

Home Partners Settlement Administrator  
PO Box 1829  
Baton Rouge, LA, 70821

**Your Claim Form Must Be Submitted  
On or Before October 27, 2025**

***Sewall, et al. v. Home Partners Holdings LLC, et al.***  
UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS  
(Case No. 1:25-cv-07849)

**Claim and Change of Address Form**

**I. General Instructions**

Submit this form only if you need to update your address, request a check payment, or claim additional reimbursements. You do not need to submit this Claim Form if you want only a pro-rata Base Payment and your address on file has not changed.

You may submit this form if you are a Current Resident and would like to request payment by check, or if you are a Former Resident and your address has changed.

You may also submit this form if you would like to request additional payment for unreimbursed out-of-pocket time and expenses for repairs you personally made, or hired others to perform, in the home you leased, and which you contend were Home Partners' (or Pathlight's) responsibility. Your completed Claim Form must be submitted under penalty of perjury with the required documentation postmarked by **October 27, 2025**, via U.S. mail or electronically through the Settlement Administrator's website: [www.HPASettlement.com](http://www.HPASettlement.com)

If more than one member of a Lease Household submits a Claim Form, the Settlement Administrator will review and determine the award for the Lease Household, and split any payment equally between the submitting Lease Household members.

**YOU MUST PROVIDE ALL OF THE REQUIRED (\*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT [WWW.HPASETTLEMENT.COM](http://WWW.HPASETTLEMENT.COM).**

**II. Identification or Change of Address**

First Name*		Middle Initial
Last Name*		Suffix
Current Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)*		
City*	State*	Zip Code*
Current Email Address*		
State the address you lived at while leasing from Defendants*		
List other persons who also signed the lease, or were listed as occupants or household members*		
You, along with these individuals (if any), are a "Lease Household"		
Current Phone Number		Settlement Claim ID*

Your Settlement Claim ID is printed on the notice you received by email or by mail. If you no longer have your notice, contact the Settlement Administrator at 1-866-952-4063.

### **III. Request for Direct Payment by Check**

If you are a Former Resident, you will have any payment you are eligible to receive sent to you by check at your current address listed above.

If you are a Current Resident, check this box if you would like a check payment sent directly to your current address listed above:

☐

As explained in the Notice, the Settlement Administrator may decline to issue a direct payment if you owe a balance to Home Partners. Any direct payments will be split equally between Lease Household members.

### **IV. Request Reimbursement for Out-of-Pocket Costs for Repairs\***

You may be eligible for additional payment if you paid for repairs or non-routine maintenance to the home you leased, which you contend were Home Partners or Pathlight's responsibility under the lease, or paid others to perform those repairs. You are not eligible for reimbursement if Home Partners (or Pathlight) previously reimbursed you for repairs, whether on your tenant ledger or through a separate agreement, such as a settlement or lease termination agreement. If you purchased the home from Home Partners, you are not eligible for reimbursement if you paid for any repairs, or hired others to do so, 90 days before you purchased the home.

If you were not previously reimbursed, describe in the greatest detail possible what repairs were performed, the dates they were performed, by whom, why you performed these repairs, and whether you requested that Home Partners or Pathlight first perform the repair:

I am filing a Request for Out-Of-Pocket Costs for Repairs for (you must select one):

☐

Individual (Claiming full amount for myself)

☐

Lease Household (Claimed amount to be split amongst household members)

Total Amount Claimed (\$)

                      
\$2,500.00 max.

Use a separate sheet if necessary. The Settlement Administrator may reject any Claims that do not have this information.

You must provide copies of receipts, invoices, and financial statements that clearly state the amount or nature of the expenditure, or similar documentation. "Self-prepared" documents, such as handwritten receipts or photographs, will not count as documentation, but may be submitted as clarification of other, official documentation.

### **V. Request Reimbursement for Time Spent Making Repairs\***

If you personally made a repair or performed non-routine home maintenance (for example, you repaired appliances or did your own plumbing or electrical work) that you contend was the responsibility of Home Partners under the lease, detail the work you performed below, including the date you performed the repair, and how long it took you to repair. Your time may be compensated in quarter-hour increments:

I spent a total of            hours making repairs.  
10 hr max.

Use a separate sheet if necessary. You do not need to submit additional documentation.

\*Reimbursements under Part IV and Part V may not exceed \$2,500.00 total payment (for both).

## **VI. Certification and Signature**

By submitting this Claim Form, I swear and affirm under penalty of perjury, that I am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments are true and correct. I understand that this claim may be subject to audit, verification and Court review, and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claims for payments under this Settlement are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

I also swear and affirm under penalty of perjury, that neither I nor any other member of my Lease Household previously received reimbursement from Home Partners or Pathlight for any of the repairs itemized with this Claim Form, and that we were not previously compensated through a court order or a settlement for any of the repairs itemized with this Claim Form.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**