

Nozzi v. Housing Authority of the City of Los Angeles
c/o JND Class Action Administration
PO Box 7028
Broomfield, CO 80021

CLASS ACTION CLAIM FORM

Name/Address Changes (if any). Please enter below:

First Name

Last Name

Address

City

State

Zip

Please provide the following personal identification information:

Email address:

Area Code

Daytime Telephone Number

Area Code

Evening Telephone Number

Last four digits of Social Security Number:

Date of Birth:

Month

Day

Year

Other names used beginning 2004:

I understand my entitlement to compensation will be determined exclusively by records of the Housing Authority of the City of Los Angeles ("HACLA").

I wish to make a claim against HACLA because, as of April 2, 2004, I was a HACLA Section 8 Housing Choice Voucher Program participant, and I received this claim form in the mail advising me that I qualified as a damages class member in this case, or I otherwise believe I may be a damages class member. I understand, as explained in the Class Notice, that qualification as a damages class member is based on technical standards regarding whether and under what circumstances Section 8 Housing Choice Voucher Program participants were entitled to one-year advance notice before a reduced subsidy could be imposed, and that the plaintiffs in this lawsuit claimed the notice given was inadequate. I further understand that not all such individuals were entitled to such advance notice because they were removed from the class if, for example, they moved or changed bedroom size and for other reasons, and that whether a person is in the class is based solely on HACLA's records.

Your damages amount represents the difference between what rent you would have paid absent the reduced subsidy and the rent you actually paid for a period of no more than eleven months (the time period is shorter than eleven months if you moved or other things occurred that took you out of damages class at some point). If you downloaded your claim form from the website, or otherwise obtained a blank form, whether you are a class member and the maximum amount you can receive will be determined from HACLA's electronic records.

It is possible that the maximum amount will not be paid to qualifying damages class members if a large percentage of them file claims. If that occurs, each class member will receive a percentage of the damages explained above, and the amount each receives will be determined based on the number of claims filed.

You must mail this Claim Form with a postmark
NO LATER THAN December 6, 2017
in order to receive money from the class fund.
ACT NOW

If your Claim Form is not mailed with a postmark before December 6, 2017, you will not be considered a member of the class even if you wish to be, but you still will be bound by the settlement and will not receive any money. **DO NOT DELAY.**

The information given in this Claim Form is private, and will be held in strictest confidence, except as needed by the Parties and Settlement Administrator. If you have any questions about this lawsuit, write to us at *Nozzi v. Housing Authority of the City of Los Angeles* Settlement Administrator, c/o JND Class Action Administration, PO Box 7028, Broomfield, CO 80021; contact us by e-mail at HACLAClassAction@jndla.com; or visit our website at **www.HACLAClassAction.com**.

YES, I WISH TO MAKE A CLAIM.

By signing this form below, I am confirming that the above information is correct and that:

1. I am the person identified above and am over the age of 18.
2. I have not received money or compensation for any of the claims involved in this case.
3. I will abide by, and be limited to, the formula for damages approved by the Court.
4. I will keep the Settlement Administrator informed of my whereabouts at all times.

I declare under penalty of perjury that the information given above is true and correct.

Date: _____ Signature: _____
(mm/dd/yyyy)