**APARTMENT NAME**

**ADDRESS**

**CITY, STATE, ZIP**

**TELEPHONE**

**(DATE)**

**VIA HAND DELIVERY** **AND U.S. MAIL**

Tenant Name(s)

Address

Apartment Number

City, State, Zip

Amount Currently Owed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lease Termination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***RE: CARES Act – Thirty Day Notice of Termination of Lease***

Dear (Tenant Name/s):

 You are currently in default for nonpayment of rent in the amount set forth above. Due to your default, management has elected to terminate your lease. Please be advised that you must vacate the unit by the Lease Termination Date. If you fail to vacate the unit by the lease termination date, eviction proceedings will be initiated. If this matter is turned over to an attorney, be advised that you are responsible for any attorney’s fees and costs. All payments of rents made after the date of this letter are accepted only with a full reservation of the landlord’s rights to proceed hereunder.

 If you have any questions, please do not hesitate to contact management.

 Very truly yours,

Manager

 ***XYZ Apartments***