

Tenant Statement and Qualified Third-Party Statement Pursuant to Civil Code Section 1946.7 – Verification that the 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 or month to month tenancy. If a 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.

Part I. Statement by Tenant

I, _____, state as follows
[Name of tenant above]

I, or a member of my household, 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 known and safe to provide, insert name(s) and physical description(s) above.]

[Signature of tenant]

[Date]

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Petaluma People Services Center
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Part II. Qualified Third-Party Statement

I, _____, state as follows:
[Insert name of qualified third party above.]

My business address and phone number are:

[Insert business address and phone number above.]

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 an 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 above: physician and surgeon, osteopathic physician and surgeon, registered nurse, psychiatrist, psychologist, licensed clinical social worker,

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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 above.]

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:

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

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 or month to month rental agreement with the person’s landlord.

[Signature of qualified third party]

[Date]

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