In the Supreme Court of the State of Idaho

IN RE: EVICTION MORATORIUM UNDER THE CARES ACT	**ORDER AMENDING STATEMENT OF LANDLORD FORM**

The Court having previously approved and adopted the Statement of Landlord Regarding CARES Act Eviction Moratorium (Statement of Landlord) form on May 4, 2020 in the Court's Amended Order In Re: Eviction Moratorium Under the CARES Act (May 4, 2020 Order);

IT IS HEREBY ORDERED, that the amended Statement of Landlord form attached hereto, is adopted for statewide use and distribution through Court Assistance Offices and on the Court's website.

All other provisions of the May 4, 2020 Order remain in place.

DATED this 5th day of May, 2020.

By Order of the Supreme Court

Roger Burdick

Roger S. Burdick, Chief Justice

ATTEST:

Karel A. Lehrman

Clerk

I, Karel A. Lehrman, Clerk of the Supreme Court/ Court of Appeals of the State of Idaho, do hereby certify that the above is a true and correct copy of the Order Amending Statement entered in the above entitled cause and now on record in my office.
WITNESS my hand and the Seal of this Court 5-5-20

KAREL A. LEHRMAN
Clerk

By: Chief Deputy

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_____

_____,
Plaintiff(s),
vs.
_____,
Defendant(s).

Case No. _____

STATEMENT OF LANDLORD REGARDING CARES ACT EVICTION MORATORIUM
FOR EVICTIONS FILED BETWEEN MARCH 27, 2020 AND JULY 25, 2020

I, _____(your name), state the following:

1. I am the Plaintiff in the above title action.
2. I am the landlord, property manager, and/or owner of the following rental property_____
_____
_____ (address of the rental unit).
3. I have a landlord/tenant relationship with tenant(s)_____
_____
4. I submit this Statement with regard to the provisions in Section 4024 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), which imposes a 120 day nationwide moratorium on new eviction filings for certain properties covered by the Act.
5. The rental property listed above is characterized by or subject to the following (mark all that apply):
   - ☐ Section 8 Housing Choice Voucher program (42 U.S.C. § 1437f)
   - ☐ Section 8 project-based housing (42 U.S.C. § 1437f)

- ☐ Section 202 housing for the elderly (12 U.S.C. § 1701q)
- ☐ Section 811 housing for people with disabilities (42 U.S.C. § 8013)
- ☐ Section 236 multifamily rental housing (12 U.S.C. § 1715z–1)
- ☐ Section 221(d)(3) Below Market Interest Rate (BMIR) housing (12 U.S.C. § 17151(d))
- ☐ HOME (42 U.S.C. § 12741 et seq.);
- ☐ Housing Opportunities for Persons with AIDS (HOPWA) (42 U.S.C. § 12901, et seq.)
- ☐ McKinney-Vento Act homelessness programs (42 U.S.C. § 11360, et seq.)
- ☐ Public housing (42 U.S.C. § 1437d)
- ☐ Section 515 Rural Rental Housing (42 U.S.C. § 1485)
- ☐ Sections 514 and 516 Farm Labor Housing (42 U.S.C. §§ 1484, 1486)
- ☐ Section 533 Housing Preservation Grants (42 U.S.C. § 1490m)
- ☐ Section 538 Multifamily rental housing (42 U.S.C. § 1490p-2)
- ☐ Rural housing voucher program (42 U.S.C. 1490r)
- ☐ Low-Income Housing Tax Credit (LIHTC) (26 U.S.C. § 42)
- ☐ None of the above

6. The rental property listed above is characterized by or subject to the following (mark one):
   - ☐ A federally backed mortgage loan
   - ☐ A federally back multifamily mortgage loan
   - ☐ None of the above
7. The rental property listed above is subject to a "federally backed mortgage loan" owned, insured or guaranteed by (mark all that apply):
   - ☐ Department of Housing and Urban Development (HUD)
   - ☐ Department of Veteran Affairs
   - ☐ Department of Agriculture
   - ☐ Fannie Mae or Freddie Mac
   - ☐ None of the above
8. The rental property listed above is a "federally backed mortgage loan" and ☐ has, ☐ has not, received a loan forbearance.

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

_____ _____

Typed/printed name Signature

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)

☐ By mail
☐ By fax (number) _____
☐ By personal delivery
☐ Overnight delivery/Fed Ex

_____

(Name)

_____

(Street or Post Office Address)

_____

(City, State, and Zip Code)

☐ By mail
☐ By fax (number) _____
☐ By personal delivery
☐ Overnight delivery/Fed Ex

_____ _____

Typed or printed name Signature