

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: DEFENDANT:	
VERIFICATION BY PLAINTIFF REGARDING RENTAL ASSISTANCE—RECOVERY OF COVID-19 RENTAL DEBT	
CASE NUMBER:	

This form must be filed by the plaintiff with any request for default judgment in any legal action to recover rent or other financial obligations under a lease or rental agreement that accrued between April 1, 2020, and September 30, 2021. (See Health & Saf. Code, § 50897.3(e).) It may also be used at other times as appropriate or when requested by a judicial officer.

1. Plaintiff (name):
 is (check one)
 - a. landlord for the tenancy for which the rent or other financial obligations are owed.
 - b. assignee or representative of the landlord for the tenancy for which the rent or other financial obligations are owed. (If checked, complete the items below.)
 - (1) Name of landlord:
 - (2) Plaintiff's relationship to landlord (describe):

2. Plaintiff states that the following are true:
 - a. The landlord has not received rental assistance or other financial compensation from any other source corresponding to the amount claimed.
 - b. The landlord does not have any pending application for rental assistance or other financial compensation from any other source corresponding to the amount claimed.
 - c. (Complete if plaintiff is not the landlord.)
 Plaintiff can make the statements above on the following basis (describe the basis for plaintiff making the statements in a and b under penalty of perjury):

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

Date: _____

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE)
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 (TITLE—Provide if signing on behalf of corporation or other business entity)