

HARBOUR HOUSE SOUTH CLASS ACTION SETTLEMENT

CLAIM FORM FOR PRE-CRITICAL PERIOD BENEFITS

To make a claim for Pre-Critical Period Benefits, you must complete this entire Claim Form, sign it on the last page, and

NO LATER THAN MARCH 18, 2004
mail it to:

Harbour House South Claims Office
c/o Hamlin & Burton Liability Management
111 W. Magnolia Avenue
Suite 1000
Longwood, Florida 32750
1-866-332-4256

Attach additional sheets if space is insufficient. Please type or print legibly in ink.

If you submit this Claim Form for Pre-Critical Period Benefits and your claim is approved, you may receive compensation for unresolved moisture infiltration damage or mold damage in your apartment prior to the Critical Period.

PART A: IDENTIFICATION OF INDIVIDUAL CLAIMANT			
<i>First Name</i>	<i>Middle Name/Initial</i>	<i>Last Name</i>	<i>Social Security Number</i>
<i>Other Names by Which You Also Are or Were Formerly Known (e.g., Maiden Name)</i>			<i>Date of Birth</i>
<i>Current Mailing Address (Street or P.O. Box)</i>		<i>E-mail Address</i>	
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	<i>Telephone Number (with Area Code)</i>
PART B: RESIDENCY/CLASS MEMBERSHIP			
1. To show why you are entitled to Pre-Critical Period Benefits, check one box below:			
<input type="checkbox"/> I am a Lease Signatory because I signed a lease with HHS entitling me to occupy a residential unit in Harbour House South between November 1, 2000 and June 3, 2002.			
<input type="checkbox"/> I am a Guest because while I did not sign a lease with HHS, I did reside in a Harbour House South unit for a continuous period of at least 30 (thirty) days between November 1, 2000 and June 3, 2002.			

2. Identify the Harbour House South unit(s) you occupied and the period(s) during which you occupied them between November 1, 2000 and June 3, 2002:

Unit No. _____ from _____, 200__ through _____, 200__

Unit No. _____ from _____, 200__ through _____, 200__

3. As proof of my residency and membership in the Settlement Class, I am also attaching to this Claim Form one or more of the following REQUIRED documents:

- A copy or copies of the lease(s) I signed with HHS.
- A copy or copies of utility bills in my name for services, such as electricity, telephone, or cable television, provided to me at Harbour House South between November 1, 2000 and June 2, 2003.
- A notarized copy of a letter signed by at least one qualifying Lease Signatory attesting to the dates during which I resided in the Harbour House South unit leased to such Lease Signatory.
- I am not attaching any documents because I am a Lease Signatory listed on Exhibit A to the Agreement.

PART C: PROOF OF CLAIM

4. If you believe that any of your personal property and effects located in Harbour House South were damaged (or you were physically injured) as a result of moisture infiltration or mold occurring during the Class Period but prior to the Critical Period,

PLEASE PROVIDE A DETAILED STATEMENT BELOW AS TO THE NATURE OF THE DAMAGE, INJURY OR INJURIES AND ATTACH ANY SUPPORTING DOCUMENTATION THAT YOU HAVE.

Supporting documentation may include contemporaneous complaints to HHS; photographic evidence; receipts or bills for cleaning, repair, or restoration; and/or a sworn detailed factual statement. IF YOU NEED MORE SPACE, ATTACH ADDITIONAL SHEETS.

STATEMENT OF CLAIM

STATEMENT OF CLAIM CONTINUED

PART D: SIGNATURE

ALL CLASS MEMBERS CLAIMING BENEFITS MUST COMPLETE AND SIGN BELOW

I declare under penalty of perjury that the information on this Claim Form is true, correct, and complete to the best of my knowledge, information, and belief.

Date Signed

Signature (Class Member or Representative)*

*If you are NOT the Class Member identified in Part A, above, but are a representative filing this Claim Form on behalf of that Class Member, you MUST attach written proof that you have the legal authority to act as the Class Member's representative for purposes of claiming benefits under the Settlement Agreement.

NOTE: To preserve eligibility for Pre-Critical Period Benefits under the Settlement, this Claim Form must be completed, signed, and mailed to the Claims Administrator, postmarked no later than March 18, 2004.