PROPERTY ASSESSED CLEAN ENERGY ("PACE") CLASS ACTION

Please fill out one Claim Form for **each** PACE lien you entered and return by **June 13, 2024**. To file online or get another copy of this Claim Form, please visit www.PACELASettlement.com. Submitting a Claim Form does not guarantee that you will receive benefits.

Na	me:			
First		MI	Last	
DC	OB (MM/DD/YYYY):	_ Phone Number	:	
Cu	rrent Mailing Address:			
	Street			
Cit	у		State	ZIP
Ad	dress Associated with PACE Lien:			
	Street			
City	,		State	ZIP
1.	Are you fluent in written and spoken English? Did you receive your PACE assessment documents only in English?			
2.	What date did you enter into your PACE assessment contract?			
3.	How many individuals were in your household at the time you entered into your PACE assessment contract?			
4.	(Using gross numbers, before taxes and other deductions, please include your income and the income of any other person on the title to the home.) \$			
5.	What was your household debt on a monthly basis at the time you entered into your PACE assessment contract? (Please include your debt and the debt of any other person on the title to the home including your monthly mortgage payment(s), any additional taxes and insurance, your previous monthly property taxes (1/12th of annual cost), the monthly cost of home insurance (1/12th annual cost), credit card balance payment(s) (the minimum monthly payment), child/marital support payment, any payday/title loan payment(s), student loan payment(s), car payment(s), previous PACE lien(s), and any other debt.) \$			
6.	How much compensation have you received , if any, for your PACE lien previously? (This may include payments received from, for example, other settlements or the Solar Restitution Fund.) \$			
7.	If eligible for funds, how do you wish to be paid? ☐ Check ☐ Venmo ☐ Zelle ☐ PayPal			
	E-mail associated with Venmo/Zelle/PayPal:			
	Phone Number associated with Venmo/Zelle:			
pro fin	r your protection, California law requires the fol esents a false or fraudulent reimbursement for the es and confinement in state prison.	e payment of a	loss is guilty	of a crime and may be subject to
CL	FFIRM THAT I HAVE PROVIDED TRUE AND ACCU AIM IS SUBJECT TO REVIEW AND VERIFICATI QUEST THAT I SUBMIT ADDITIONAL INFORMATION	ON, AND THAT	THE SETTI	LEMENT ADMINISTRATOR MAY
Sig	nature		Date	

When you have completed this Claim Form, please mail it to PACE L.A. Settlement, c/o JND Legal Administration, PO Box 91201, Seattle WA 98111 or submit this form online at www.PACELASettlement.com. Questions? Visit www.PACELASettlement.com

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