

Dates of residency at The SLO Apartments:

MM / DD / YYYY to MM / DD / YYYY

Name and contact information for guarantors (if any):

Name

Email Address

Phone Number

3. VERIFICATION AND RELEASE

You must acknowledge that you have read and agree to the following by filling in each item below:

- Retention of Jurisdiction of Court. No Prior Assignment. Release.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Dated(MM/DD/YYYY): _____

Print Name: _____

THIS FORM MUST BE SIGNED TO BEGIN CLAIMS HANDLING PROCESS.

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

MAIL ORIGINAL FORMS TO:

Home Sweet Home, LLC Claims Administrator
C/O KCC Class Action Services
P.O. Box 404041
Louisville, KY 40233-4041

