

CLAIM FORM
LLOYD FRANCIS, ET AL V. MAKE IT RIGHT FOUNDATION, ET AL
CLASS ACTION SETTLEMENT

<p>[PRE-ADDRESSED LABEL TO POTENTIAL CLASS MEMBER OR REPRESENTATIVE APPEARS HERE]</p>	<p>CLASS MEMBER OR CLAIMANT INFORMATION Write any name and address corrections below or if there is no pre-printed data to the left, you must provide your name and address here:</p>
	<p>Full Name:</p>
	<p>Mailing Address:</p>
	<p>City: State: Zip:</p>

You may be entitled to Class Benefits if you own or owned a home built and sold for the “Make it Right” program.

You may be a member of the Class to which this settlement applies. A class action lawsuit is pending in the Civil District Court for Orleans Parish. The Plaintiffs and Defendants have reached a proposed class action settlement. This package of materials (the “Class Notice Package”) describes the proposed settlement of this class action lawsuit and has been sent to you by order of the Court because you may be a member of the Class and must make a decision about whether to remain in the Class. If you remain in the Class, you will be entitled to make a claim for the Class Relief afforded by this settlement, which will provide money to make repairs or reimburse you for repairs you made.

This settlement only applies to those who own or owned homes built for and sold through the “Make it Right” program in the Lower 9th Ward. It does not apply to those whose homes were not built through the “Make it Right” program. Ron Austin of Ron Austin Law is Plaintiffs’ Class Counsel. If you have hired another lawyer to represent you for your claims in this litigation, please contact your lawyer for more information. If you have not, please direct any questions you have to Ron Austin Law. Please call 1-(504) 227-8100.

To be fully informed about the benefits and implications of the proposed settlement you may read all the documents included in this Class Notice Package and you may also review the full settlement materials on www.MIRclaims.com, including the Settlement Agreement.

CLAIM FORM

You need to submit this Claim Form by November 10, 2022, via upload through the website, U.S. Mail postmarked no later than November 7, 2022, or delivering a completed claims form to the Special Master, to Robert Dampf, 1100 Poydras Street, Suite 2275, New Orleans, LA 70163, by November 10, 2022 to receive Class Benefits under this settlement. If you are a Class Member and you do not timely submit a Claim Form, you will not be eligible for any benefits under this settlement. You can choose to exclude yourself, or “Opt Out” from the settlement, which means you reserve your rights to sue the Defendants but do not take any part in benefits of the settlement. Unless you timely exclude yourself, or “Opt Out” from the Class by October 24, 2022, you cannot sue the Defendants over the claims settled in this case, even if you do not receive Class Benefits because your Claim Form was untimely.

This Claim Form asks specific questions about you, the Class Member. Please complete the Claim Form to the best of your ability. Note: You must provide your full name, your social security number, your date of birth, the address of the Make it Right home you own or owned, and, if different, your current address to receive Class Benefits. If you do not provide these items and you do not opt-out of the settlement, you will still be bound by the Settlement Agreement and its release even though you will not be eligible to receive any money from the settlement. If you do not have or know certain information that is asked for, other than your full name, date of birth, social security number, the address of the Make it Right home you own or owned, and, if different, your current address, you may leave parts of this Claim Form blank and submit this Claim Form anyway. The Special Master will make a good faith attempt to process the Claim Form by seeking additional information from you. Obviously, the more information you can provide, the more likely your claim can be effectively processed.

Please supply the following information, along with the Class Member or Claimant Information above:

Full Name of Class Member:	
Social Security Number of Class Member :	
Date of Birth of Class Member:	
Date of Death of Class Member, if applicable:	
Telephone Number of Class Member:	
Email address of the Class Member:	
Address of Class Member:	
Address of the Make it Right home you own or owned:	
Are you in Default of any mortgage on the Make it Right home?	
--- if the answer is Yes, please identify the mortgage company?	
Are you behind in any property taxes that have resulted in tax liens on the on the Make it Right home?	
--- if the answer is Yes, please identify who the taxes are owed to.	
Are you in default of any other loan that has resulted in a lien against the Make it Right home?	
--- if the answer is Yes, please identify the company?	
Have you assigned any rights to your home, including any rights to receive proceeds from any lawsuit, to any other person or company?	
--- if the answer is Yes, please identify the person or company.	
Do you currently own the Make it Right home?	
--- if the answer is No, what years did you own the Make it Right home?	
Did you pay out of your own pocket for repairs to the Make it Right home?	
Do you have receipts, estimates, or invoices you can attach to show us the amounts you spent? Please attach to your claim form.	
What parts of the home do you think need repairs? (Someone will inspect your home, but this will give us an idea where to look and what inspectors to involve).	

* Capitalized terms used in this Claim Form are defined in the Settlement Agreement, which can be found on www.MIRclaims.com.

DOCUMENTS: Please attach the following documents to your Claim Form, if you have the address of the Make it Right home you own or owned, and (2) documents reflecting that you have paid out of pocket for any repairs to the Make it Right home, including receipts, estimates, invoices, cancelled checks, affidavits or charges on credit card statements.

Even if you don't have these documents you may still qualify and you can submit the Claim Form anyway. Anything related that you do have may help the Special Master see if you qualify for Class Benefits. Please don't include any correspondence between you and your attorney.

CLASS MEMBER DECLARATION FORM

I certify that I have read this Claim Form; I believe I am a member of the Class, that I am eligible for Class Benefits; all of the information on this Claim Form is true and correct to the best of my knowledge; I have attached to, or enclosed with this Claim Form all documents that I have been able to locate; I have not assigned any of my rights in this Action or any Pending Action to anyone else.

Signature of Class Member

Today's Date

If you are a representative filing this Claim Form on behalf of a Class Member, please have that Class Member sign the "Signature of Class Member" line, and in addition, please fill out the following information:

Claimant/Representative: _____
Address: _____
Phone Number: _____
Social Security No. _____
Date of Birth: _____
Relationship to Class Member: _____

Claim Forms and supporting documents must be postmarked by November 7, 2022 if sent by US Mail;

Must be uploaded by November 10, 2022 if utilizing the online claim process;

Or hand delivered to the Special Master by November 10, 2022.

Please mail to: James Williams
P. O. Box 931,
Metairie, LA 70004

Please upload at: www.MIRclaims.com

Or

Please deliver by hand to Robert Dampf
1100 Poydras Street, Suite 2275
New Orleans, LA 70163

Questions? Call 1-800-210-2574 TOLL FREE, OR VISIT www.MIRclaims.com

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