WASHINGTON D.C. 30-DAY NOTICE TO QUIT NONPAYMENT OF RENT

**Tenant/Occupant:** **Address:** **City:** **Washington, D.C., (ZIP Code):**

Please Take Notice that you are violating an obligation of tenancy for failure to pay rent. The Tenant must pay rent or vacate the premises within thirty (30) days, by .

The total amount of rent owed is $ A ledger showing the dates of rent charges and payments for the period of delinquency is attached. You have the right to remain in the rental unit if the total balance of unpaid rent is paid in full.

 , Landlord/Owner has the right to file a case in court seeking your eviction if you do not pay the balance of unpaid rent in full within 30 days of this notice.

You have the right to defend yourself in court. Only a court can order your eviction. For further help or to seek free legal services, contact the Office of the Tenant Advocate at 202-719-6560 or the Landlord Tenant Legal Assistance Network at 202-780-2575.

Landlord’s or Agent’s Signature

Date Notice Served:

Landlord Name: Landlord Address:

Phone Number:

# Aviso de 30 Días para Desalojar por Falta de Pago del Alquiler

Inquilino/ Ocupante: Dirección del inquilino/ propietario: Washington, D.C., (Código postal):

Tenga en cuenta que está violando una obligación de tenencia por no pagar el alquiler. El Inquilino debe pagar el alquiler o desalojar el inmueble dentro de los treinta (30)

días .

El monto total del alquiler adeudado es de $ Se adjunta un libro mayor que muestra las fechas de los cargos de alquiler y los pagos correspondientes al período de morosidad. Tiene derecho a permanecer en la unidad de alquiler si el saldo total del alquiler no pagado se paga en su totalidad.

 , el Arrendador/Propietario tiene derecho a presentar un caso ante el tribunal para solicitar su desalojo si no paga el saldo del alquiler adeudado en su totalidad dentro de los 30 días de este aviso.

Tiene derecho a defenderse en los tribunales. Sólo un tribunal puede ordenar su desalojo. Para obtener más ayuda o buscar servicios legales gratuitos, comuníquese con la Oficina del Defensor del Inquilino al 202-719-6560 o con la Red de Asistencia Legal de Arrendadores e Inquilinos al 202-780-2575.

 Fecha

 Firma del arrendador o agente

 Dirección

 Teléfono 4

# AFFIDAVIT OF SERVICE

My name is , and I am authorized to serve the attached 30-Day Notice to Quit for Nonpayment of Rent.

I further declare that:

My age is and my date of birth is . My business address is .

At the following time AM/PM and on the following date , 20\_\_\_, I served the attached 30-Day Notice to Quit for Nonpayment of Rent in both English and Spanish:

⬜ By personal service upon .

⬜ By substitute service upon .

⬜ By posting service. My first attempt was at the following time AM/PM and on the following date .

A copy also was sent by first-class mail, postage prepaid, to the premises on the following date

 .

Explanations and Descriptions:

I declare under penalty of perjury that the foregoing is true and correct.

*Printed Name Signature*

Executed this day of , 20 .