

CLAIM FORM AND RELEASE

Linda Lee Soderstrom, Maria Johnson, Craig Goodwin, Jurline Bryant, and Julio Stalin de Tourniel, on behalf of themselves and others similarly situated, and HOME Line, a Minnesota nonprofit corporation, v. MSP Crossroads Apartments LLC, a Minnesota corporation, and Soderberg Apartment Specialists (SAS), a Minnesota corporation, Case No. 0:16-cv-00233, United States District Court, District of Minnesota

Instructions

1. If you would like to receive a cash award from the funds allocated to be paid as part of the settlement of the above action, you must complete this Claim Form. If the court approves the settlement, all class members will be deemed to have released their claims (subject to exceptions specifically described in the settlement agreement), but ONLY people who complete and return this Claim form will be eligible to receive settlement payments.
2. This Claim Form must be postmarked on or before December 26, 2017 and sent by regular mail to the following address: Crossroads Apartments Settlement, Claims Administrator, PO Box 6877, Broomfield, CO 80021 or by submission electronically to crossroadsinfo@jndla.com.
3. There are two subsets of class members who may be eligible for payments:
 - (a) **The Displacement Class:** The Displacement Class includes all persons who were tenants at the rental housing complex headquartered at 7620 Penn Ave South, Richfield, MN 55423, formerly known as Crossroads At Penn and currently known as Concierge Apartments, and including 7600, 7610, 7700, 7710, and 7720 Penn Ave (the "Property"), as of September 30, 2015, but no longer reside there and whose household at the time of occupancy of the property included at least one person qualifying as a member of a protected class under the Fair Housing Act, 42 U.S.C. § 3602 et seq., (the "Act") under one of the following categories:
 - Non-white;
 - Handicapped as defined by the Act;
 - National origin; and
 - Familial status, limited to those tenants who had or desired to have more than two individuals reside in the unit due to at least one individual under the age of 18 residing in the unit.
 - (b) **The Application Class:** The Application Class includes all persons who, from September 30, 2015, until the Execution Date of this Settlement Agreement, either applied for tenancy at the Property, but were rejected, or completed a Guest Card expressing interest in tenancy at the Property but did not apply, as a result of the screening criteria imposed by Defendants and whose household included at least one person qualifying as a member of a protected class under the Act, under one of the following categories:
 - Non-white;
 - Handicapped as defined by the Act;
 - National origin; and
 - Familial status, limited to those tenants who had or desired to have more than two individuals reside in the unit due to at least one individual under the age of 18 residing in the unit.
4. **If multiple members of the Displacement Class were associated with the same Unit at Crossroads and timely submit a valid, executed Claim Form, each such person will receive a pro rata share of the funds allocated for that Unit.**
5. You must answer each question and provide all of the information requested in this Claim Form in order to be eligible for a Benefit. If you do not have a Social Security Number, you are still eligible to apply for a payment.
6. **You may apply under either class subset (Displacement or Application) or you may apply under both subsets if you believe you qualify.**
7. You must sign and date the declaration at the end of this Claim Form.
8. You will be solely responsible for any taxes due on, or tax consequences resulting from, any payment you may receive in connection with this case.
9. If you have any questions about filling out this form or have any other questions regarding the settlement, you may contact the toll-free number set up for this lawsuit at 1-833-924-6400, or visit the website set up for this lawsuit at www.CrossroadsApartmentsSettlement.com.

Please Complete the Following Class Member Information

Name:	
Current Mailing Address:	
Social Security Number (if none, write "NONE"):	Date of Birth:
Gender:	Email Address (optional):
Address at Crossroads Property, including Unit # (if applicable):	

A. Displacement Class Eligibility:

(a) On September 30, 2015, did you reside at the rental housing complex headquartered at 7620 Penn Ave South, Richfield, MN 55423, formerly known as Crossroads At Penn and currently known as Concierge Apartments? Yes No

(b) Do you currently reside at the rental housing complex headquartered at 7620 Penn Ave South, Richfield, MN 55423, formerly known as Crossroads At Penn and currently known as Concierge Apartments? Yes No

(c) When you resided at the rental housing complex headquartered at 7620 Penn Ave South, Richfield, MN 55423, formerly known as Crossroads At Penn and currently known as Concierge Apartments, did your household include at least one person (including yourself) qualifying as a member of a protected class under the Fair Housing Act, 42 U.S.C. § 3602 et seq., (the "Act") under one of the following categories:

- Non-white
- Handicapped as defined by the Act
- National origin
- Familial status, limited to those tenants who had or desired to have more than two individuals reside in the unit due to at least one individual under the age of 18 residing in the unit

Please check all that apply.

