

STATE OF LOUISIANA
PARISH OF _____

VERIFICATON OF COMPLIANCE WITH SECTION 4024 OF THE CARES ACT

BEFORE ME, the undersigned authority, personally came and appeared,
_____, who after first being duly sworn did depose and say that:

1. A. I am ___the owner or ___ authorized agent of the owner of the residential property involved in this action, which is located at :

B. If you are an authorized agent, please have a notarized document executed by owner allowing you to execute this document.

2. I am aware of the federal Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and that it contains several provisions that prevent the eviction of residential tenants living in certain properties that are part of government programs or certain buildings secured by federally backed mortgage loans for a 120-day period beginning on March 27, 2020 (the "Moratorium Period");

3. The property is NOT a "covered property" as defined by the CARES Act, including, but not limited to, any property that participates in (A) a covered housing program as defined in Section 41411(a) of the Violence Against Women Act of 1994; or (B) the rural housing voucher program under section 542 of the Housing Act of 1949; or (C) has a federally backed mortgage loan or a federally backed multifamily mortgage loan. The facts on which I base my conclusion are as follows (please identify which database or the other information you have used to reach your determination):

_____.

4. A. This action is being filed due to non-payment of rent, fees, or other charges.
___Yes ___No

IF YOUR ANSWER TO 4A IS **NO**, PLEASE ANSWER 4B

B.. Please explain the reason for eviction:

_____.

5. I understand further proof may be required at trial.
6. I swear under penalty of perjury that the information stated above are true and correct and made of my own personal knowledge.

Affiant

Sworn to and subscribed before me this . day of _____, 20____.

Justice of the Peace/Or Notary
JP - _____ - _____

