

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Court Division - Small Claims

Name And Address Of Plaintiff

CARES ACT AFFIDAVIT
(Summary Ejectment)

VERSUS

Name And Address Of Defendant 1

CAUTION: The clerk of superior court cannot give you legal advice. If you have legal questions or are unsure of whether or how certain provisions in the CARES Act may impact you, you should consult with an attorney before filing a complaint for summary ejectment.

Name And Address Of Defendant 2

Emergency Directive 18 of the Order of the Chief Justice of the Supreme Court of North Carolina 30 May 2020; Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Pub. L. No. 116-136, §§ 4023, 4024 (2020)

AFFIDAVIT

I, the undersigned, attest the following:

- 1. I am the (check one) Plaintiff authorized agent (or attorney) of the Plaintiff in the instant action.
2. Plaintiff is seeking to recover possession of the following leased premises ("Premises"):

Name of Apartment Community (if any):
Street Address and Unit No. (if any), City, County, State, Zip:

- 3. The Premises IS IS NOT a "covered dwelling" as defined by Section 4024(a)(1) of the CARES Act.
4. If the premises is a covered dwelling under the CARES Act, is the mortgage loan currently in forbearance?
5. Does the subject property participate in (i) a covered housing program...
6. Does the subject property have (i) a federally backed mortgage loan or (ii) a federally backed multifamily mortgage loan?
7. The information relied upon by me in making this attestation is (Please identify any database or other information that you have used to determine that the Premises does not have a federally-backed mortgage loan...)

DECLARATION

IF SIGNED BY AN ATTORNEY FOR PLAINTIFF: In accordance with Rule 11 of the N.C. Rules of Civil Procedure, I have read the statements contained here, and I hereby certify that, to the best of my knowledge, information, and belief formed after reasonable inquiry, that such statements are well-grounded in fact and that they are submitted in good faith and not interposed for any improper purpose.

IF SIGNED BY PLAINTIFF OR NON-ATTORNEY AGENT FOR PLAINTIFF: I hereby declare, under penalty of perjury, that the statements made herein are true and correct to the best of my knowledge.

Date

Name And Address Of Declarant

Signature Of Declarant