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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 |
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| LIHTC Property Name: | | | | | | |  | | | | | | | | | | | | | Property Manager Name: | | | | | | | | | | | | | | | |  | | | | | | | |
| Address: | |  | | | | | | | | City | | | | | |  | | | | | | | | State | | | | |  | | | | | | | | Zip Code | | | |  | | |
| Phone: |  | | | | | | | Fax: | | | | | |  | | | | | | | | | | | | E-mail: | | | | |  | | | | | | | | | | | | |
| Property Management Company: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Resident/Tenant Name:** | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | Apartment No. \_\_\_ | | | | | | | | | |  | | | | | |
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| 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): | | | | | | | | | | | | | | | | | | | | | | | | | | | | / / | | | | | | | | | | | | | |  | |
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| **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): | | | | | | | | | | | | | | | | | | | | | | | | | / / | | | | | | | | | | | | | |  | | | | |
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| **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 |
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| Resident’s Service Provider/Agency Name: (if applicable) | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Date Resident’s Services Provider/Agency date notified | | | | | | | | | | | | | | | | | | | | | | | / / | | | | | | | | | | | | | | | | |  | | | |
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| Resolved: Yes No Comments: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature | | | | | | | | | |  | | | Date | | | | | | | | | | | | | |  | | | Title | | | | | | | | | | | | | |
| Printed name of LLA Coordinator: | | | | | | | | | | |  | | | | | | | | | | | | | | | | Phone: | | | |  | | | | | | | | | | | | |
| E-mail: |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |
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