

Notice of Primary Renovation Work

To Tenant:

Name(s): _____
 Address: _____

 City, State: _____ Zip: _____
 Phone: () _____

Current Rent:
 \$ _____ per _____
 Current Due Date:
 _____ of _____
 Estimated rent increase, if approved:
 \$ _____ per _____
 Under the law, the rent increase cannot be more than 10% divided equally over two years.

From Landlord:

Name(s): _____
 As of Date: _____
 Address: _____

 City, State: _____ Zip: _____
 Phone: () _____

Renovation Work

Renovation work will begin on your home and/or building no earlier than 60 days from the date this Notice is served on you.

Duration

The work is estimated to:

Start on: / / 20____ } For a total of _____ months and _____ days.
 End on: / / 20____ }

You (Tenant) are eligible for permanent relocation because the work will take 30 days or more. Please see Permanent Relocation form attached. The deadline for choosing permanent relocation is 15 days after the landlord serves you the Plan.

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Scope of Work

<input type="checkbox"/> Structural	_____
<input type="checkbox"/> Electrical	_____
<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> Mechanical	_____
<input type="checkbox"/> Hazard Abatement (e.g. lead, asbestos)	_____
<input type="checkbox"/> Other Work	_____

Impact of Work

Mitigation Steps

Impact of Work	Mitigation Steps
<input type="checkbox"/> Kitchen	
<input type="checkbox"/> Bathroom(s)	
<input type="checkbox"/> Living room	
<input type="checkbox"/> Bedroom(s)	
<input type="checkbox"/> Dining room	
<input type="checkbox"/> Closet(s)	
<input type="checkbox"/> Balcony	
<input type="checkbox"/> Building common areas	
<input type="checkbox"/> Other	

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Will You Be Temporarily Relocated?

No, you do not need to temporarily relocate. Your home will be habitable outside construction hours. You will not be exposed to toxic or hazardous materials at any time. Construction work may be done Monday through Friday from 8 am to 5 pm. Utilities such as water, gas, or electricity may be unavailable during construction hours. These services will be restored by 5 pm each day.

Yes, you must temporarily relocate:

From: ___/___/___ To: ___/___/___

To location:

- Your building, unit # _____
- Hotel/Motel (name: _____)
- Other: _____

Address: _____

Cross Street(s): _____

This is _____ miles from your home.

- For loss of the following services: _____

You will be compensated:

\$ _____ per _____.

If you agree, the landlord is willing to pay a daily dollar amount for you to find your own temporary housing. Please see Per Diem Agreement attached.

Your belongings will not be moved from your home.

Your belongings will be stored at:

Name:

Address:

If you agree, the landlord is willing to pay a fixed dollar amount for you to move and temporarily store your own belongings. Please see Moving & Temporary Storage Agreement attached.

Your tenancy will not be terminated as a result of your temporary relocation. However, you must continue to pay your rent as usual. Otherwise, eviction proceedings may be brought against you.

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Designated Contact For Landlord

Please submit your primary renovation questions, concerns, and paperwork to:

Name(s): _____
Address: _____ _____
City, State: _____) _____)
Phone:) _____
Fax:) _____

During primary renovation work, please pay your rent to the following person:

Name(s): _____
Address: _____ _____
City, State: _____) _____)
Phone:) _____

I am the landlord of the premises or I am an authorized agent of the landlord. I understand that the landlord is responsible for paying all the temporary housing accommodation costs for the tenant(s) regardless of whether those costs exceed the rent paid by the tenant(s).

Date: _____

Print Name: _____

Signature: _____

I am:

- the Landlord
 the Landlord's Agent

Phone: _____