

**DATE:** [Insert Date of Mailing/Service]

**TO (Tenant Name):** [Insert Name of All Adult Tenants]

**ADDRESS:** [Insert Property Address, Unit Number, City, State, Zip]

**RE: NINETY (90) DAY NOTICE TO TERMINATE TENANCY (NO-FAULT)**

Dear [Tenant Names],

Please take notice that your tenancy for the premises listed above is hereby terminated. You are required to vacate the premises and deliver possession to the landlord within ninety (90) days from the date this notice is served upon you.

The last day of your tenancy will be [Insert Date - Must be at least 90 days from service].

This notice is being issued as a "No-Fault" termination of tenancy. The reason for the termination is:

[Insert reason, e.g., Owner or family member move-in, withdrawal of property from the rental market, or compliance with a government order].

**Relocation Assistance:** [Check one]

You are entitled to relocation assistance in the amount of \$[Insert Amount]. This will be paid within 15 days of service of this notice.

Your final month's rent is waived in the amount of \$[Insert Amount] in lieu of cash relocation assistance.

Not applicable under [Insert Local/State Ordinance Section].

**Right to Inspection:** You have the right to request an initial inspection of the unit before you vacate to identify any deficiencies that may cause deductions from your security deposit. Please contact the undersigned if you wish to schedule this inspection.

Please return all keys and provide a forwarding address upon move-out. Failure to vacate the premises by the date specified above may result in legal proceedings to regain possession.

Sincerely,

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**Landlord/Agent Signature**

[Print Name]

[Phone Number]

[Email/Address for Service]