DECLARATION FOR

THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S TEMPORARY HALT IN EVICTIONS TO PREVENT FURTHER SPREAD OF COVID-19

I	certify under penalty of perjury, pursuant to 28
U.S.C. § 1746, that the following are true and co	rrect:
• I have used best efforts to obtain all available	government assistance for rent or housing; ¹
<u>*</u>	in annual income for Calendar Year 2020 (or no more t required to report any income in 2019 to the U.S. nic Impact Payment (stimulus check) pursuant to
	l housing payment due to substantial loss of household ages, lay-offs, or extraordinary ² out-of-pocket medical
circumstances may permit, taking into account or	payments that are as close to the full payment as my ther nondiscretionary expenses; If evicted I would likely shelter, or need to move into a new residence shared by have no other available housing options. ³
housing provider may require payment in full for	inporary halt on evictions on July 31, 2021, my all payments not made prior to and during the subject to eviction pursuant to state and local laws.
• I understand that any false or misleading state actions for fines, penalties, damages, or imprison	ements or omissions may result in criminal and civil ament
Signature of Declarant	Date
1 "Available government assistance" means any government	ntal rental or housing payment benefits available to the

individual or any household member.

² An "extraordinary" medical expense is any unreimbursed medical expense likely to exceed 7.5% of one's adjusted gross income for the year.

^{3 &}quot;Available housing" means any available, unoccupied residential property, or other space for occupancy in any seasonal or temporary housing, that would not violate federal, state, or local occupancy standards and that would not result in an overall increase of housing cost to you.