

# HOUSE BILL 2530

## STATEMENT TO VETERANS OF ARMED FORCES



TENANT NAME(S): \_\_\_\_\_ and all other occupants  
RENTAL ADDRESS: \_\_\_\_\_ UNIT# \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**\*This notice must be included with every Notice of Termination and Non-Payment of Rent Notice given in the State of Oregon effective January 1, 2020.**

If the recipient is a veteran of the armed forces, assistance may be available from a county veterans' services officer or community action agency.

Contact information for a local county veterans' service officer and community action agency may be obtained by calling a 2-1-1, information service.

This notice was hereby given with the Notice of Termination or Non-Payment of Rent Notice dated \_\_\_\_ \_\_\_\_ \_\_\_\_ .



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X \_\_\_\_\_  
Landlord/Owner/Agent Date Landlord/Owner/Agent's telephone  
\_\_\_\_\_  
Landlord/Owner/Agent's address Copied to: \_\_\_\_\_