## CALIFORNIA 14-Day Notice to Terminate Lease (Domestic Violence)

Date:	
Landlord/Property Manager:	
Landlord/Property Manager Address:	
Dear,	
stalking, human trafficking, elder abus	at I am, or a is, a victim of domestic violence, sexual assault, se, or dependent adult abuse. Pursuant to California as my 14-day notice that I will end my rental agreement
report, or documentation from qualifie additional rent. Tenants must provide tenancy, and after those 14 calendar California Civil Code § 1946.7(d). If the notice period ends, and the landlord rental control of the c	victims of abuse that have a restraining order, a police of 3 <sup>rd</sup> parties to break their lease without owing at least 14-days' notice of intent to terminate the days, the tenant is no longer responsible for rent. The tenant vacates the apartment before the 14-days' re-rents the unit for that period, the landlord must refund as in which the new tenant occupied the unit. California
<ul> <li>issued within the last 180 days my home; OR</li> <li>A copy of a police report, issue member living in my home, was assault, stalking, human traffic!</li> <li>Documentation from a qualified clinical social worker or domes am, or a family member in my living the state of the last 180 days member in my living the last 180 days my home; OR</li> </ul>	ve enclosed (one of the following): ing order/emergency protective order/protective order, on behalf of myself or a family member who lives in ed within the last 180 days, showing that I, or a family s the victim of an act of domestic violence, sexual king, elder abuse or dependent adult abuse; OR d third-party (such as doctor, psychologist, licensed tic violence or sexual assault counselor) verifying that I home is, a victim of domestic violence, sexual assault, er abuse or dependent adult abuse
Sincerely,	
(Signature)	(Print Name)

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\* \* \*

## Tenant Statement and Qualified Third-Party Statement under Civil Code Section 1946.7 Part I. Statement By Tenant I, \_\_\_\_\_, state as follows: I, or a member of my household or immediate family, have been a victim of The most recent incident(s) happened on or about The incident(s) was/were committed by the following person(s), with these physical description(s) (Signature) (Print Name) (Date) Part II. Qualified Third Party Statement I, \_\_\_\_\_, state as follows: My business address and phone number are: Check and complete one of the following: I meet the requirements for a sexual assault counselor provided in Section 1035.2 of the Evidence Code and I am either engaged in an office, hospital, institution, or center commonly known as a rape crisis center described in that section or employed by an organization providing the programs specified in Section 13835.2 of the Penal Code. I meet the requirements for a domestic violence counselor provided in Section 1037.1 of the Evidence Code and I am employed, whether financially compensated or not, by a domestic violence victim service organization, as defined in that section. I meet the requirements for a human trafficking caseworker provided in Section 1038.2 of the Evidence Code and I am employed, whether financially compensated or not, by an organization that provides programs specified in Section 18294 of the Welfare and Institutions Code or in Section 13835.2 of the Penal Code.

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licensed by, and my license number is:	_ and I am	
The person who signed the Statement By Tenant above stated to me that he or member of his or her household or immediate family, is a victim of:	she, or a	
The person further stated to me the incident(s) occurred on or about the date(s) above.	stated	
I understand that the person who made the Statement By Tenant may use this document as a basis for terminating a lease with the person's landlord.		
(Signature)		
(Print Name)		
(Date)		

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