

INSTRUCTIONS
HOME LINE FORM LETTERS

1. Fill out the appropriate letter. If you need help filling out the letter, call HOME Line @ 612-728-5767 in the metro area or 866-866-3546 if you are long distance, and a tenant advocate will be happy to help you.
2. Make sure you sign the letter and date the letter.
3. Make a copy of the letter after you sign and date it. Keep it for your personal file.
4. Send the original request by first class mail (a regular stamp) to the landlord or property owner (whoever you pay rent to or is named on the lease).
5. The letter you filled out gives your landlord a certain number of days to respond. Allow your landlord that amount of time to reply to your request.
6. If the landlord or property owner fails to comply with your request, call HOME Line back and a tenant advocate will discuss other options.

Request for Repairs

Landlord

Street Address

City, State, Zip

_____, reside at your property located at
(Print tenant's name)

(Address, city, state, zip)

I wish to inform you that Minnesota Statute § 504B.161 requires that every landlord of residential premises, whether the lease is in writing or oral, do the following:

- (1) keep the premises and all common areas fit for the use intended by the parties;
- (2) keep the premises in reasonable repair during the term of the lease or license;
- (3) furnish heat at a minimum temperature of 68 degrees Fahrenheit from October 1st through April 30th
- (4) maintain the premises in compliance with the applicable health and safety laws.
- (5) make the premises reasonably energy efficient by installing weatherstripping, caulking, storm windows, and storm doors

Since parties to a lease or license of residential premises may not waive or modify the “covenants of habitability” imposed by this statute, the landlord must do these things regardless of any contrary lease terms (unless the tenant caused the disrepair by his or her willful, malicious, or irresponsible conduct).

I am requesting repairs within 14 days to the following items or conditions:

1. _____
2. _____
3. _____
4. _____

(Signature)

(Date)