____

vs. Landlord,

Tenant's
Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Tenant.

Case No.: _____

Dept No.: _____

**PROOF OF SERVICE
OF DECLARATION UNDER PENALTY OF PERJURY RELATED TO EVICTIONS
AND COVID-19**

I certify under penalty of perjury that I provided a copy of the Declaration Under Penalty of Perjury Related to Evictions and COVID-19 to my landlord and/or to the owner of the property where I live and/or to another person with the legal right to pursue eviction via the following method(s) (*check all that apply*):

☐ By **First Class Mail** addressed to (name) _____,
at the following address:

_____,
on the following date: _____.

☐ By **Certified Mail** addressed to (name) _____,
at the following address:

_____,
with tracking number _____,
on the following date: _____.

☐ By **E-Mail** directed to (name) _____,
at the following e-mail address: _____,
on the following date: _____.

☐ By **Text Message** directed to (name) _____,
at the following telephone number: _____,
on the following date: _____.

☐ By **Fax** directed to (name) _____,
at the following telephone number: _____,
on the following date: _____.

///

1 ☐ By **Hand Delivery** to (name) _____,
2 at the following address:

3 _____,
4 on the following date: _____.

5 ☐ By **Other Method** to (name) _____,
6 specifically (describe method of delivery in detail):

7 _____,
8 on the following date: _____.

9 I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true
10 and correct.

11 _____
12 (Date)

13 _____
14 (Type or Print Name)

15 _____
16 (Signature)