**14-Day Notice Terminating Tenancy Pursuant to Civil Code § 1946.7**

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: (Landlord Name)

I am a tenant living at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Your address)

I am (or a family member who lives in my home is) a victim of domestic violence, sexual assault, stalking, human trafficking, a crime that resulted in bodily injury or death, a crime that included the brandishing of a firearm or other deadly weapon, a crime that included the use of force or threat of force, or dependent adult/elder abuse.

Pursuant to California Civil Code Section 1946.7, this is my 14-day notice that I will end my rental agreement on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I have enclosed (check one):

**** a copy of 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; **OR**

 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, a sexual assault, stalking, human trafficking, a crime that resulted in bodily injury or death, a crime that included the brandishing of a firearm or other deadly weapon, a crime that included the use of force or threat of force, or dependent adult/elder abuse; **OR**

 documentation from a qualified third party such as a doctor, psychologist, licensed clinical social

worker, licensed family therapist, or domestic violence/sexual assault counselor verifying that I am (or a family member in my home is) a victim of domestic violence, a sexual assault, stalking, human trafficking, a crime that resulted in bodily injury or death, a crime that included the brandishing of a firearm or other deadly weapon, a crime that included the use of force or threat of force, or dependent adult/elder abuse.

Sincerely,

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

Signature

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

Name (Printed)

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

Your Address (Printed)