California Tenants – Use this letter if you are a tenant who must break your lease to due domestic violence, sexual assault, stalking, human trafficking, elder abuse or dependent adult abuse

Instructions:

1. **Click here to open a Microsoft Word version of this sample letter**
2. The Microsoft Word-version will have the same blank spaces as this version, but will not have the comments in the margin. Fill out the blanks in the Microsoft Word-version using the comments on the margins of this version as a guide.
3. Use this sample letter if you are a tenant who must break your lease due to domestic violence, sexual assault, stalking, human trafficking, elder abuse or dependent adult abuse
4. Please note that you should **tailor this letter to the facts in your case**. This template is not a substitute for legal advice. If you need help finding a tenant attorney, please see the [Tenants Together Directory](#).
5. Once filled out with your information and sent to your landlord, keep a copy for your records.

**Sent via Certified Mail- Return Receipt Requested**

(___________)

(______________)

(______________)

Dear (___________________),

I (______________) am a tenant at (__________________). I am, or a family member who lives in my home is, a victim of domestic violence, sexual assault, stalking, human trafficking, elder abuse or dependent adult abuse. Pursuant to California Civil Code § 1946.7, this letter serves as my 14-day notice that I will end my rental agreement on (__________________).
California Civil Code § 1946.7 allows victims of abuse that have a restraining order, a police report, or documentation from qualified third-parties to break their lease without owing additional rent. Tenants must provide at least 14-days’ notice of intent to terminate the tenancy, and after those 14 calendar days, the tenant is no longer responsible for rent. California Civil Code § 1946.7(d). If the tenant vacates the apartment before the 14-days’ notice period ends, and the landlord re-rents the unit for that period, the landlord must refund the prior tenant rent for the those days in which the new tenant occupied the unit. California Civil Code § 1946.7(d).

For documentation of the abuse, I have enclosed:

- A copy of a temporary restraining order/emergency protective order/protective order, issued within the last 180 days, on behalf of myself or a family member who lives in my home
- A copy of a police report, issued within the last 180 days, showing that I, or a family member living in my home, was the victim of an act of domestic violence, sexual assault, stalking, human trafficking, elder abuse or dependent adult abuse
- Documentation from a qualified third-party (such as doctor, psychologist, licensed clinical social worker or domestic violence or sexual assault counselor) verifying that I am, or a family member in my home is, a victim of domestic violence, sexual assault, stalking, human trafficking, elder abuse or dependent adult abuse

Sincerely,

(__________________)  
(__________________)  

* * *

Providing Proof of Violence – Qualified Third Party Statement

This is a template for a qualified third party statement, which can be used to show that a tenant, or family member living with the tenant, is a victim of domestic violence, sexual assault, stalking, human trafficking, elder abuse, or dependent adult abuse, for the purposes of breaking a lease. The tenant completes and signs Part I. Part II is completed and signed by certain professionals, such as sexual assault counselors, domestic violence counselors, human trafficking caseworkers, doctors, registered nurses, or psychologists. If the professional making the statement is a sexual assault counselor, domestic violence counselor, or human trafficking caseworker, the law requires that the professional provide this statement on his or her organization’s letterhead.
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, 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) [__________________].

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.

____I am licensed by the State of California as a [__________________] and I am licensed by, and my license number is: [__________________].

Commented [MC13]: Your full name
Commented [MC14]: Insert one or more of the following: domestic violence, sexual assault, stalking, human trafficking, elder abuse or dependent adult abuse.
Commented [MC15]: Date of last incident of abuse if you remember and feel comfortable stating it
Commented [MC16]: Names and physical description of the perpetrator if you know/remember it and feel comfortable stating it
Commented [MC17]: Your signature
Commented [MC18]: Your full name
Commented [MC19]: Date
Commented [MC20]: Qualified third party name
Commented [MC21]: Address, City, State, Zip, Phone Number
Commented [MC22]: Insert one of the following: physician and surgeon, osteopathic physician and surgeon, registered nurse, psychiatrist, psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional clinical counselor.
Commented [MC23]: Insert one of the following: physician and surgeon, osteopathic physician and surgeon, registered nurse, psychiatrist, psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional clinical counselor.
Commented [MC24]: Insert name of state licensing entity and license number.
The person who signed the Statement By Tenant above stated to me that he or she, or a member of his or her household, is a victim of: [_________________].

The person further stated to me the incident(s) occurred on or about the date(s) stated above.

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.

Commented [MC25]: Insert one or more of the following: domestic violence, sexual assault, stalking, human trafficking, elder abuse or dependent adult abuse.

Commented [MC26]: Signature of qualified third party

Commented [MC27]: Full name of qualified third party

Commented [MC28]: Date