

**NOTICE TO LANDLORD OF EVICTION PROTECTION DUE TO COVID-19  
(PURSUANT TO COUNTY OF SANTA CLARA ORDINANCE NO. NS-9.287,  
as amended by Ordinance Nos. NS-9.288, NS-9.289 and NS-9.292)**

On March 24, 2020, the Board of Supervisors of the County of Santa Clara enacted an eviction moratorium that took immediate effect. Beginning September 1, 2020, this moratorium applies to certain protected small business tenants. **Residential tenants should review state and federal law for protection from eviction.** The moratorium temporarily halts evictions for non-payment of rent when a small business tenant has incurred substantial loss of income and/or substantial out-of-pocket medical expense due to the COVID-19 pandemic. The moratorium has been extended to run through November 30, 2020. The Ordinance prohibits negotiations between landlords and protected small business tenants that result in waivers of tenants' rights under the Ordinance.

If a landlord initiates an eviction for non-payment of rent, the protected small business tenant should notify the landlord that the tenant intends to stop the eviction. Alternatively, small business tenants may notify their landlords that they qualify for protection under the ordinance before any eviction is initiated and that failure to comply with the ordinance could result in civil fines and penalties, monetary damages and injunctive relief against the landlord. The County recommends that protected small business tenants notify their landlords in writing as soon as possible. The following is an example of a notification:

*My name is John Doe. I/business entity lease the premises at 123 Main Street in Milpitas. I am seeking protection against eviction for non-payment of rent under the County's eviction moratorium because my business incurred a substantial loss of income due to COVID-19.*

**SMALL BUSINESS TENANTS ARE ENCOURAGED TO COMPLETE THIS FORM AND PROVIDE IT TO THEIR LANDLORD AS SOON AS POSSIBLE AND KEEP A COPY OF THIS FORM AND ANY DOCUMENTATION FOR THEIR RECORDS.**

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First Name/Entity Name	Last Name	M.I.
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Street Address	City	State	Zip Code	Unit #
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**COVID-19 IMPACT:** My business' income has been substantially negatively impacted by COVID-19 due to the following:

- Temporary closure of business
- Reduction of business operating hours
- Substantial loss of business income
- Substantial out-of-pocket medical expense
- Other: \_\_\_\_\_

**DOCUMENTATION:** I am providing the following documentation of my substantial loss of income or out-of-pocket medical expenses:

- Bank statements showing financial situation before and during the COVID-19 pandemic
- Other proof(s) of substantial loss of income: \_\_\_\_\_

**DOCUMENTATION FOR ITEMS SELECTED ABOVE IS ATTACHED:**  Yes  No

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**Small Business Tenant Signature**

**Date**