B. Application Class Eligibility

(a) Did you apply (or re-apply) for tenancy at the rental housing complex headquartered at 7620 Penn Ave South, Richfield, MN 55423, formerly known as Crossroads At Penn and currently known as Concierge Apartments, but were rejected as a result of the screening criteria imposed by Defendants, from September 30, 2015, until September 29, 2017? Yes No

(b) Did you complete a Guest Card expressing interest in tenancy at the rental housing complex headquartered at 7620 Penn Ave South, Richfield, MN 55423, formerly known as Crossroads At Penn and currently known as Concierge Apartments, but not apply for tenancy as a result of the screening criteria imposed by Defendants, from September 30, 2015, until September 29, 2017? Yes No

(c) If you said yes to EITHER of the two prior questions, were you living with or seeking to live with at least one person (including yourself) qualifying as a member of a protected class under the Fair Housing Act, 42 U.S.C. § 3602 et seq., (the "Act") under one of the following categories:

- Non-white
- Handicapped as defined by the Act
- National origin
- Familial status, limited to those tenants who had or desired to have more than two individuals reside in the unit due to at least one individual under the age of 18 residing in the unit

Please check all that apply.

C. Medicare Status

Under certain circumstances, federal law requires that a settlement payment that normally would be paid to a class member must instead be paid to Medicare, to reimburse Medicare for money it previously spent on certain medical treatment arising from the class member’s claims (“Conditional Payments”). The information collected in this section is intended to determine if your claim falls into the narrow category of claims that may be affected by this federal law.

By submitting this claim form, you agree that if the information you provide in this Section is inaccurate or incomplete, you will indemnify the Releasing Party for any resulting debts or liabilities that Medicare (or anyone acting on Medicare’s behalf) may assert against the Released Party and any attorney’s fees or expenses the Released Party may incur in connection with such debts or liabilities, and that the Released Party will have the right to seek repayment of any claim you may receive.

Medicare Status Representations	Initial Here:
<p>1. I [was / was not] (circle one) enrolled in the Medicare program at the time of the events giving rise to the claims released in this litigation (i.e., the date I was displaced from the Property, or the date my application for tenancy at the Property was denied, or the date I completed a Guest Card expressing interest in living at the Property) or at any time since then through the date of this Claim Form and Release.</p> <p>IF YOU CIRCLED “WAS NOT”, YOU HAVE COMPLETED SECTION C. SIGN AND DATE THE DECLARATION IN SECTION D.</p> <p>IF YOU CIRCLED “WAS,” PROCEED TO THE NEXT ITEM.</p>	<p>_____</p>
<p>2. I [have / have not] (circle one) received Medicare benefits for medical services or items arising from the claims released in this litigation.</p> <p>IF YOU CIRCLED HAVE NOT, YOU HAVE COMPLETED SECTION C. SIGN AND DATE THE DECLARATION IN SECTION D.</p> <p>IF YOU CIRCLED HAVE, PROCEED TO THE NEXT ITEM.</p>	<p>_____</p>
<p>3. I understand that if I am, or have been, a Medicare beneficiary, any potential payment to me will be held in escrow until the Released Party has confirmed with Medicare that no Conditional Payments have been made, or, if necessary, until I resolve with Medicare the reimbursement of any Conditional Payments Medicare has made on my behalf that arise from the Released Claims. I understand that if any Conditional Payments have been made by Medicare, my settlement payment will first be used to satisfy Medicare’s reimbursement rights under federal law, and that I alone will be responsible for resolving any disputes with Medicare over the Conditional Payments.</p>	<p>_____</p>

D. Declaration

I declare, under penalty of perjury under the laws of the United States, that all of the information provided in this Claim Form, including information related to my Medicare status and my name, gender, date of birth, and Social Security Number (if any), is true and correct to the best of my knowledge.

Signature

Print Name

Date