

Your claim must be submitted online or **POSTMARKED BY:**
APRIL 3, 2026

Lopez v. NLP, LLC, and NALS Apartment Homes LLC

Case No. 2:24-cv-06403

U.S. District Court for the Central District of California

CLAIM FORM

**NLP
CLAIM**

GENERAL INSTRUCTIONS

You are eligible to submit a Claim Form if you are a member of the Settlement Class. Complete this Claim Form if you wish to receive Settlement benefits.

The Settlement Class includes all current and former employees of Defendants NLP LLC or NALS Apartment Homes LLC who reside in the United States and whose information was impacted in a cybersecurity incident Defendants identified on or about December 2, 2023 (the “Cybersecurity Incident”).

The Settlement Benefits

- a. **Claims for Out-of-Pocket Losses.** A Settlement Class Member may seek Out-of-Pocket Losses up to a total of \$2,000 per claimant. A loss is an Out-of-Pocket Loss if it is:
 - i. An actual, unreimbursed monetary loss supported by an attestation that the Settlement Class Member believes the unreimbursed loss was incurred as a result of the Cybersecurity Incident; and
 - ii. Supported by reasonable documentation, which may include credit card statements, invoices, telephone records, and receipts. Personal certifications, declarations, or affidavits standing alone do not constitute reasonable documentation, but may provide clarification or context for other documentation that is submitted.
 - iii. Out-of-Pocket Losses may include the following unreimbursed losses:
 1. Miscellaneous costs such as bank fees, postage, copying, mileage, telephone charges, and notary charges; and
 2. Costs incurred as a result of purchasing credit monitoring or other identity theft insurance services between the date of the Cybersecurity Incident and end of the Claims Period for this Settlement.
- b. **Credit Monitoring Services.** A Settlement Class Member may submit a Claim for twenty-four (24) months of credit monitoring services (“Credit Monitoring Services”). Credit Monitoring Services will include credit monitoring through one of the national credit reporting bureaus.
- c. **Cash Compensation.** A Settlement Class Member may submit a Claim for cash compensation initially set at \$50.00 (“Cash Compensation”), which is subject to pro rata increase or decrease depending on the number of Approved Claim Forms submitted and benefits selected.

You may choose more than one of the above benefits on your Claim Form.

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ATTESTATION: You MUST check this box to attest under penalty of perjury that the unreimbursed Out-of-Pocket Losses listed above were actually incurred and that you believe these Out-of-Pocket Losses were incurred as a result of the Cybersecurity Incident.

III. CREDIT MONITORING SERVICES

Check this box if you wish to receive twenty-four (24) months of Credit Monitoring Services.

A unique redemption code, allowing Settlement Class Members to enroll in these services will be sent to each Settlement Class Member who submits an Approved Claim for such services after the Court approves the Settlement as final and after any appeals are resolved. Redemption codes will be sent via email, so please provide an email address in Section I of this Claim Form.

IV. CASH COMPENSATION

Check this box if you wish to receive a cash compensation payment (initially set at \$50.00 but subject to a *pro rata* increase or decrease depending on the number of valid Claim Forms submitted and benefits selected).

V. PAYMENT SELECTION

Please select **ONE** of the following payment options:

PayPal - Enter your PayPal email address: _____

Venmo - Enter the mobile number associated with your Venmo account: _____

Zelle - Enter the mobile number OR email address associated with your Zelle account:

Mobile Number: _____ or Email Address: _____

Virtual Prepaid Card - Enter your email address: _____

Physical Check - Payment will be mailed to the address provided in Section I above.

VI. AFFIRMATION & SIGNATURE

I swear and affirm under penalty of perjury pursuant to laws of the United States of America that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my Claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my Claim is considered complete and valid.

Signature

Printed Name

Date