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IF THE NTN POSTCARD CONCERNING YOU WAS SENT ON OR BEFORE JUNE 29, 2021, BUT YOU LEARNED OF IT AFTER JUNE 29, 2021, PLEASE USE THIS FORM.

Clermont v. National Tenant Network, Inc. & LCIJ, Inc.; Case No: 2:23-cv-03545-MCA-LDW; United States District Court for the District of New Jersey

If you wish to participate in the Settlement and recover money from the Settlement Fund, please complete, sign, and return this Settlement Claim Form.

You must complete and submit a Claim Form by **September 22, 2026**. You must complete and submit this Claim Form for a share of the Settlement Fund. The final amount per Class Member will depend on, among other things, the total number of valid Claim Forms received and the Court's award of Attorney's Fees and Costs and an Incentive Award. To complete this form, provide the information below, answer the below questions, and execute the certification. All information is required.

Unique ID provided on mailed Postcard Notice:

First Name: MI: Last Name:

Mailing Address, Line 1 (Street Address/P.O. Box):

Mailing Address, Line 2:

City: State: ZIP Code:

Email Address:

MANDATORY QUESTIONS (to recover, you MUST answer these questions):

1. Before you received Notice of this class action lawsuit, were you unaware that National Tenant Network, Inc. and LCIJ, Inc. had previously mailed a postcard addressed to a suspected landlord that contained information about you and a prior eviction filing?

   ☐ YES

   ☐ NO

2. If you answered NO to Question No. 1, did you first discover after June 29, 2021, that National Tenant Network, Inc. and LCIJ, Inc. mailed a postcard addressed to a suspected landlord that contained information about you and a prior eviction filing?

   ☐ YES

   ☐ NO

FOR MORE INFORMATION OR TO SUBMIT A CLAIM FORM, VISIT NTNPostcardSettlement.com

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Certification

By signing and submitting this Claim Form, I certify and affirm that the information I am providing is true and correct to the best of my knowledge and belief, I am over the age of 18, and I wish to claim my share of the Settlement Fund.

MM	DD	YY

Signature:

Print Name:

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