PRACTICE/HOSPITAL LETTERHEAD

[Date]

To: [Landlord Name, Address]

RE: [Patient’s Name]

My name is \_\_\_\_\_\_\_\_\_\_\_. I am a physician at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am writing regarding PATIENT, who is a # year old who lives with their family at ADDRESS including APT#, a building managed by you. \_\_\_\_\_\_\_\_\_ is under my care for the treatment of \_(asthma)\_\_\_ and it has come to our attention that conditions in their apartment are putting their health at risk. Specifically, the apartment [is infested with cockroaches/mice, has water leaks and mold growth].

Exposure to [pests/mold/smoke] increases the severity of my patient’s illness and can lead to asthma attacks, hospitalizations and absences from school, which can be detrimental to their health, development and well-being.

Asthma is a leading cause of emergency room visits, hospitalizations and missed school days in New York City. Pests (cockroaches, mice) and mold affect indoor air quality and are common asthma triggers in children who have asthma. A severe asthma attack can lead to an emergency room visit and hospitalization. We know that asthma can be controlled by taking measures to avoid asthma triggers such as preventing mold and pest-proofing homes.

The EPA has provided the following guidelines on mold cleanup: [www.epa.gov/mold/mold-cleanup-your-home.](http://www.epa.gov/mold/mold-cleanup-your-home)

Qualifying NYC landlords can apply for the low-income home energy assistance program if you are having trouble paying for heating and cooling. See <https://www.acf.hhs.gov/ocs/programs/liheap> for more information and apply at [https://a069-access.nyc.gov/accesshra/.](https://a069-access.nyc.gov/accesshra/)

Tenants are entitled to safe and habitable housing. The presence of mold/mice/rats/roaches is a violation of the implied warranty of habitability that is the right of every tenant. It is imperative for the health and well-being of my patient and your tenant, that these unsafe and unhealthy conditions be remedied immediately.

Please feel free to contact me at NUMBER if you have any questions.

Sincerely,

**NAME, MD**

**Clinic Address**