PRACTICE/HOSPITAL LETTERHEAD

[Date]

To: [Landlord Name, Address]

RE: [Patient’s Name]

To Whom It May Concern:

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 lacks adequate heating.

Excessive cold can be dangerous to health. Cold air inflames lungs and irritates the airway, increasing the risk of respiratory conditions, such as asthma attacks, infections, and colds. Low indoor temperatures can also lead to heart disease, hypothermia, frostbite, or death. Certain populations are more vulnerable—including elderly, babies, children, pregnant women, and those with chronic medical conditions like my patient with \_\_condition\_\_.

[NYC only] 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/)

By law your tenant is entitled to safe and habitable housing. The lack of adequate heat 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.

You may contact me at \_\_\_\_\_\_\_ if you have any additional questions.

Sincerely,

[Treating Physician’s Signature]

[Physician’s Phone Number]

[Physician’s Email]