

Located at _____

Case No. _____

VS

Plaintiff (Landlord)

Defendant (Tenant)

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

ANSWER, DEFENSE TO COMPLAINT FOR REPOSSESSION, AND COUNTER COMPLAINT FOR RENT ESCROW/BREACH OF COVENANT OF QUIET ENJOYMENT

The Tenant respectfully states that:

1. he/she rents the property at _____
 Address City State Zip
 for the sum of \$ _____ per month week.
2. he/she disputes the amount of rent claimed he/she admits the amount of rent claimed
3. there are conditions on the property that constitute a fire hazard or serious threat to the life, health and safety of those on the premises. The conditions include: _____
 lack of heat, lack of light, lack of electricity, lack of hot or cold running water, (except where the Tenant is responsible for payment of the utilities and the lack thereof is a direct result of the Tenant's failure to pay the charge(s))
 lack of adequate sewage disposal
 rodent infestation in 2 or more dwelling units
 existence of flaking, loose or peeling lead paint, or lead paint which is easily accessible to child
 structural defect(s) presenting a serious and substantial threat to the physical safety of the occupants
 other health or fire hazard _____
4. the Landlord was notified by Tenant of the existence of the conditions by certified mail or by actual notice of the defects or conditions or by written violation notice from an appropriate state, county, municipal agency on _____
 Date

The Tenant requests the Court to order that:

- the rent be reduced to \$ _____ per _____ and a rent escrow account be established by this Court until the above conditions are corrected by the Landlord and approved as required.
- damages be awarded for breach of the covenant of quiet enjoyment or warranty of habitability in the amount of \$ _____.
- the Landlord's rent action be dismissed or the amount determined to be due be reduced
- the lease be terminated

I solemnly affirm under penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information, and belief.

Date

Tenant's/Attorney's Signature/Attorney ID

Printed Name

Telephone Number

Address

City, State, Zip

Fax

E mail

CERTIFICATE OF SERVICE

I certify that I served a copy of this Answer and Counter Petition upon the following party or parties by mailing first class mail, postage pre paid hand delivery, on _____ to:
Date

Name Address

Date Signature of Party Serving