

REQUEST FOR TERMINATION

CONTINUING NON-COMPLIANCE

CAMBRIDGE
real estate services

- LEASE EXPIRATION DATE _____
 MONTH-TO-MONTH TENANCY

PRINT OR TYPE ONLY

Resident currently on: Cambridge Rental Agreement
 MFNW Rental Agreement

PROPERTY NAME	APARTMENT #	TODAY'S DATE	ORIGINAL MOVE-IN DATE
FULL NAME OF RESIDENT(Mr./Mrs./Ms.) LAST, FIRST		MONTHLY RENT \$	
ADDRESS		TYPE OF SUBSIDY PROGRAM (IF ANY) <input type="checkbox"/> HUD <input type="checkbox"/> RD <input type="checkbox"/> SEC.8 <input type="checkbox"/> HOME	
CITY STATE ZIP		DATE OF VIOLATION	TIME OF VIOLATION (am/pm)

DESCRIBE THE VIOLATION IN DETAIL.

CITE PARAGRAPH NUMBER FROM THE LEASE OR RULES AND REGS AS IT APPLIES TO THE VIOLATION.

WHAT ACTION HAVE YOU TAKEN (WARNINGS—VERBAL OR WRITTEN, CALLING POLICE, ETC.)?

HAS **THIS** VIOLATION OCCURRED BEFORE? IF SO, ATTACH COPY OF PREVIOUS VIOLATION LETTER.

HAS THE RESIDENT HAD **OTHER** VIOLATIONS AND WARNINGS?

WHAT ACTION DO YOU RECOMMEND?

ACTION TAKEN: _____ DATE: _____

MANAGER'S SIGNATURE:
X