20-DAY

NOTICE TO TERMINATE TENANCY

(TAX CREDIT)

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

AND ALL OTHERS OCCUPYING THE PROPERTY LOCATED AT:

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

YOU ARE HEREBY NOTIFIED that you must comply with this notice by \_\_\_\_\_\_\_\_\_\_, which is at least 20 days from the date of this notice and you will be required to surrender possession of the premises to the Landlord.

THE JUST CAUSE FOR THIS NOTICE IS—CHECK ONE OF THE BOXES BELOW:

[ ] Owner has decided to stop sharing rental premises with common kitchen or bath with Tenant;

[ ] Tenant has made sexual advances or sexual harassment of other residents, or management members.

If you do not surrender possession of these premises on or before the date set forth above, judicial proceedings will be instituted for your eviction.

If the lease violation(s) detailed herein is/are the result of domestic violence, dating violence, sexual assault or stalking, we want to ensure that you understand your protections under the Violence Against Women Act (VAWA). VAWA protections are not only available to women but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. HUD’s Notices under VAWA are attached to this notice. If this is applicable to you and you wish to exercise your rights under VAWA, you may do so by completing and submitting the Certification for (or other form of Alternate Documentation as specified in the Notice and Certification) so it is received in the management office no later than 14 business days from the date of your receipt of this notice.

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

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