**TEMPLATE LETTER:**

**Qualified Third Party Early Lease Termination Verification**

As explained in [**Ending Your Lease Early Because of Abuse or a Crime**](https://fvaplaw.org/housing-toolkit-leaving-savely/), survivors, their household members, or their immediate family members may end their lease early.[[1]](#footnote-1) Survivors covered by this law include ***survivors of domestic violence, sexual assault, stalking, human trafficking, elder or dependent adult abuse, and survivors of crimes that caused injury or death, or involved a deadly weapon or involved the use or threat of force***. The survivor, household member, or immediate family may break the lease without any penalty or fee, regardless of what the lease states.

Generally, to end a lease early, a tenant must provide their landlord written notice saying they are ending their lease early and a document verifying that they or their household member or their immediate family member is a survivor.

This resource includes a template letter a tenant can use to have a Qualified Third Party verify that they, their household member, or their immediate family member is a survivor. The following are Qualified Third Parties:

* sexual assault counselors
* domestic violence counselors
* human trafficking caseworkers
* victim of violent crime advocates
* physicians and surgeons
* osteopathic physicians and surgeons
* registered nurses
* psychiatrists
* psychologists
* licensed clinical social workers
* licensed marriage and family therapists
* licensed professional and clinical counselors

Part I of the template must be completed by the tenant. Part II of the template must be completed by the Qualified Third Party. If Part II is completed by a domestic violence counselor, sexual assault counselor, human trafficking caseworker or victim of violent crime advocate, then both Part I and Part II must be written on their organization’s letterhead. Letterhead is not required if Part II is completed by a California-licensed physician, surgeon, registered nurse, psychiatrist, psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional clinical counselor.

How do I get more assistance? Contact FVAP at info@fvaplaw.org or (510) 858-7358 for questions.

Tenant Statement and Qualified Third Party Statement under Civil Code Section 1946.7

Part I. Statement By Tenant

[If a sexual assault counselor, domestic violence counselor, human trafficking caseworker or victim of violent crime advocate completes Part II, then both Part I and Part II must be written on the advocate’s organization’s letterhead.]

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [insert name of tenant], state as follows:

I, or a member of my household or immediate family, have been a victim of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Insert one or more of the following: domestic violence, sexual assault, stalking, human trafficking, elder abuse, dependent adult abuse, or a crime that caused bodily injury or death, a crime that included the exhibition, drawing, brandishing, or use of a firearm or other deadly weapon or instrument, or a crime that included the use of force against the victim or a threat of force against the victim].

The most recent incident(s) happened on or about: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. [Insert date or dates.]

The incident(s) was/were committed by the following person(s), with these physical description(s), if known and safe to provide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. [If you know and it is safe to provide your abuser(s) name(s) and physical description(s), insert here]

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

Signature of Tenant Date

Part II. Qualified Third Party Statement

[If a sexual assault counselor, domestic violence counselor, human trafficking caseworker or victim of violent crime advocate completes Part II part, then both Part I and Part II of the letter must be written on the advocate’s organization’s letterhead.]

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Insert Name of Qualified Third Party], state as follows:

My business address and phone number are: [insert business address and phone number] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

[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 meet the definition of “victim of violent crime advocate” provided in Section 1947.6 of the Civil Code and I am employed, whether financially compensated or not, by a reputable agency or organization that has a documented record of providing services to victims of violent crime or provides those services under the auspices or supervision of a court or a law enforcement or prosecution agency.

\_\_\_\_I am licensed by the State of California as a:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [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] and I am licensed by, and my license number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. [Insert name of state licensing entity and license number.]

The person who signed the Statement By Tenant above stated to me that the person, or a member of the person’s household or immediate family, is a victim of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. [insert one or more of the following: domestic violence, sexual assault, stalking, human trafficking, elder abuse, dependent adult abuse, or a crime that caused physical injury, emotional injury and the threat of physical injury, or death.]

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.

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

Signature of Qualified Third Party Date

1. California Civil Code § 1946.7. [↑](#footnote-ref-1)