#### **CLASS MEMBER CLAIM FORM**

Must be Postmarked By February 24, 2010

Nama

# RGN Properties, Inc. v. Miami-Dade County Case No. 05-16420

Maille.					
_	First		Last		
Home Address:					
	Street Name				
_	City	State	Zip		
	(Payment	will be made to the ad	<u>ldress above)</u>		
Address(es) of propert					
(if more than one prope	rty, please list o	on a separate page)		Street Name	
			City	State	Zip
If you wish to obtain pa information at a later tir	•	e this form and mai	il it to the address	below. You m	ay be asked for mo
Date the Housing Assistance of the first day of Date the initial rent pa	f the initial terr	n of the lease:	") was executed:		
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Under the terms of the Court approved Allocation Plan each late payment shall be \$50.00 for each month the initial rental payment was late if the initial rental payment was made more than 60 days after the first day of the initial term of the lease, provided that the HAP contract was executed with the County. However, this number may be increased or reduced depending on the number of claims made to the Settlement.

### By Submitting this Claim Form you hereby certify to the following:

- a. You (defined as the Class Member identified above) are or were an owner of property located within Miami-Dade County and you executed a Section 8 Housing Assistance Payment Contract(s) ("HAP") with the County related to that property.
- b. You did not receive your initial payment from the County until more than sixty (60) days after the effective date of the HAP and the lease agreement with your Section 8 tenant.
- c. You charge and collect a late penalty from your Section 8 assisted tenants and your unassisted tenants, if any, when they are late with their portion of the rent.
- d. You certify that the reason you were not timely paid was not due to your actions or negligence or the actions or negligence of your tenant. For example, you are not entitled to a Late Payment Penalty if the initial payment was delayed due to a violation of the Section 8 program laws, regulations, Section 8 Administrative Plan HAP and/or lease by either the tenant or you, or any action or inaction by the owner or tenant and/or Miami-Dade Public Housing Agency that would result in the County being required by law to recover an overpayment, to suspend the housing assistance payments, to abate or reduce the housing assistance payment, to terminate the housing assistance payment or terminate the HAP.
- e. You certify that you have not already received a late penalty from the County relating to the initial housing payment for the property and the lease identified above.

#### **CLASS MEMBER CLAIM FORM**

## Please sign below and mail to the following address no later than February 24, 2010:

Please mail your claim to:	RGN Litigation Administrator
	CAC Services Group
	1551 Southcross Drive W
	Burnsville, MN 55306

You must provide specific documentation indicating why you deserve this amount. Only certain documentation is suitable to be submitted. This documentation includes: 1) a copy of the HAP contract indicating a start date, 2) a copy of the lease agreement under which you are seeking a late payment, and 3) a copy of the initial check from the County provided pursuant to the HAP contract. In the event that you do not have the documentation referenced in the items listed above, then the County, in its reasonable discretion, reserves the right to accept or request any and all additional documentation.

In accepting any funds under this settlement, you relinquish, waive, and release any remaining claims, demands, causes of action, or damages relating to any penalty fee for the alleged failure to timely make an initial rental payment that is allegedly owed to you by Miami-Dade County for the property and the lease identified above as of October 22, 2009.

I declare under the penalty of perjury that the information provided here is correct to the best of my

knowledge. If not submitting this for myself of the Class Member identified above.	f, I declare that I am authorized to submit this form on behalf
of the Class Member Identified above.	
Signature	