NEW HAMPSHIRE 7-DAY NOTICE TO QUIT | NON-PAYMENT

Date: (mm/dd/yyyy)	
То:	(Tenant Name(s))
Rental (Premises) Street Address:	
Unit #: City:	_ State: New Hampshire
You are notified that you have failed to pay the rent that w received the Demand for Rent that was served on you on	-
failed to pay rent due for the rent period of	You now owe \$
If you do not pay this rent by the date stated below, which must be at least seven (7) days after the date and time you receive this notice, your tenancy will be terminated, and you will be required to move.	
Date and time by which rent must be paid:	
	(□ AM □ PM)
You have a right to avoid this eviction by payment of the full amount due (see above) plus fifteen dollars (\$15.00). Payment must be made before the expiration date (see date above) in accordance with RSA 540:9. However, you may not avoid 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 any twelve-month period. You may apply for rental assistance at your town/city welfare office if you are a qualified residential tenant.	
Landlord / Agent Signature: P	rinted Name:
CERTIFICATE OF SERVICE	
I certify that on (mm/dd/yyyy) I se (Tenant / I	rved this notice to Recipient name) by:
 Delivering it personally to the person in possession of the Premises. Delivering it to the Premises to a member of the Tenant's family or household or an employee of suitable age and discretion with a request that it be delivered to the 	
person in possession of the Premises. □ - Certified first-class mail addressed to the person in pos	session of the Premises.
Landlord / Agent Signature:	