CARES Act Landlord Verification

Instructions:

- This verification provides the court information related to additional temporary requirements imposed by the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, 15 U.S.C. section 9058, on certain eviction actions for nonpayment of rent.

- This verification **must be completed and filed** in any eviction action filed from March 27, 2020 until further order of the Iowa Supreme Court.

If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.

In the Iowa District Court for _____ County

County where the case is filed

	Case no._____
Plaintiff *Full name of Plaintiff: first, middle, last* vs.	**CARES Act Landlord Verification**
Defendant *Full name of Defendant: first, middle, last*	If you need assistance to participate in court due to a disability, call the disability coordinator (information at www.iowacourts.gov/Administration/Directories/ADA_Access/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

I certify the following: *Read, complete, and check each item that applies.*

1. This eviction is based on a landlord–tenant relationship: ☐ Yes ☐ No

2. The current tenancy is now or has in the past been subject to either a Section 8 or USDA Housing Choice voucher: ☐ Yes ☐ No ☐ Not applicable

3. The property involved in this matter is subject to the following federal programs:
   Check each that applies if any.

   A. ☐ Public housing

   B. ☐ Project Based Section 8 housing

   C. ☐ Section 202 elderly housing

   D. ☐ Section 811 housing for people with disabilities

   E. ☐ Section 236 multifamily rental housing

   F. ☐ Section 221 Below Market Rate (BMR) housing

   G. ☐ HOME Investment Partnership Program

   H. ☐ Housing Opportunities for Persons with AIDS (HOPWA) Program

   I. ☐ McKinney-Vento Act housing

   J. ☐ Section 515 United States Department of Agriculture (USDA) rural housing

   K. ☐ Section 514/516 USDA farm labor housing

   L. ☐ Section 533 USDA housing preservation

   M. ☐ Section 538 USDA multifamily housing

   N. ☐ Low-Income Housing Tax Credit (LIHTC) Program

4. The property involved in this matter was subject to a mortgage issued or guaranteed by the following federally connected entities:
    Check each that applies if any.

    A. ☐ Federal Housing Administration (FHA)

    B. ☐ Veterans Administration (VA)

    C. ☐ United States Department of Agriculture (USDA) direct loan

    D. ☐ USDA guaranteed loan

    E. ☐ Fannie Mae

    F. ☐ Freddie Mac

5. I received a mortgage forbearance on the property involved in this matter between March 27, 2020 and December 31, 2020:
    Complete this section only if you checked a box or boxes in section 4 above.

    ☐ Yes   ☐ No   ☐ Not applicable

6. I received a mortgage forbearance on the property involved in this matter between the following dates:
    Complete this section only if you checked "Yes" in section 5 above.

    _____

    _____

7. Additional information:
    Additional information may also be provided to the court at the time of the hearing.

    _____

    _____

    _____

    _____

Attorney Help *Check one*

   A. ☐ An attorney did not help me prepare or fill in this form.

   B. ☐ An attorney helped me prepare or fill in this form.

   If you check B*, you must fill in the following information:*

   _____
   Name of attorney or organization, if any

   _____
   Business address of attorney or organization

   _____   _____   _____
   City   *State*   *ZIP code*

   (_____) _____   _____
   Phone number   *Fax number – optional*

   _____   _____
   Email address   *Additional email address, if applicable*

Oath and signature

I, _____, have read this Verification, and I certify under
Print your name

penalty of perjury and pursuant to the laws of the State of Iowa that the information I
have provided in this Verification is true and correct.

_____ _____, 20____ _____
Month   *Day*   *Year*   *Signature**

_____
Mailing address

_____ _____ _____
City   *State*   *ZIP code*

(_____) _____
Phone number

_____ _____
Email address   *Additional email address, if applicable*

*Handwrite your signature on this form. Scan the form after signing it and file it electronically.