

CLASS ACTION SETTLEMENT CLAIM FORM
THE DEADLINE TO SUBMIT A CLAIM IS OCTOBER 20, 2018

Please Read this Carefully

IF YOU REQUIRE ASSISTANCE WITH COMPLETING AND SUBMITTING THIS CLAIM FORM, PLEASE CONTACT GREATER HARTFORD LEGAL AID AT (860) 541-5000.

Fill out and submit this claim form only if you were ordered to vacate your home in Hartford as a direct result of City of Hartford code enforcement from January 1, 2010 through September 30, 2015. This order would have been issued to you because your home was condemned by the City of Hartford as an unsafe place to live.

When completing this form **please include copies of supporting documents** showing (1) that you lived in the condemned home for at least 90 days before it was condemned, and (2) that your residence there was lawful, meaning that you had a lease or that the landlord or owner of the building allowed you to live in the home.

Examples of documents to send with your form include the following: the order to vacate issued by the City of Hartford, rent receipts, a lease agreement, utility bills, official mail, identification papers, or other reliable documents from third parties that establish your residency at the condemned address. You do not need to send the original document; copies of documents will be accepted. **The more supporting documentation you are able to provide, the easier it will be to process your claim and issue you payment.**

Only one claim form should be submitted per household that resided in the condemned home. If more than one household moved separately from the condemned home, you will be required to show that as a result of the displacement each such household obtained a separate permanent replacement residence within eighteen months from the date of displacement.

All claims should be sent to The Notice Company (the "Claims Administrator") at the address below. **Once the Claims Administrator receives your claim, the Claims Administrator will review it and issue payment if you have shown that you are eligible.** You will receive a written decision from the Claims Administrator, and payment will be issued within ninety (90) days of all claims having been received and reviewed. All decisions of the Claims Administrator will be final and not subject to appeal. Failure to submit a complete and accurate claim form will result in your claim being denied.

THIS COMPLETED CLAIM FORM AND COPIES OF SUPPORTING DOCUMENTATION MUST BE SENT TO THE CLAIMS ADMINISTRATOR, POSTMARKED NO LATER THAN OCTOBER 20, 2018.

ADDRESS FOR THE CLAIMS ADMINISTRATOR:

**Hartford Relocation Settlement
c/o The Notice Company
P.O. Box 455
Hingham, MA 02043**

CLASS ACTION SETTLEMENT CLAIM FORM

Your Name (please print): _____
(First Name) (MI) (Last Name)

Your Current Mailing Address:

(Street)

(City) (State) (Zip)

Phone Number: (_____) _____ Email: _____

Secondary/Alternate Contact Information: _____

Date of Birth: _____ Last Four (4) Digits of your Social Security Number: XXX-XX-_____

The Address You Were Ordered to Leave By Hartford Housing Code Enforcement (Please be specific with the full address, including apartment/unit number, floor, etc.):

_____, Hartford, CT _____
(Street) (Unit Number, Floor, etc) (ZIP Code)

Dates when you lived at the condemned home listed above: From: _____ To: _____

Date(s) when you were **ordered to leave** the condemned home listed above: _____

Names of all persons who, along with you, were lawful residents of the condemned home listed above:

Did you have a housing subsidy (such as Section 8 or a Rental Assistance Program certificate) or live in a subsidized apartment at the time of displacement? Yes No

Were you able to return to subsidized housing? Yes No

Have you received any relocation assistance payments from the City of Hartford? Yes No

If yes, describe the assistance payments and how much you received? _____

I have attached the following supporting documents, showing my lawful occupancy at the condemned home address listed above (Check all that apply):

- City of Hartford Order to Vacate
- Rent Receipts or Account Statement
- Lease
- Utility Bills
- Official Correspondence
- Other: _____

Please make sure that you attach copies of your supporting documentation to this form, and mail it to: Hartford Relocation Settlement, c/o The Notice Company P.O. Box 455 Hingham, MA 02043, POSTMARKED NO LATER THAN OCTOBER 20, 2018.

VERIFICATION

I claim a portion of the Claim Fund. I swear under penalty of perjury that the information set forth in this Claim Form is true and correct to the best of my knowledge and belief. I understand and agree that all decisions of the Claims Administrator over my claim will be final and unreviewable.

TNC032618

Dated: _____ Signed: _____

Additional Information available at www.HartfordRelocation.com
PARA OBTENER ESTA FORMA EN ESPAÑOL, VISITE NUESTRA PÁGINA WEB O LLÁMANOS.