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MULTIFAMILY NW
The Association Promoting Quality Rental Housing

OREGON SAMPLE

TERMINATION WITHOUT STATED CAUSE

(OWNER OCCUPIED PROPERTY WITH TWO OR LESS DWELLINGS)

(FOR TERMINATIONS ISSUED AFTER FIRST YEAR OF OCCUPANCY*)

EQUAL HOUSING OPPORTUNITY

DATE _____ PROPERTY NAME / NUMBER _____

RESIDENT NAME(S) _____ _____ _____

_____ _____

also all other Occupants or persons unknown claiming any right or interest in the Premises.

UNIT NUMBER _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

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"First year of occupancy" includes all periods in which any of the Residents has resided in the dwelling unit for one year or less.

Your tenancy is for occupancy in a dwelling unit that is located in the same building or on the same property as the Owner's primary residence, and the building or the property contains not more than two dwelling units. Owner hereby provides notice that your tenancy is being terminated as follows:

☒ This is a month-to-month tenancy:

- ☒ 60-day notice without stated cause. This is your 60-day notice of the Owner/Agent's intent to terminate your tenancy.
- ☒ 30-day notice for sale of the dwelling unit: This is your 30-day notice of the Owner/Agent's intent to terminate your tenancy. The dwelling unit is being purchased separately from any other dwelling unit; Owner has accepted an offer to purchase the dwelling unit from a person who intends in good faith to occupy the dwelling unit as the person's primary residence; and Owner has provided this notice, and written evidence of the offer to purchase the dwelling unit, to Resident not more than 120 days after accepting the offer to purchase.

☒ This is a fixed term tenancy: This is your 30-day notice of the Owner/Agent's intent to terminate your tenancy on the later to occur of the ending date of your fixed term or at least 30 days after the date of this notice.

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OPTIONAL: Owner/Agent may, but is not required to, include an explanation of the reason(s) for the termination. If an explanation is included, this notice is still given without stated cause, Resident does not have a right to cure the reason(s) for the termination and Owner/Agent need not prove the reason(s) for the termination in a court action.

Reason(s) for termination: SAMPLE _____

WARNING: IF THE DWELLING UNIT IS LOCATED IN A LOCAL JURISDICTION THAT REQUIRES MORE DAYS' NOTICE THAN UNDER STATE LAW, EXTEND THE TERMINATION DATE AS APPLICABLE AND COMPLY WITH ALL OTHER LOCAL REQUIREMENTS. If the dwelling unit is in the City of Portland, attach form M170 (Notice of City of Portland Renter Additional Protections).

*Use form M019 OR for terminations during the first year of occupancy. SAMPLE

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☐ This notice has been served personally. Your tenancy will terminate at least AMPL (31 or 61) days later at 11:59 p.m. on _____ (DATE).

or

☐ If written rental agreement allows, this notice has been served by posting on the main entrance door of the dwelling unit and mailed first class mail. Your tenancy will terminate at least AMPL (31 or 61) days later at 11:59 p.m. on _____ (DATE).

or

☐ This notice has been served by first class mail only and the termination date is extended by four days including the date mailed. Your tenancy will terminate at least AMPL (34 or 64) days later at 11:59 p.m. on _____ (DATE).

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☒ Section 8 Housing Choice Voucher: Notice served by one of the methods listed above and copy mailed to Public Housing Agency the same day.

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ACCOUNTING - ESTIMATED

For the period of SAMPLE (DATE) thru SAMPLE (DATE)

Estimated rent $ SAMPLE

Other SAMPLE $ SAMPLE

Due date SAMPLE

For the period of SAMPLE (DATE) thru SAMPLE (DATE)

Estimated rent $ SAMPLE

Other SAMPLE $ SAMPLE

Due date SAMPLE

OWNER/AGENT X _____

ADDRESS SAMPLE _____

SAMPLE _____

TELEPHONE _____

EMAIL _____

If the recipient of this document is a veteran of the armed forces, assistance may be available from a county veterans' service officer or community action agency. Contact information for a local county veteran's service officer and community action agency may be obtained by calling a 2-1-1 information service.

☐ ON SITE ☐ RESIDENT ☐ MAIN OFFICE (IF REQUIRED)

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