

NEW HAMPSHIRE NOTICE TO QUIT FORM

TO: _____
(Tenant Name)

(Street)

(City, State, Zip Code)

Pursuant to the provisions of RSA 540:2, you are hereby given an eviction notice and notice to vacate, on or before _____, 20____, the premises and appurtenances owned by _____ of the City of _____, in the County of _____, New Hampshire, which premises are now occupied by you.

The reason for this eviction notice is:

☐ Your failure to pay rent due and in arrears when demanded pursuant to RSA 540:2 II (a). A demand to pay rent was served upon you on _____, 20____ and you have refused and neglected to pay rent due for the period _____, 20____, to _____, 20____.

You are hereby notified of your right to avoid this eviction by payment, prior to the expiration of this notice of all the arrearages plus fifteen dollars (\$15.00) as liquidated damages, in accordance with RSA 540:9, provided however that you may not defeat an eviction for non-payment of rent by paying the arrearages plus \$15.00 after an Eviction Notice is given more than three (3) times in a twelve-month period.

☐ Substantial damage done to the premises pursuant to RSA 540:2 II (b) as follows:

☐ Your failure to comply with a material term of the lease pursuant to RSA 540:2 II (c) as follows:

☐ Behavior by you or members of your family which adversely affects the health or safety of the other tenants or the landlord pursuant to RSA 540:2 II (d), or your failure to accept suitable temporary relocation due to lead-based paint hazard abatement, as set forth in RSA 130-A:8-a, I, as follows:

☐ For other good cause pursuant to RSA 540:2 II (e), RSA 540:2 III, RSA 540:2 IV, or RSA 540:2 V as follows:

Dated: _____, 20____

(Landlord/Agent Name)

(Street)

(City, State, Zip Code)

(Signature)

I hereby certify that on the _____ day of _____, 20____, at _____ am/pm I gave in hand to/left at the abode of _____, above named, a true copy of the above original notice.

(Signature)