

THIS IS NOT A CLAIM FORM.

HHDC UNEQUAL DISTRIBUTION FORM FOR CO-TENANTS

Do you need to submit an Unequal Distribution Form?

- **NO**, if you are the only occupant of your unit or if you and your Co-tenants would like to equally share your Tenancy's Individual Settlement Payment.
- **YES**, if you and your Co-tenants want payments to be distributed unequally amongst yourselves.

How do you complete this form?

1. Have each Co-tenant complete a row in the table below,
2. Double check that the sum of all Co-tenants' % of Individual Settlement Payments add up to 100%
3. Have each Co-tenant sign this form in front of a notary; and
4. Submit this form along with all applicable claim forms to the Claims Administrator.

This form will only be accepted if it is signed by all Co-tenants, notarized, and returned to the address below so that it is Postmarked on or before JUNE 3, 2021.

Mail to: HHDC Claims Administrator
 c/o The Notice Company
 P.O. Box 455
 Hingham, MA 02043

Your HHDC Address and Unit # in Chicago, IL: _____

Full Name of Each Co-tenant (Print)	Current Tenant (CT) or Former Tenant (FT)	% of Individual Settlement Payment To Be Distributed To Each Class Co-tenant (Must Sum to 100%)	Current Mailing Address (Street Address, Unit #, City, State, Zip Code)	Signature of Each Co-tenant
1.		_____ %		
2.		_____ %		
3.		_____ %		
4.		_____ %		
TOTAL	xxxxxxx	100%	xxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxx

VERIFICATION

State of Illinois
 County of _____

Signed and sworn (or affirmed) to before me on _____ (Insert Date), by each person listed above, who affirmed that he or she requests the settlement distribution stated above.

 Signature of Notary Public (Seal) My Commission Expires: _____

ONLY COMPLETED FORMS THAT ARE SIGNED AND NOTARIZED WILL BE ACCEPTED FOR UNEQUAL DISTRIBUTION