Attachment B - State of Emergency Addendum

This Addendum is hereby a part of the Residential Lease Agreement between _____
_____, as Landlord and _____
_____, as Tenant(s) for the
property known as: _____.

Except as expressly modified herein, all terms of the Residential Lease Agreement
entered into between the parties remain in effect. The Landlord and the Tenant(s)
hereby agree to modify the existing Residential Lease Agreement as follows:

To protect the farmworker workforce and the food supply, and pursuant to applicable
federal, state and local laws, state executive orders, public health orders, office of
emergency services orders and law enforcement orders, Tenant(s) affirm to adhere to
applicable shelter in place orders, stay at home orders with limited exemptions for
essential activities and essential work, social distancing protocols and notices from
respective migrant center personnel and representatives. A shelter in place order
means that social visits to the OMS center are not permitted until the stay at home
orders are lifted. This temporary change is necessary to keep all tenants safe. Failure to
comply with applicable laws and orders may impact Tenant(s)' current OMS residency
status and the ability for Tenant(s) to obtain an eligibility interview for subsequent years
as it pertains to the OMS centers.

By signing my name below, I affirm that I have read and understood the terms of this
addendum to the Residential Lease Agreement and agree that I will be jointly and
severally liable for the complete fulfillment of the terms of this Addendum.

Therefore, I understand that in part, I am jointly responsible for the actions or inactions
of others that reside with me within our OMS unit, and that such actions or inactions
could impact my continued residency at the OMS center.

Tenant Signature: _____ Date _____

Tenant Name: _____

Tenant Signature: _____ Date _____

Tenant Name: _____

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Tenant Signature: _____ Date _____

Tenant Name: _____

Landlord /Agent Signature: _____ Date _____

Landlord /Agent Name: _____