

INSTRUCTIONS

READ ALL INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THE CLAIM FORM

1. Fill in all blank spaces in the claim form with clearly printed or typed information.
2. You must sign and date the claim form.
3. By signing your claim form, you are declaring under penalty of perjury that the information provided is true and correct. Please understand that you could be subject to criminal penalties for submitting any false information on your form.
4. If you have any questions about this form, call the Claims Administrator at (833) 616-0443. There is no fee for any service or assistance provided by the Claims Administrator. **DO NOT CONTACT THE COURT OR THE CLERK OF THE COURT.**
5. Mail your signed and completed claim form using the enclosed pre-addressed, stamped envelope by **July 11, 2023**. If you do not have the pre-addressed, stamped envelope, you should mail your signed and completed claim form to : FHCCI v RRG Claims Administrator, c/o Settlement Services, Inc., PO Box 10269, Tallahassee, FL, 32302-2269 to: **YOUR CLAIM FORM MUST BE POSTMARKED ON OR BEFORE JULY 11, 2023. LATE CLAIM FORMS WILL NOT BE CONSIDERED.**
6. If your address changes at any time, mail your new address to the Claims Administrator at the address above. Any change of address must be in writing and include your signature.
7. You do not need an attorney to help you submit a claim form. If you do wish to consult an attorney, however, you may do so at your own expense.
8. Please keep a copy of the completed form for your records.

RAINBOW REALTY GROUP, INC., CLASS ACTION CLAIM FORM

Fair Housing Center of Central Indiana, Inc., et al. v. Rainbow Realty Group, Inc., et al.
Case No. 1:17-cv-1782-JMS-TAB

FULL NAME: _____
Last First Middle

STREET ADDRESS: _____
Street No. Street Name Apt. No.

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (____) _____ (____) _____
Daytime Evening

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

1. Did you enter into a Rent-to-Buy agreement (entitled "Purchase Agreement") with Rainbow Realty Group, Inc., and/or an affiliated entity on January 1, 2009, or any date thereafter?

Yes _____ No _____

2. If you answered yes to Question 1, have you paid off your RTB Agreement?

Yes _____ No _____

I declare under penalty of perjury that the foregoing is true and correct. I understand that I could be subject to criminal penalties for submitting any false information on this claim form.

Signature

Executed on _____
(today's date)

MAIL THIS FORM TO:

FHCCI v RRG Claims Administrator
c/o Settlement Services, Inc.
PO Box 10269
Tallahassee, FL, 32302-2269

THIS CLAIM FORM MUST BE POSTMARKED ON OR BEFORE JULY 11, 2023

LATE CLAIM FORMS WILL NOT BE CONSIDERED

MailID:<<MailID>>