
Name

Address

City, State, Zip

Phone

Check your email. You will receive information and documents at this email address.

Email

I am Plaintiff Defendant
 Plaintiff's Attorney Defendant's Attorney (Utah Bar #: _____)
 Plaintiff's Licensed Paralegal Practitioner
 Defendant's Licensed Paralegal Practitioner (Utah Bar #: _____)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

_____ Plaintiff/Petitioner	COVID Eviction Declaration (P.L. 116-136 (2020) and 85 FR 55292 (September 4, 2020))
v.	_____ Case Number
_____ Defendant/Respondent	_____ Judge
	_____ Commissioner (domestic cases)

1. I am the plaintiff or the owner of the real property at _____ (address).

Coronavirus Aid, Relief, and Economic Security (CARES) Act Declarations

2. I have not received a forbearance on the property identified above under Section 4023 of the CARES Act (CARES Act, P.L. 116-136 (2020)).

I have received a forbearance on the property identified above under Section 4023 of the CARES Act, but my forbearance ended on _____ (date).

3. I know that properties participating in one or more of the following programs, or with one of the following types of mortgages are “covered properties” under section 4024 of the CARES Act.

Housing programs eligible for federal protection through the CARES Act

- Public Housing (42 U.S.C. § 1437d)
- Section 8 Housing Choice Vouchers (42 U.S.C. § 1437f)
- Section 8 Project-Based Rental Assistance (42 U.S.C. § 1437f)
- Section 202 Supportive Housing for the Elderly (12 U.S.C. § 1701q)
- Section 811 Supportive Housing for Persons with Disabilities (42 U.S.C. § 8013)
- Low Income Housing Tax Credit (LIHTC) (26 U.S.C. § 42)
- Housing Opportunities for Persons With AIDS (HOPWA) (42 U.S.C. § 12901, et seq.)
- McKinney-Vento Homeless Assistance grants (42 U.S.C. § 11360, et seq.)
- Section 236 Preservation program (12 U.S.C. § 1715z-1)
- HOME investment partnerships (42 U.S.C. § 12741 et seq.)
- Section 514 and 516 Farm Labor Housing Grants (42 U.S.C. §§ 1484, 1486)
- Section 542 Rural Development Vouchers (42 U.S.C. 1490r)
- Section 521 Rural Rental Assistance
- Section 533 Housing Preservation grants (42 U.S.C. § 1490m)
- Mortgages purchased or securitized by Fannie Mae (check <https://www.knowyouroptions.com/loanlookup>)
- Mortgages purchased or securitized by Freddie Mac (check <https://ww3.freddiemac.com/loanlookup/>)
- Mortgages insured by the Federal Housing Administration (FHA)
- Mortgages guaranteed, directly provided by, or insured by the Department of Veterans Affairs (VA)
- Mortgages guaranteed, directly provided by, or insured by the Department of Agriculture (USDA)
- Mortgages guaranteed under HUD's Native American or Native Hawaiian Home Loan Guarantee programs

4. I reviewed my files and contacted my mortgage company and:

I have evidence that the property at issue is a “covered property” under Section 4024 of the CARES Act.

I do not have evidence that the property at issue is a “covered property” under Section 4024 of the CARES Act.

5. After performing a good faith investigation, the property:

is subject to the CARES Act.

is not subject to the CARES Act.

Centers for Disease Control (CDC) Eviction Moratorium Declaration

6. The tenants in this case:

have not given me a signed declaration of eligibility under the CDC eviction moratorium. (85 FR 55292, September 4, 2020)

have given me a signed declaration of eligibility under the CDC eviction moratorium. I have filed this action anyway because (explain):

7. I understand that I may not take any action to remove or cause the removal of any tenant until July 1, 2021, if the tenant gives me a signed declaration of eligibility under the CDC eviction moratorium, and the moratorium applies.

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

_____	Signature ►	_____
Date	Printed Name	_____

Certificate of Service

I certify that I filed with the court and am serving a copy of this COVID Eviction Declaration on the following people.

Person's Name	Service Method	Service Address	Service Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

_____ Signature ► _____
 Date Printed Name _____