

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF

<p>_____ Plaintiff(s), vs. _____ Defendant(s).</p>	<p>Case No.</p> <p>DECLARATION OF DEFENDANT RE: CDC EVICTION MORATORIUM</p>

(Your name/s) _____, I certify under penalty of perjury, pursuant to Idaho law and 28 U.S.C. 1746, that my statements in this declaration are true and correct:

1. I have used best efforts to obtain all available government assistance for rent or housing;
2. I either expect to earn no more than \$99,000 in annual income for Calendar Year 2020 (or no more than \$198,000 if filing a joint tax return), was not required to report

any income in 2019 to the U.S. Internal Revenue Service, or received an Economic Impact Payment (stimulus check) pursuant to Section 2201 of the CARES Act;

3. I am unable to pay my full rent or make a full housing payment due to substantial loss of household income, loss of compensable hours of work or wages, layoffs, or extraordinary out-of-pocket medical expenses;

4. I am using best efforts to make timely partial payments that are as close to the full payment as my circumstances may permit, taking into account other nondiscretionary expenses;

5. If evicted I would likely become homeless, need to move into a homeless shelter, or need to move into a new residence shared by other people who live in close quarters because I have no other available housing options;

6. I understand that I must still pay rent or make a housing payment, and comply with other obligations that I may have under my tenancy, lease agreement, or similar contract. I further understand that fees, penalties, or interest for not paying rent or making a housing payment on time as required by my tenancy, lease agreement, or similar contract may still be charged or collected; and

7. I further understand that at the end of this temporary halt on evictions on December 31, 2020, my housing provider may require payment in full for all payments not made prior to and during the temporary halt and failure to pay may make me subject to eviction pursuant to State and local laws.

8. I understand that any false or misleading statements or omissions may result in criminal and civil actions for fines, penalties, damages, or imprisonment.

Signature of Declarant

Date

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

(Name) (Street or Post Office Address) (City, State, and Zip Code)	<input checked="" type="checkbox"/> By mail <input checked="" type="checkbox"/> By fax (number) <input checked="" type="checkbox"/> By personal delivery <input checked="" type="checkbox"/> Overnight delivery/Fed Ex
(Name) (Street or Post Office Address) (City, State, and Zip Code)	<input checked="" type="checkbox"/> By mail <input checked="" type="checkbox"/> By fax (number) <input checked="" type="checkbox"/> By personal delivery <input checked="" type="checkbox"/> Overnight delivery/Fed Ex
Typed or printed name	Signature