|  |  |
| --- | --- |
| State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
| **NOTICE OF TERMINATION** |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rental Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU ARE HEREBY NOTIFIED THAT**, under the terms of the lease agreement dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (the “Lease”) for the rent and use of the premises listed above now occupied by you:

Your rent for the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ is PAST DUE. Accordingly, you owe the following amounts:

|  |  |
| --- | --- |
| Rent past due:Late fee:  | $\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_ |
| **Total Amount Past Due** | **$\_\_\_\_\_\_\_\_\_\_** |

**I demand payment in full of the total amount past due within** \_\_\_\_\_\_\_\_\_\_ **days from the date of delivery of this notice**. UNLESS PAYMENT IS MADE BY SUCH DATE, THE LEASE WILL BE TERMINATED AND YOU MUST VACATE THE PREMISES. You are further notified that unless you pay the total amount past due or vacate the premises by such date, legal action may be initiated against you.

Payment must be made: (Check one)

[ ]  In personal at the landlord’s address. Payment must be made in person at the address below

between the hours of \_\_\_:\_\_\_\_\_\_ AM/PM to \_\_\_:\_\_\_\_\_\_ AM/PM, on: (Check all that apply)

[ ]  Monday

[ ]  Tuesday

[ ]  Wednesday

[ ]  Thursday

[ ]  Friday

[ ]  Saturday

[ ]  Sunday

[ ]  By mail to the landlord’s address. Payment must be made by mail to the address stated below.

[ ]  Directly to the landlord’s financial institution. Payment must be made to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Financial institution name] located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to account number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  By electronic funds transfer. Payment must be made by the electronic fund transfer procedure previously established for paying rent.

YOU ARE BEING ASKED TO PAY RENT OR LEAVE THE PREMISES. IF YOU DO NOT PAY RENT OR LEAVE, AN EVICTION ACTION MAY BE INITIATED AGAINST YOU. IF YOU ARE IN DOUBT REGARDING YOUR LEGAL RIGHTS AND OBLIGATIONS AS A TENANT, IT IS RECOMMENDED THAT YOU SEEK LEGAL ASSISTANCE. IF YOU BELIEVE YOU HAVE A LEGAL REASON FOR NOT PAYING THIS RENT, YOU WILL BE ABLE TO PRESENT THAT DEFENSE AT THE EVICTION HEARING.

**(Check the following statement if rental property is in the State of California. Strike out if not.)**

[ ]  State law permits former tenants to reclaim abandoned personal property left at the former address of the tenant, subject to certain conditions. You may or may not be able to reclaim property without incurring additional costs, depending on the cost of storing the property and the length of time before it is reclaimed. In general, these costs will be lower the sooner you contact your former landlord after being notified that property belonging to you was left behind after you moved out.

**(Check the following statement if rental property is in the State of Maine. Strike out if not.)**

[ ]  If you pay the amount of rent due as of the date of this notice before this notice expires, then this notice as it applies to rent arrearage is void. After this notice expires, if you pay all rental arrears, all rent due as of the date of payment and any filing fees and service of process fees actually paid by the landlord before the writ of possession issues at the completion of the eviction process, then your tenancy will be reinstated.

THIS NOTICE IS PROVIDED TO YOU IN ACCORDANCE WITH THE LEASE AND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [STATE STATUTE NAME AND SECTION]. NOTHING IN THIS NOTICE IS INTENDED OR SHALL BE CONSTRUED AS A WAIVER BY THE LANDLORD OF ANY RIGHTS OR REMEDIES THE LANDLORD MAY HAVE UNDER THE LEASE OR UNDER STATE OR FEDERAL LAW.

|  |  |  |
| --- | --- | --- |
|   |   |   |
| Signature |   | Date |

Landlord’s Contact Information:

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

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

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

**PROOF OF SERVICE**

I, the undersigned, being at least 18 years of age, declare under penalty of perjury under the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, I served a true copy of the attached Notice of Termination in the following method:

[ ]   Personal delivery to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]   Substituted delivery left with/at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the following address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]   Posted delivery at the following address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]   Registered mail, return receipt requested to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]   Certified mail, return receipt requested to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_