

**EXHIBIT F**  
**PROOF OF CLAIM FORM AND INSTRUCTIONS**

**The Claims Administrator must receive this form no later than July 24th, 2026 for it to be considered.**

**CLAIM INFORMATION**

Claimant Name:		Phone Number:
Street Address:		Email Address:
City, State, Zip Code:		

Complete the form below by listing each month and year, from January 1, 2014 through June 11, 2025, during which you leased residential property at The Willows apartment complex. For each period, identify the unit number you occupied and indicate “Yes” or “No” to attest whether you experienced damages directly resulting from the living conditions at The Willows apartment complex, for example, water leaks, mold, rodent infestation, dilapidated and failing building structures, lack of maintenance, severe crime, lack of security, and lack of cleanliness.

<b>Month / Year Leased</b>	<b>Unit #</b>	<b>Attestation (Check One)</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Attestation Statement**

I attest that during the rental period(s) listed above, I experienced damages due to living conditions that included one or more of the following: water leaks, mold, rodent infestation, dilapidated and failing building structures, lack of maintenance, severe crime, lack of security, and/or lack of cleanliness.

I declare under penalty of perjury the foregoing is true and correct to the best of my recollection and knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

If you have any questions about this form or the Settlement, please contact the Claims Administrator at:

Claims Administrator

**Jacob D. Young,**  
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Herman & Young  
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New Orleans, LA 70163  
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You may also contact Class Counsel at:

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**Please do not contact Defendants, the Court, or the Court Clerk's  
Office about the Settlement.**