CHINESE DRYWALL SETTLEMENT PROGRAM

MDL 2047

Chinese Drywall Settlement Program **Tenant Losses Affidavit**

Pursuant to the Court Approved Settlement Agreement regarding Other Loss Fund Benefits, a Tenant filing for personal property damage and moving expenses (if displaced by remediation) must submit an affidavit in support of the claim. The Settlement Administrator may consider this Affidavit in making a determination of eligibility, but the submission of this Affidavit does not constitute conclusive proof of the facts stated herein. This Affidavit will not be considered unless it is personally signed by the claimant. To submit this Affidavit, upload it directly to the Chinese Drywall Settlement Portal at https://www3.browngreer.com/drywall. If you intend to use this Affidavit to provide information about multiple properties, attach a list of properties as a separate sheet and upload it directly to the Chinese Drywall Settlement Portal for each Affected Property to which the Affidavit applies. You may also attach additional sheets if you wish to provide additional information about your Affected Property. If you cannot upload this Affidavit to the Chinese Drywall Settlement Portal, email it to CDWQuestions@browngreer.com, or send by U.S. Mail to:

Chinese Drywall Settlement Administrator

P.O. Box 25401 Richmond, Virginia 23260						
A. Claimant Information						
1. Name:	Last Name	First Name			Middle Initial	
2. Chinese Drywall Settlement Program Claimant ID Number:		 				
3. Social Security Number <i>or</i> Individual Taxpayer Identification Number:		SSN or ITIN		-	-	
4. Affected Property I dentification Number:						
5. Affected	Street					
Property Address:	City	State			Zip Code	
6. All documents submitted in support of my claim for Tenant Losses are true, accurate, and complete.			☐ Yes			
B. Certification						
I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that I have read and reviewed the Chinese Drywall Settlement Program Tenant Losses Claim Form, and evidence submitted in support of this claim and certify under penalty of perjury that all information contained therein is true, accurate, and complete to the best of my knowledge. I understand that false statements or claims made in connection with this Affidavit and my claim may result in fines, imprisonment, and/or any other remedy available by law. I certify that I have made a good faith effort to obtain documentary evidence in support of my claim, and that if I obtain documentary evidence after I submit this Affidavit I will provide this evidence to the Settlement Administrator as soon as practicable, but no later than any other relevant deadlines set by the Settlement Administrator.						
C. Signature						
Claimant Signature:				Date: _	/ / / (Month/Day/Year)	
Name:	Last Name	_	First Name		Middle Initial	