ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR *(name)*: STATE BAR NUMBER:	*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)

_____ (TITLE—Provide if signing on behalf of corporation or other business entity)

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