

## **10 Hanover Class Action Claim Form**

**ATTENTION:** To make a claim for a cash payment pursuant to the Settlement of the action titled *Bruce Hackney and Timothy Smith v UDR 10 Hanover LLC*, Index No. 159652/2019 (which is otherwise known as the "10 Hanover" Class Action), please complete the attached form and mail it to the Claims Administrator at the following address:

10 Hanover Class Action Litigation  
c/o A.B. Data, Ltd.  
P.O. Box 173126  
Milwaukee, WI 53217

### **Instructions**

1. You must provide **all** the information requested on the **next two pages** of this Claim Form, including your unique **Notice ID** (which appears above your address on the front of the Notice you received containing this Claim Form).
2. You must **sign** the Form and **mail, postmarked on or before September 27, 2023** to the Claims Administrator at the above address. **Failure to mail a fully completed Claim Form to the appropriate address by the deadline will result in forfeiture of any cash payment to which you might otherwise be entitled.**
3. Every co-tenant who signed your lease or leases for any apartment that is subject to the Settlement **must sign and submit a separate Claim Form** unless you qualify to submit a Joint Claim Form under the next paragraph.
4. You and your co-tenant(s) may file this form jointly **ONLY IF** (a) you **each signed each lease you identify below**; (b) **no co-tenant is filing a claim in connection with any other lease or apartment** (for example, a prior or later apartment in which you did not all live together); and (c) **each co-tenant signs** this Claim Form and **provides** his or her unique **Notice ID**.

**NOTICE:** By signing this form, you are stating, representing and warranting, under penalty of perjury, that you are a person who signed one or more leases for the apartment(s) you identify on the form, or an authorized legal representative of such a person within the meaning of paragraph 5(f) of the Stipulation and Agreement of Settlement in this Action, who is entitled to: file a claim for rent reimbursement relating to the apartment(s) you identify on the form, and that you have not sold, assigned, pledged, transferred or lost through bankruptcy, divorce proceeding or, to the best of your knowledge, by any other operation of law, the right to receive the full reimbursement that may be available to you under the Settlement.

**10 Hanover Class Action Claim Form**

**TYPE OF CLAIM BEING SUBMITTED:** (check the appropriate box)

- I am submitting:
  - a claim for myself only
  - a joint claim for myself and others

**PERSONAL INFORMATION:** Please provide your name and current contact information. If this is a Joint Claim, all co-tenants must provide their names and current contact information.

**Tenant:**

_____	,	_____	_____
Last Name		First Name	Middle Name
_____		_____	_____
Current Street Address		City	State
			( ) -
_____		_____	_____
Email Address		Phone:	

**Co-Tenant 1**

_____	,	_____	_____
Last Name		First Name	Middle Name
_____		_____	_____
Current Street Address		City	State
			( ) -
_____		_____	_____
Email Address		Phone:	

**Co-Tenant 2**

_____	,	_____	_____
Last Name		First Name	Middle Name
_____		_____	_____
Current Street Address		City	State
			( ) -
_____		_____	_____
Email Address		Phone:	

**Co-Tenant 3**

_____	,	_____	_____
Last Name		First Name	Middle Name
_____		_____	_____
Current Street Address		City	State
			( ) -
_____		_____	_____
Email Address		Phone:	

**RENTAL INFORMATION:** Please provide the address(es) of the apartment(s) which you rented at 10 Hanover from October 4, 2015, to June 30, 2020, the start date and the end date for your leases for those apartments, and the names of your co-tenants who signed the lease(s) along with you, if any. Do not provide the names of any co-tenants who did not sign the lease(s). If you need additional space, please continue on a separate page.

Street Address	Apt. No	Lease Start Date	Lease End Date	Co-Tenants (if any)

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I (we) do hereby swear (or affirm), under penalty of perjury, that the information listed above is true and accurate to the best of my (our) knowledge, that I am (we are) entitled to file this Claim Form and receive any cash payment that may be owed as to the above leases under the Settlement of this Action, and that this Claim Form was executed by me (us) at the place(s) and date(s) noted below.

**Tenant:**

_____	_____	_____	_____
Printed Name	Notice ID *	City	State
_____		_____	
Signature		Date	

**Co-Tenant 1:**

_____	_____	_____	_____
Printed Name	Notice ID *	City	State
_____		_____	
Signature		Date	

**Co-Tenant 2:**

_____	_____	_____	_____
Printed Name	Notice ID *	City	State
_____		_____	
Signature		Date	

**Co-Tenant 3:** *(or If signed by an authorized Legal Representative of a Claimant or Co-Tenant Claimant)*

_____	_____	_____	_____
Printed Name	Notice ID *	City	State
_____	_____	_____	
Signature	Capacity	Date	

*\* Notice ID appears above your address on the front of the Notice*

**REMINDER: YOU MUST SIGN THIS FORM AND MAIL IT, POSTMARKED ON OR BEFORE SEPTEMBER 27, 2023, TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS ON THE FIRST PAGE OF THIS FORM. FAILURE TO MAIL A FULLY COMPLETED FORM TO THE APPROPRIATE ADDRESS BY THAT DATE WILL RESULT IN FORFEITURE OF ANY CASH PAYMENT TO WHICH YOU MIGHT OTHERWISE BE ENTITLED.**