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| **NOTIFICATION THAT RESIDENT WAS SERVED NOTICE** **OF EVICTION (3, 7 or 10 DAY) FROM LIHTC PROPERTY** [Version 10.2018]  |
| **This Section is completed by the Property Manager:** *Send to LLA via E-mail Attachment ONLY (do not fax).* ***Attachment:*** *Copy of Eviction Notice Served; Property Rules and/or lease with indication of rule(s) violated* |
| LLA Organization: |  | LLA Coordinator Name: |  |
| Date Sent to LLA Coordinator: |  / /  | Time:  |  | AM/PM |
|  |  |  |  |  |
| LIHTC Property Name: |  | Property Manager Name: |  |
| Address: |  | City |  | State |  | Zip Code |  |
| Phone: |  | Fax: |  | E-mail: |  |
| Property Management Company: |  |
| **Resident/Tenant Name:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Apartment No. \_\_\_ |  |
|  |
| 1st Notice(s) Served to Resident: (**attach a copy**): [ ] 3 Day [ ]  7 Day [ ]  10 Day [ ]  Other[ ] Notice of Non-payment of Rent [ ] Notice of Non-compliance other than Non-payment of Rent [ ]  Other |
| Notice Date:  |  / /  | Time:  |  | AM/PM |
| Type of Issue(s): |  |
| Date Notice Sent to Local Lead Agency:  |  / /  |  |
| Date Copy Sent to On-Site Services Coordinator (if applicable):  |  / /  |  |
|  |
| **ATTACHMENT FOR EACH EVICTION NOTICE**: **Property Rules and/or lease with indication of rule(s) violated.** |
| 2nd Notice(s) Served to Resident: (attach a copy): [ ] 3 Day [ ]  7 Day [ ]  10 Day [ ]  Other[ ] Notice of Non-payment of Rent [ ] Notice of Non-compliance other than Non-payment of Rent [ ]  Other |
| Notice Date:  |  / /  | Time:  |  | AM/PM |
| Type of Issue(s): |  |
| Date Notice Sent to Local Lead Agency:  |  / /  |  |
| Date Copy Sent to On-Site Services Coordinator (if applicable):  |  / /  |  |
|  |
| **ATTACHMENT FOR EACH EVICTION NOTICE**: **Property Rules and/or lease with indication of rule(s) violated.** |
| **In accordance and compliance of the Fair Housing Act, I find the above tenant violation(s) to merit an eviction notice:** |
|  |  |  |  | Property Manager |
| Signature |  | Date  |  | Title |
| **This Section is completed by the Local Lead Agency** |
| Date Received by LLA Coordinator: |  / /  | Time:  |  | AM/PM |
|  |  |  |  |  |
|  |
| Resident’s Service Provider/Agency Name: (if applicable) |  |
| Date Resident’s Services Provider/Agency date notified  |  / / |  |
|  |  |
| Resolved: [ ] Yes [ ] No Comments: |  |
|  |
|  |  |  / / |  | LLA Coordinator |
| Signature  |  | Date |  | Title |
| Printed name of LLA Coordinator: |  | Phone: |  |
| E-mail: |  |  |  |
|  |  |  |  |