IN THE DISTRICT / SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

	)	
	)	
Plaintiff(s),	)	
vs.	)	
	)	
	)	CASE NO. _____
Defendant(s).	)	
_____	)	

AFFIDAVIT OF COMPLIANCE WITH EVICTION MORATORIUMS DURING COVID-19 PANDEMIC (SEC. 4023 OF FEDERAL CARES ACT AND CDC ORDER TEMPORARILY HALTING RESIDENTIAL EVICTIONS)

I, *(name)*_____, state upon oath or affirmation that the following facts are true to the best of my knowledge:

1. I am ☐ the Plaintiff. ☐ an authorized agent of the Plaintiff.

2. I am bringing an eviction case on the following property, which I own:
   _____

3. I want to evict the Defendant for:
   ☐ not paying rent. *[Go to question 4]*
   ☐ a reason other than not paying rent, which is:
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

   [Go to question 7]

4. Did the Defendant provide you with a signed declaration that they are covered by the CDC's Order temporarily halting evictions?
   ☐ Yes. *[You may not evict the tenant for failure to pay rent until after the CDC Order expires on December 31, 2020.]*
   ☐ No. *[Go to question 5]*

5. Do you have a mortgage on the property?
   ☐ Yes. *[Go to question 6]*
   ☐ No. *[Go to question 7]*

6. Are you currently in a mortgage forbearance period under the CARES Act for the property?
   - ☐ Yes, and the property has:
     - ☐ 5 or more units. *[A Plaintiff who receives a forbearance under the CARES Act on a property with 5 or more units may not start an eviction case for failure to pay rent without first giving the tenant 30-day's notice to leave the property, which cannot be done until after the forbearance expires. Include the date your forbearance expired and the date of your notice in your answer to question 7.]*
     - ☐ fewer than 5 units. *[Go to question 7]*
   - ☐ No. *[Go to question 7]*

7. Other Information:

_____
_____
_____
_____
_____
_____
_____

_____
Signature

_____
Mailing Address City State ZIP

Subscribed and sworn to or affirmed before me at _____, Alaska on _____.

(SEAL)

_____
Clerk of Court, Notary Public or other person authorized to administer oaths.
My commission expires: _____