

## CLAIM FORM

*Craw, et al. v. Hometown America, LLC, et al.*, Case No. 1:18-cv-12149-LTS (D. Mass.)

### CLASS ACTION SETTLEMENT

You may be entitled to a portion of the Class Benefit Fund created by the Settlement in this Action, if: (1) you are a member of the Damages Class; (2) you do not request to exclude yourself from the Damages Class; and (3) you submit a timely and valid Claim Form. A payment is not guaranteed.

A class action lawsuit is pending in the United States District Court, District of Massachusetts. The Plaintiff and Class Representative, Barbara Craw, has agreed to a proposed class action Settlement with the Oakhill Defendants. The Settlement Notice to the Class, explaining your options and what you must do, and the Settlement Agreement, explaining the proposed Settlement of this class action lawsuit, can be viewed at [www.oakhillclassactionsettlement.com](http://www.oakhillclassactionsettlement.com).

You may be a member of the Damages Class. The Damages Class consists of anyone who is a current or former resident in the Oakhill Manufactured Housing Community ("Oakhill") in Attleboro, Massachusetts, at any point between September 25, 2012 and March 23, 2021, who does not request to be excluded from the Damages Class in the Settlement. If you have requested to be excluded from the Damages Class in the Settlement, then your Claim Form will not be considered and you will not receive any portion of the Class Benefit Fund. Each Class Member must submit a separate Claim Form to be eligible. For any Class Member who is less than 18 years old, a parent or legal guardian must submit a separate Claim Form on that minor Class Member's behalf. If you are filing a Claim Form on behalf of a deceased Class Member, then you must submit the Class Member's death certificate and proof of your relation to the Class Member, or documents from a court proving that you are the court-appointed representative of the Class Member's estate. The Settlement Administrator will pay based on only one Claim Form for each Class Member.

If you have any questions, please call 1-866-251-0095, or visit [www.oakhillclassactionsettlement.com](http://www.oakhillclassactionsettlement.com).

### CLAIM FORM

**To be eligible to receive any portion of the Class Benefit Fund, you need to submit this Claim Form, with all information requested in this Claim Form, by U.S. mail postmarked by September 4, 2021.** If you do not timely submit a Claim Form with all requested information, then you will not be eligible for any portion of the Class Benefit Fund under this Settlement. **You may only submit one Claim Form per Class Member.**

This Claim Form asks specific questions about the Class Member. Please supply the following information. If you do not provide the information requested or do not mail your Claim Form on time, then you will still be bound by the Settlement Agreement and its Release even though you will not be eligible to receive any portion of the Class Benefit Fund.

Full Name and Age of Class Member:	_____	
Address of Class Member:	_____	
Telephone Number of Class Member:	_____	
Email address (if any) of Class Member:	_____	
Address(es) at Oakhill at which Class Member resided (list all), and how long Class Member lived at each address (for example, June 2013 to June 2015):	Addresses	Dates of Residence
	_____	_____
	_____	_____

Capitalized terms used in this Claim Form are defined in the Settlement Agreement, which can be found on [www.oakhillclassactionsettlement.com](http://www.oakhillclassactionsettlement.com).

**DOCUMENTS FOR PROOF OF RESIDENCY REQUIRED:** Your request for a portion of the Class Benefit Fund is subject to possible audit by the Settlement Administrator pursuant to its review of the Oakhill Known Residents List created by Oakhill's lease records. The Settlement Administrator may require you to submit documentation proving the dates that the Class Member lived at Oakhill ("proof of residency").

The Settlement Administrator has sole, final, and binding authority to determine whether a Claim Form is timely and valid.

**If your claim is denied for any reason, and you do not request to exclude yourself from the Damages Class, then you remain bound by the Settlement and its Release.**

**If the Settlement Administrator requests additional documents. If any additional documentation, for proof of residency or otherwise, is requested by the Settlement Administrator, then you must submit it to the Settlement Administrator within ten (10) days after that request or your claim will be denied.**

**Tax Consequences of Settlement.** Any money you receive may be subject to federal or state taxation. Class Counsel is not a tax attorney and you are advised to seek separate advice on matters of taxation.

**CLASS MEMBER/CLAIMANT DECLARATION**

By signing below, I certify that I have read this Claim Form; and that under penalty of perjury, I believe that I am a member of the Damages Class (or that the person on whose behalf I am filing this Claim Form is a member of the Damages Class), that I (or the person on whose behalf I am filing this Claim Form) am/is eligible for a portion of the Class Benefit Fund, and that all of the information on this Claim Form is true and correct to the best of my knowledge. I have not assigned any of my rights (or the Class Member's rights) in this Action to anyone else. I understand that my Claim Form is subject to audit and verification. If I am filing this Claim Form on behalf of a child under the age of 18, then I further verify that I am the parent or legal guardian of such child. If I am the parent or legal guardian of a Damages Class Member who is under the age of 18, then I further verify that I have submitted a separate Claim Form on his/her behalf (or know that another parent or legal guardian has done so).

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**Signature of Class Member or Claimant**

If you are a representative filing this Claim Form on behalf of a Class Member, then please have the Class Member sign above. If the Class Member is unable to sign, then you as the claimant/representative should sign on his behalf. If you are signing as claimant/representative, please fill out the information requested below. If the Class Member is deceased, then please indicate so below.

Claimant/Representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Relationship to Class Member: \_\_\_\_\_  
Is the Class Member deceased? \_\_\_\_\_

The Claim Form must be mailed by U.S. mail, postmarked by **September 4, 2021**. Please mail to:

First Class, Inc./ J14608- Craw  
5410 W. Roosevelt Rd., Ste 222  
Chicago, IL 60644-1490