

Notice of Lease Termination for Health Reasons

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Landlord's Name]

[Landlord's Address]

[City, State, Zip Code]

Dear [Landlord's Name],

I am writing to formally notify you of my intention to terminate my lease for the property located at [Rental Property Address] due to health reasons. My last day of occupancy will be [Last Day of Tenancy, typically 30 days from the date of this letter], in accordance with the notice period required by our lease agreement.

This decision has not been made lightly, but due to [briefly explain health reasons, if comfortable], I must prioritize my health and well-being.

I kindly ask for your understanding in this matter and request that you confirm the receipt of this notice. Please let me know how you would like to proceed regarding the return of my security deposit and any necessary inspections.

Thank you for your understanding.

Sincerely,

[Your Name]