

SHA Data Settlement
P.O. Box 1068
Baton Rouge, LA 70821

**Your Claim Form
must be postmarked or
submitted online no
later than
November 19, 2025**

Lewis et al. v. Seattle Housing Authority, Case No. 24-2-16171-6 SEA
CLAIM FORM

You are a member of the Settlement Class and eligible to submit a Claim Form if:

You are a U.S. resident whose Personal Information was accessed and/or acquired in the Data Security Incident that occurred in or about October 2023 (“Data Breach”), as identified in the Settlement Class List to be provided by Defendant, which Defendant estimates to be approximately 72,000 individuals.

The easiest way to submit a claim is online at: www.SeattleHADataIncident.com, or you can complete and mail this claim form to the mailing address above.

SETTLEMENT BENEFITS – WHAT YOU MAY GET

You may submit a claim for one or more of these benefits:

(1) Reimbursement for Out-of-Pocket Losses. Settlement Class Members are eligible to receive reimbursement for the following documented out-of-pocket losses, if not already reimbursed through any other source, and which are fairly traceable to the Data Breach, **not to exceed \$5,000.00 per Settlement Class Member:**

- (i) unreimbursed losses relating to fraud or identity theft;
- (ii) professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services;
- (iii) costs associated with freezing or unfreezing credit with any credit reporting agency after August 9, 2023;
- (iv) credit monitoring costs that were incurred on or after the Incident through the date of claim submission; and
- (v) miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

Settlement Class Members must submit documentation supporting their expense reimbursement claims. This can include receipts or other documentation not “self-prepared” by the claimant that document the costs incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation.

(2) Reimbursement for Attested Time. Settlement Class Members are eligible to submit claims for reimbursement for Attested Time up to four (4) hours compensated at the rate of \$25 per hour, for a maximum amount of \$100. A brief description (“attestation”) of the actions taken in response to the Data Breach and the time associated with each action is required.

(3) Alternative Cash Payment. Instead of Out-of-Pocket Losses and Attested Time reimbursement, Settlement Class Members can elect to make a claim for a cash payment for a maximum amount of \$100. No documentation is required to make this claim. The amount of the cash award will be increased or decreased on a *pro rata* basis, depending upon the number of valid claims filed and the amount of funds available for these payments.

**Claims must be submitted online or mailed by November 19, 2025.
Use the address at the top of this form to mail your Claim Form.**

QUESTIONS? VISIT WWW.SEATTLEHADATAINCIDENT.COM OR CALL TOLL-FREE 1-844-405-6502

YOUR INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this Claim Form.

<input type="text"/>	<input type="text"/>	
First Name	Last Name	
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Telephone Number	Claim ID, if known

REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

- ☐ Check this box if you are requesting compensation for **Reimbursement for Out-of-Pocket Losses** up to a total of \$5,000.00.

You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.

Complete the chart below describing the supporting documentation you are submitting.

Description of Documentation Provided	Amount	Date
Example: Receipt for credit repair services	\$100	MM/DD/YYYY
TOTAL AMOUNT CLAIMED:		

- ☐ You must check this box to attest that the out-of-pocket expenses and charges you listed above actually occurred and arose from the Data Breach.

REIMBURSEMENT FOR LOST TIME (“ATTESTED TIME”)

Eligible individuals can claim up to four (4) hours of lost time at a rate of \$25 per hour, for a maximum reimbursement of \$100. To qualify, claimants must provide a brief attestation describing the nature of the time spent and confirm that it was reasonably incurred as a result of the Data Incident. No additional documentation is required for this benefit beyond the attestation.

Hours claimed (up to 4) ☐ 1 Hour (\$25) ☐ 2 Hours (\$50) ☐ 3 Hours (\$75) ☐ 4 Hours (\$100)

QUESTIONS? VISIT WWW.SEATTLEHADATAINCIDENT.COM OR CALL TOLL-FREE 1-844-405-6502

Attestation: _____

ALTERNATIVE CASH PAYMENT

☐ Check this box if you wish to receive an Alternative Compensation Cash Payment.

Payments may be made by electronic payment or by paper check. In the event that the total amount of Valid Claims exhausts the amount of the Settlement Fund, the amount of the Alternative Cash Payment may be reduced *pro rata* accordingly (after payment of all approved Out-of-Pocket Loss Claims, Attested Time, Settlement Administration Costs, Service Awards, and Plaintiffs' Counsel's Fees and Expenses).

PAYMENT SELECTION

Please select **one** of the following payment options:

☐ **PayPal** - Enter your PayPal email address: _____

☐ **Venmo** - Enter the mobile number associated with your Venmo account: ____ - ____ - ____

☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: ____ - ____ - ____ or Email Address: _____

☐ **Physical Check** - Payment will be mailed to the address provided on this form.

ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date