			CASE NUMBER:	
	AFFIRMATIVE DEFENSES (cont'd) k. Facts supporting affirmative defenses checked above (identify facts for each item by its letter from page 1 below or on form MC-025): Description of facts is on MC-025, titled as Attachment 3k.			
		e premises on <i>(date)</i> : If the premises alleged in the complaint is excessive <i>(explain below or on form MC-025)</i> : on MC-025, titled as Attachment 4b.		
	c. Other (specify below or on form M. Other statements are on MC	<i>IC-025 in attachment</i>): C-025, titled as Attachment 4c.		
	DEFENDANT REQUESTS a. that plaintiff take nothing requested in the complaint. b. costs incurred in this proceeding. c. reasonable attorney fees. d. that plaintiff be ordered to (1) make repairs and correct the conditions that constitute a breach of the warranty to provide habitable premises and (2) reduce the monthly rent to a reasonable rental value until the conditions are corrected. e. Other (specify below or on form MC-025): All other requests are stated on MC-025, titled as Attachment 5e.			
6.	Number of pages attached:	O ACCICTANT (Duo. 9 Drof Codo. S	S 6400 (6445)	
7.	UNLAWFUL DETAINER ASSISTANT (Bus. & Prof. Code §§ 6400—6415) (Must be completed in all cases.) An unlawful detainer assistant did did for compensation give advice o assistance with this form. (If defendant has received any help or advice for pay from an unlawful detainer assistant, state):			
	a. Assistant's name:	b. Telepl	none No.:	
	c. Street address, city, and zip code:			
	d. County of registration:	e. Registration No.:	f. Expires on (date):	
(Ea	ch defendant for whom this answer is filed m	nust be named in item 1 and must sig	gn this answer unless his or her attorney signs.)	
	(TYPE OR PRINT NAME)	/	(SIGNATURE OF DEFENDANT OR ATTORNEY)	
	(TYPE OR PRINT NAME)	VERIFICATION if the verification is by an attorney or	(SIGNATURE OF DEFENDANT OR ATTORNEY)	
		read this answer. I declare under pe	enalty of perjury under the laws of the State of	
	(TYPE OR PRINT NAME)		(SIGNATURE OF DEFENDANT)	