

## Model COVID-19 Certification for Rental Property Access



Property Address: \_\_\_\_\_ Date of visit: \_\_\_\_\_, 2020

Tenant(s): \_\_\_\_\_

Listing Agent(s) Present: \_\_\_\_\_

Potential Tenant(s) Present: \_\_\_\_\_

Tenant Agent(s) Present: \_\_\_\_\_

Other Individual(s) Present: \_\_\_\_\_ Role\*: \_\_\_\_\_

**\*Landlord, property manager, inspectors, contractors or other service providers.**

Each person listed above certifies that to the best of his or her knowledge neither they, nor a member of their household with whom they live, nor a person with whom they work with closely:

1. Has experienced any cold or flu-like symptoms in the previous 14 days (fever, cough, sore throat, respiratory illness, difficulty breathing).
2. Is currently diagnosed with COVID-19.
3. Has a test pending for COVID-19.
4. Is currently under quarantine due to COVID-19 concerns.
5. Has had contact in the previous 14 days with someone diagnosed with COVID-19.
6. Has had contact in the previous 14 days with someone who had contact with someone diagnosed with COVID-19.
7. Has traveled in the previous 14 days to anywhere designated as having widespread ongoing transmission by the Centers for Disease Control.

This certification does not create any legally binding contract or enforceable obligation nor modify any right or obligation in an existing contract.

EACH TENANT(S) AND INDIVIDUAL(S) INTENDING TO ACCESS THE PROPERTY MUST SIGN AND PRINT YOUR NAME TO INDICATE YOUR CERTIFICATION OF ALL OF THE ABOVE:

Signature

Printed Name

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