

Your claim must be submitted online or postmarked by: **APRIL 24, 2023**

CLAIM FORM

*Olson et al. v. Kentucky Housing Corporation ("KHC")
Case No. 20-20636*

www.KHCSettlement.com

KHC

Kentucky Housing Corporation Class Action Settlement Claim Form

CLASS MEMBER INFORMATION

First Name

Last Name

Street Address

City

State

Zip Code

Telephone Number

Email Address

Claim ID Number (if you received a Notice)

To receive any compensation to which you may be entitled, you must complete and mail this claim form by **April 24, 2023** or go to www.KHCSettlement.com and complete a claim form online by **April 24, 2023**. If you receive a notice in the mail or via email, use your Claim ID Number listed on the front of the mailed notice or at the top of the email notice to file your claim online. Upon receipt of your claim, the Settlement Administrator will review applicable records and determine the amount of Settlement benefits for which you may be entitled. The Settlement provides for up to \$337.50 for each instance in which KHC failed to timely file a notice of mortgage payment change and up to \$25.00 for every instance in which KHC filed a proof of claim or a notice for the collection of post-petition attorneys' fees. Payment amounts from the Fund may be less if there are insufficient funds to pay all claims up to the maximum amounts

HOW WOULD YOU LIKE TO RECEIVE YOUR PAYMENT?

Check a box below to indicate your preferred payment method. Please provide the email or phone number associated with your account if you want to receive your payment via PayPal or Venmo. Checks must be cashed within 90 days.

PayPal (If checked) PayPal e-mail address: _____

Venmo (If checked) Venmo phone number: _____

Check

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By signing below, I affirm under the laws of the United States that to the best of my recollection, knowledge, information, and belief, I am a member of the class as described in this notice, and I authorize the Settlement Administrator to review all relevant information to determine the value of any Settlement benefits to which I am entitled.

Signature: _____ Date: _____

(Print all names used by Claimant from 1/1/2012 to present)

If your mailing address changes prior to receiving your Settlement payment, go to www.KHCSettlement.com to update your mailing address.