

STATE OF NORTH CAROLINA

File No.

County

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

Name And Address Of Plaintiff

VERSUS

Name And Address Of Defendant 1

Name And Address Of Defendant 2

CARES ACT AFFIDAVIT
(Summary Ejectment)

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, § 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. Does the subject property participate in (i) a covered housing program...
5. Does the subject property have (i) a federally backed mortgage loan...
6. The information relied upon by me in making this attestation is (Please identify any database or other information...)

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