

County Court _____ County, Colorado Court Address:	
Plaintiff(s): v. Defendant(s):	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Division _____ Courtroom _____
<b>AFFIDAVIT TO SUPPORT CLAIM FOR A BREACH OF THE WARRANTY OF HABITABILITY PURSUANT §38-12-507(1)(c) C.R.S.</b>	

The Defendant(s) \_\_\_\_\_ answers(s) the Complaint stating that the Landlord has breached the warranty of habitability. In addition, to the answer filed, I/we file this Affidavit stating the following:

The rental agreement, which is the subject of this action, was entered into or extended or renewed on or after September 1, 2008.

**Total Past Rent Due, as stated in the Complaint:** \$ \_\_\_\_\_

**Total amount spent to make the property habitable:** \$ \_\_\_\_\_

<b>Difference (Total Past Rent Due – minus total amount spent )</b> \$ _____
<b>NOTE:</b> If the total rent due is greater than the total amount of monies spent to make the property habitable, you are required to deposit funds in the Court Registry for the amount stated above. This money must be deposited via certified funds with the Court at the same time you are filing your answer. This money will be held in the Court Registry and refunded or applied as ordered by the Court at the conclusion of the case.

### VERIFICATION AND ACKNOWLEDGEMENT

I swear/affirm under oath that I have read the foregoing Affidavit and that the statements set forth therein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Defendant's Signature Date

\_\_\_\_\_  
Defendant's Signature Date

\_\_\_\_\_  
Defendant's Attorney Signature, if any

\_\_\_\_\_  
Defendant's Attorney Signature, if any

Subscribed and affirmed, or sworn to before me  
in the County of \_\_\_\_\_,  
State of \_\_\_\_\_, this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_\_.  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Clerk

Subscribed and affirmed, or sworn to before me  
in the County of \_\_\_\_\_,  
State of \_\_\_\_\_, this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_\_.  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Clerk

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**CERTIFICATE OF MAILING**

I certify that a true copy of the answer was mailed, postage prepaid, to \_\_\_\_\_  
(Plaintiff(s) or attorney), at \_\_\_\_\_  
(address(es)), on \_\_\_\_\_ (date).

\_\_\_\_\_  
(Your signature)