

TENANT STATEMENT QUALIFIED THIRD (3RD) PARTY STATEMENT UNDER CIVIL CODE SECTION 1946.7

Part I. Statement by Tenant

I, _____ [Name of Tenant]. State as follows:

I, or a member of my household, have been a victim of: _____
[insert one of the following: domestic violence, sexual violence, stalking, human
trafficking, elder abuse, or dependent adult abuse.]

The most recent incident(s) happened on or about: _____
[insert date(s)]

Th incident(s) was/were committed by the following person(s), with these physical
description(s), if known and safe to provide: _____
[insert name(s) and physical description(s).]

Signature of Tenant: _____ **Date** _____

Part II. Qualified Third (3rd) Party Statement

I, _____ [insert name of qualified third (3rd) party], state as
follows:

My business address and phone number are: _____
[insert business address and phone number]

Check (✓) and complete the following:

_____ - I meet the requirements for 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 crises 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 _____
[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 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 Party: _____ **Date** _____