

IN THE COUNTY COURT OF THE EIGHTEENTH
JUDICIAL CIRCUIT IN AND FOR SEMINOLE
COUNTY, FLORIDA

CASE NO.: _____

_____,
Plaintiff

vs.

_____,
Defendant

**MOTION TO STAY EVICTION PROCEEDING AND/OR
DETERMINE AMOUNT TO BE PLACED IN COURT REGISTRY**

COMES NOW the undersigned defendant/tenant and files this request to stay (delay) this eviction case and/or determine the amount of rent to be placed in the Court Registry and in support thereof states as follows:

1. I desire to continue to live in the rented home.
2. I dispute the amount of rent due claimed by the Plaintiff.
3. I have been adversely affected by the COVID 19 emergency which directly impacted my ability to make rent payments.
4. I or an adult in my household have lost their job, furloughed, had a reduction in work hours, loss of business income or suffered a financial hardship as result of COVID 19.
5. I am including documentation demonstrating loss of income was due to COVID 19. *(For Example: documentation from employer of reduced work hours, furlough, or layoff or paystubs, one from January or February prior to COVID 19 and another paystub received after March 1 showing reduction in pay or documentation from unemployment or documentation from unemployment demonstrating award or other information related to COVID 19 or other proof of financial hardship).*
6. I have submitted my application to the Seminole CARES Portal requesting payment of past due rent under the Seminole CARES program described in included flyer.

Page 1 of 2

Self Help Form for Tenants:

Requesting court consideration in delaying eviction matter after applying for Seminole CARES grant and/or Request to Determine Amount of Rent to be Placed in the Court Registry

Upon approval, the landlord would receive directly my past due rent from the Seminole CARES program.

7. I am including a copy of the Seminole CARES portal acknowledgement that I applied for this program on {date}_____.
8. Florida Statute §83.44 imposes an obligation of good faith in performance and enforcement of rental agreements.
9. I request this eviction case be stayed (delayed) to allow my application to be processed and for approved funds to be paid directly to the Plaintiff by Seminole CARES Program.

WHEREFORE, I respectfully request the court grant a hearing to consider the following:

1. Stay the case while my application is processed by the Seminole CARES Program.
2. Determine the amount of rent due.
3. Determine how the rent should be provided to Plaintiff.
4. Grant any other relief deemed appropriate.

I hereby certify that a true copy of the foregoing was furnished by ___ mail or ___ email this ___ day of _____, 2020 to {plaintiff's attorneys address or plaintiff's address} _____.

Signature of Defendant/Tenant

Printed Name:

Address:

Email:

Phone number:

Seminole County will require the following documents in order to complete the Seminole CARES Individual Grant Assistance Application:

How Do I Know If I am Eligible?

In order to receive funding, you must:

- Demonstrate you are a United States Citizen or permanent legal resident**
- Demonstrate you are a Seminole County resident**
- Demonstrate you are at least 18 years old**
- Pay rent or mortgage costs in Seminole County.** Only rent or mortgage costs will be supported for your main residence which must be located in Seminole County
- Demonstrate economic impact due to COVID-19.** An adult in your household has lost their job, experienced a reduction in work hours, or can document financial hardship as a result of COVID-19.

How do I demonstrate I lost my job or my work hours were reduced?

Applicants must submit one form of documentation demonstrating loss of income due to COVID-19. Applicants should submit **one** of the following:

- Documentation from employer of reduced work hours, furlough, or layoff
- Two (2) pay stubs that demonstrate a reduction in income:
 - 1 paystub from January or February 2020 prior to COVID-19
 - 1 paystub received after March 1, 2020 that demonstrates a reduction in pay
- Documentation from Unemployment demonstrating award or other information related to COVID-19
- Any other document that shows a reduction of income related to COVID-19

How do I provide proof of reduction in income if I am self-employed?

Self-employed applicants must submit one form of documentation demonstrating loss of income due to COVID-19. Applicants should submit **one** of the following:

- 6 (six) months of profit/loss documentation to demonstrate a reduction in income
- Documentation from Unemployment demonstrating award

Individuals who operate a small business, such as a home-based or mobile business, may be eligible to apply for the *Seminole CARES Small Business Grant*.