

HARBOUR HOUSE SOUTH CLASS ACTION SETTLEMENT

CLAIM FORM FOR CRITICAL PERIOD BENEFITS: REMEDATION HOUSING/MEAL ALLOWANCE

To make a claim for Remediation Housing/Meal Allowance along with a claim for Critical Period Benefits, Option 1 or Option 2, 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 Ave, Suite 1000, Longwood, FL 32750
1-866-332-4256**

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

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>

If you vacated your apartment unit due to scheduled remediation or after providing HHS with written notice of mold in your apartment, and you have not already been reimbursed for your meal and housing allowance, please provide the following information:

For Unit No. _____ : _____ persons, including _____ myself and _____ other persons (whose

names are: _____

_____ **vacated the apartment**

Claim Form for Critical Period Benefits:

Option 1 p. 2 of 3

from _____, 200__ through _____, 200__.

For Unit No. _____: _____ persons, including _____ myself and _____ other persons (whose

names are: _____

vacated the apartment

from _____, 200__ through _____, 200__.

During the period that I was absent from and vacated my apartment, HHS provided me with alternative accommodations at Harbour House South or in a nearby hotel:

never

from _____, 200__ through _____, 200__.

HHS owes me the housing allowance for

_____ days and _____ leased bedrooms in Unit No. _____, and

_____ days and _____ leased bedrooms in Unit No. _____.

HHS owes me the meal allowance for

_____ days and _____ person(s).

If you vacated your apartment after providing HHS with written notice, please attach a copy of that notice to this Claim Form. A written acknowledgment by HHS stating that you were vacating your apartment at that time due to mold in that apartment will satisfy this requirement.

Claim Form for Critical Period Benefits:

Option 1 p. 3 of 3

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 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.**