

HARBOUR HOUSE SOUTH CLASS ACTION SETTLEMENT

CLAIM FORM
CRITICAL PERIOD BENEFITS: OPTION 1

To make a claim for Critical Period Benefits pursuant to Option 1, 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 Option 1 Benefits and your claim is approved, together with those of the other members, if any, of your Claimant Group(s), you may receive the following:

1. A Per-Person Payment of \$3,000 (individually);
2. A Per-Unit Payment of 65% of your Harbour House South lease obligation during the Critical Period (subject to the terms and conditions set forth in the Court Notice); and
3. A Per-Person Payment of \$500 (individually), if and only if all members of your Claimant Group who file claims also submit Claim Forms for Option 1 Benefits and do not submit Claim Forms for Option 2 Benefits.

| 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 Critical Period Benefits, check one box below:

- I am a Lease Signatory** because I signed a lease with HHS entitling me to occupy, and I did occupy, a residential unit in Harbour House South between June 4, 2002 and January 9, 2003.
- 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, at least a portion of which was between June 4, 2002 and January 9, 2003.

2. Identify the Harbour House South unit(s) you occupied and the period(s) during which you occupied them between June 4, 2002 and January 9, 2003:

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 June 4, 2002 and January 9, 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: YOUR CLAIMANT GROUP

4. To identify other members of your Claimant Group(s), if any, check one box below and, if applicable, provide the names of the others in your Claimant Group(s).

- I am the only member of my Claimant Group** because no other person occupied or resided in any Harbour House South unit(s) with me continuously for a period of at least 30 (thirty) days, at least a portion of which was between June 4, 2002 and January 9, 2003.
- Other Residents also belong to my Claimant Group(s).** Those persons listed below are either co-Lease Signatories or Guests who also belong to the Claimant Group(s) with respect to the unit(s) listed below.

Unit No. _____ : _____

Unit No. _____ : _____

PART D: PER UNIT PAYMENT DATA

5. To assist the Claims Office in calculating the proper Per-Unit Payment to be paid to you if you are the sole Lease Signatory, or jointly to you and your co-Lease Signatories, provide the data requested below.

For Unit No. _____ from _____, 200__ through _____, 200__, the monthly base lease obligation was \$ _____ / _____ Dollars.

While residing in this unit during this period, I withheld rent from HHS

never between _____, 200__ and _____, 200__, because

For Unit No. _____ from _____, 200__ through _____, 200__, the monthly base lease obligation was \$ _____ / _____ Dollars.

While residing in this unit during this period, I withheld rent from HHS

never between _____, 200__ and _____, 200__ because

PART E: ADDITIONAL OPTION 1 BENEFIT

6. To the best of my knowledge and belief, all other members of my Claimant Group(s) have also submitted or are expected to submit only a Claim Form for Option 1 Benefits, not an itemized Claim Form for Option 2 Benefits.

Yes No

PART F: 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 Option 1 Benefits under the Settlement, this Claim Form must be completed, signed, and mailed to the Claims Administrator, postmarked no later than March 18, 2004.