



DISTRICT COURT OF MARYLAND FOR

City/County

Located at Court Address

Case No.

Landlord (Plaintiff)

VS.

Tenant (Defendant)

Address

Address

City, State, Zip

City, State, Zip

DECLARATION OF COMPLIANCE WITH THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (2020) (Public Law No. 116-136 §§ 4023 & 4024)

I, the undersigned, certify and declare as follows:

I am the [ ] landlord [ ] landlord's agent in the captioned case. I have investigated whether the property in this case, located at , received a mortgage forbearance under § 4023 of the CARES Act or is a "covered property" under § 4024 of the CARES Act.

My investigation included the following steps (attach documentation):

- [ ] Searching the Fannie Mae Loan Lookup Tool at https://www.knowyouroptions.com/lookup
[ ] Searching the Freddie Mac Loan Lookup Tool at https://ww3.freddie.mac.com/loanlookup
[ ] Contacting the owner and/or borrower for the property directly.
[ ] Contacting the following federal agencies directly:

- [ ] Contacting the following mortgage servicer(s) directly:

- [ ] Other. Describe:

[ ] Mortgage forbearance was granted to the borrower of a federally backed multifamily mortgage loan on this property under § 4023(d) of the CARES Act.

[ ] Landlord/agent filed this case after the expiration of the forbearance period granted to the borrower under § 4023 of the CARES Act. Date of expiration: / /2020

[ ] Landlord/agent served tenant with the attached 30-day notice to vacate after expiration of the forbearance period granted to the borrower under § 4023 of the CARES Act.

[ ] The property is a "covered property" under § 4024 of the CARES Act.

[ ] Landlord/agent served tenant, after July 25, 2020, with the attached 30-day notice to vacate as required by § 4024(c) of the CARES Act.

[ ] The property is not a "covered property" under § 4024 of the CARES Act and has not received a mortgage forbearance under § 4023 of the CARES Act.

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

Signature of Plaintiff/Attorney

CPF ID No.

Address

Printed Name

City, State, Zip

Date

Telephone

Fax

E-mail