

**NOTICE AND CERTIFICATION FROM SMALL BUSINESS TENANT
FINANCIAL HARDSHIP RELATED TO COVID-19**

Section 3 of Chapter 65 of the Acts of 2020 (the “Act”) provides that a landlord shall not impose a late fee for non-payment of rent for a small business premises unit or furnish rental payment data to a consumer reporting agency related to the non-payment of rent, if, not later than 30 days after the missed rent payment, the tenant provides notice and documentation to the landlord that the non-payment of rent was due to a financial impact from COVID-19.

The Act defines a “small business premises unit” as a premises occupied by a tenant for commercial purposes, whether for-profit or not-for-profit; provided, however, that a “small business premises unit” shall not include a premises occupied by a tenant if the tenant or party that controls, is controlled by or is in common control with the tenant: (i) operates multi-state; (ii) operates multi-nationally; (iii) is publicly traded; or (iv) has not less than 150 full-time equivalent employees.

I hereby certify and attest as follows:

- (1) I am authorized to sign and submit this notice on behalf of [insert name of business]

(the “Affected Small Business”), the lessee of a small business premises unit located at

(the “Small Business Premises Unit”) for the month of _____, 2020
(the “Applicable Month”).
- (2) The Affected Small Business has a total of _____ full-time equivalent employees and otherwise meets the requirements in clauses (i) through (iv) in the Act’s definition of “small business premises unit”.
- (3) The Affected Small Business is unable to pay the full rent on the date the rent payment is due for the Applicable Month, as a result of one or more of the following circumstances arising from the COVID-19 state of emergency declared by Governor Baker on March 10, 2020 (please check all that apply):
 - The Affected Small Business has been required to be closed, or (in the case of a restaurant or other establishment where food or beverages are served for dining on the premises) to limit its on-premises operations for all or a portion of the period following the commencement of the state of emergency.
 - The Affected Small Business has experienced significant disruptions to operations during the state of emergency due to employee absences, disruptions in supply chains, or other reason directly related to the COVID-19 public health emergency.

- During the period from the beginning of the state of emergency until the missed rent payment, the Affected Small Business experienced either (a) a greater than 25% reduction in sales or revenue net of operating expenses and debt service, compared to the same period in the prior year, or (b) a reduction in sales or revenue sufficient to cause a net operating loss after deduction of operating expenses and debt service.
- The Affected Small Business suffered other financial hardship directly related to the COVID-19 public health emergency, as described below:

- (4) The attachment hereto completely and accurately documents the financial hardship experienced by the Affected Small Business due to COVID-19. [Please complete and attach the spreadsheet.]
- (5) The Affected Small Business has (check one):
 - Not secured funding under the Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136 (the “CARES Act”) to mitigate such financial hardship and enable the Affected Small Business to cover expenses, including rent, for the Small Business Premises Unit.
 - Secured funding under the CARES Act, but not enough to cover payroll and rent. The amount of federal assistance received as of the date set forth below: \$_____. The amount of assistance expended on payroll is expect to be \$_____.
- (6) The Affected Small Business has paid rent to the extent feasible for the Applicable Month given the circumstances described above. I further acknowledge that the missed rent payment for the Applicable Month remains due and payable to the owner of the Small Business Premises Unit.
- (7) The information above is a true and accurate statement of the financial hardship I/we have experienced related to COVID-19.

SIGNED AND ATTESTED AS TRUE as of the date set forth below.

[Insert name of small business:] _____

 Signature
 Title:
 Printed name:
 Date: _____