

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<https://www.courts.nh.gov>

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

LANDLORD-TENANT MEDIATION PROGRAM
DATA COLLECTION FORM

Name: _____

Address: _____
Street City State Zip code

Phone Number: _____ Email Address: _____

My household's estimated yearly gross income is \$ _____

_____ **# of people, including me, reside in my household for whom I am legally responsible.**

Since March 12, 2020, I, or someone in my household (check all that apply):

- Qualified for unemployment benefits (even if the individual did not receive benefits)
- Received less income as a result, directly or indirectly, of the COVID-19 pandemic.
- Spent more money as a result, directly or indirectly, of the COVID-19 pandemic.
- Experienced financial hardship as a result, directly or indirectly, of the COVID-19 pandemic.

I swear or affirm that the foregoing information is true or correct to the best of my knowledge. I understand that making a false statement may subject me to criminal penalties. I understand that the New Hampshire Judicial Branch and/or the Office of Mediation and Arbitration may contact me at any time to request follow up documentation to verify my estimated income.

Date

/s/ _____
Signature of Tenant

Name of Tenant