

# CERTIFICATE OF COMPLIANCE

## TO PENNSYLVANIA BE SMART, STAY SAFE

1. I certify that:

- a. I have not left the State of Pennsylvania for any reason except essential travel in the past 14 days; OR
- b. I have completed a self-quarantine in compliance with the Pennsylvania Department of Health's quarantine protocols before arrival to this establishment; OR
- c. I am authorized to work in the State of Pennsylvania under the existing State of Emergency.

2. I also certify that I have not had close contact with a person confirmed to have COVID-19 within the last 14-days.

3. I also certify that I do not currently, and have not had in the past 24 hours, any of the following symptoms:

- A fever above 100.4° F / 38° C, or felt feverish;
- Chills;
- Muscle pain;
- Sore throat;
- Headache;
- New loss of taste or smell.

4. I also certify that all persons in my care who are under the age of 18 years or who are dependent on my care meet the criteria described in items 1–3 above. Please provide a list of the names of all persons under 18 or otherwise in your care.

Names:

_____	_____
_____	_____
_____	_____

5. You (renter) are required to notify the owner of the property if you believe you have Covid while at the property. The CDC then may require you to self-quarantine in the state for 14 days. You hold harmless and Indemnify the owner. You also then would be liable to pay the prevailing daily rate on rent while under quarantine. If you fail to pay the daily rate you will be subject to a lawsuit to collect the rent, 10% interest and legal fees during collection process. There will be an extra Covid cleaning fee of \$250.

6. I have read and understand this entire Certificate of Compliance and make the above certifications under the pains and penalties of perjury.

Dated: \_\_\_\_\_ in \_\_\_\_\_, Pennsylvania.

PERSON 1

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

PERSON 2 (FROM SAME HOUSEHOLD; OPTIONAL)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

HOUSEHOLD CONTACT INFORMATION

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Instruction to lodging accommodation: Keep this form on file for 30 days.