30-DAY NOTICE

(CARES ACT)

ALL PERSONS IN POSESSION AND ALL OCCUPANTS and

TO: NAME

ADDRESS

CITY, STATE ZIP CODE

County:

YOU ARE HEREBY NOTIFIED, pursuant to the obligations of the CARES ACT as passed by the United States Congress, that the Landlord has served a notice to vacate, or a notice to comply or vacate on you pursuant to the laws of the State of Washington, and in accordance with the requirements of emergency orders promulgated by Governor Jay Inslee, and that if a court so orders in any unlawful detainer action, and either you or your landlord receives federal housing benefits; you may be required to vacate the residential unit in not less than 30 days from the date of this notice.

Dated at City, State on: Day, Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner:**