



# CITY OF PHILADELPHIA FAIR HOUSING COMMISSION

## EMERGENCY HOUSING PROTECTION ACT COVID-19 FINANCIAL HARDSHIP CERTIFICATION

Dear Landlord/Property Manager,

### PART I

I, or a member of my household, have experienced a loss of income or increase in expenses between March 1, 2020 and August 31, 2020 due to the COVID-19 pandemic because I, or a member of my household (check all that apply):

- Was diagnosed with COVID-19 or had to self-quarantine due to potential exposure to COVID-19.
- Cannot work or have had to self-quarantine because I/we have a greater risk of harm if COVID-19 is contracted due to a compromised immune system, age, or due to the specific recommendation of a health care professional, the CDC, the Governor of Pennsylvania, the Secretary of Health of Pennsylvania, the Mayor of Philadelphia, or the Health Commissioner of Philadelphia.
- Had to care for a family member due to a diagnosis of COVID-19 or a need to self-quarantine.
- Had to care for a family member due to school, childcare or elder care closure during the pandemic.
- Lost a job or my worksite was temporarily closed.
- Had reduced hours or wages at work.
- Was not employed before March 1, 2020 and was not able to find new employment during this time.
- Had to financially support a family member due to one of the above reasons.

I am notifying you of this COVID-related financial loss to exercise my rights under Section 9-809 of The Philadelphia Code “COVID-19 Emergency Housing Protections” and ask that you (check all that are applicable):

- Waive late fees and interest for March 1, 2020 through September 30, 2021.**
- Engage in mediation prior to beginning eviction proceedings.**
- Enter into a repayment agreement for any back rent owed from March 1, 2020 through December 31, 2020. [NOTE: Tenant Must Fill Out Part II of This Form if Checked]**

I hereby certify that the statements above, and below – if applicable, are true and correct to the best of my knowledge and belief.

I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by statute or ordinance.

I look forward to working with you to stabilize my housing.

Sincerely,

Tenant Signature: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**PART II – ADDITIONAL FACTS AND DOCUMENTATION**

***REQUIRED FOR TENANTS SEEKING A REPAYMENT AGREEMENT  
OPTIONAL FOR ALL OTHER TENANTS***

Evidence of the loss of income or increase in expenses that I, or a member of my household experienced between March 1, 2020 and December 31, 2020, due to the COVID-19 pandemic is (provide proof of the loss of income or increase in expenses you indicated in Part I):

- See attached documents.
- Unavailable for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Rental Assistance is now available through the City of Philadelphia for tenants and landlords to apply together. For more information go to: <https://phlrentassist.org/>**