

**FOR OFFICIAL USE ONLY**



**CLAIM FORM**

*Florida Office of the Attorney General v. KB Home*

**MUST BE POSTMARKED**

**BY**

**August 10, 2017**

**DEADLINE FOR SUBMISSION**

Your completed Claim Form(s) must be sent by First-Class Mail, postage prepaid, addressed to the Claims Administrator:

**KB HOME Settlement  
c/o A.B. Data, Ltd.  
PO Box 170500  
Milwaukee, WI 53217-8091**

All Claim Forms must be postmarked no later than **August 10, 2017**.

**INSTRUCTIONS**

To be eligible to receive a payment, the following criteria must be met:

- A. You must be a current or former owner of a home that was built by KB HOME in Florida from April 17, 2005 to the date of Final Judgment.
- B. You must have an out-of-pocket expense that is causally related to construction defects or repairs by KB HOME. An expense is considered “causally related” if:
  - 1. The expense is a direct result of a construction defect in a home built by KB HOME; or
  - 2. The expense is a direct result of a repair of your home by KB HOME or by one of KB HOME’s contractors.
- C. The expense must have been incurred before the date of the Stipulated Consent Decree and Final Judgment (“Stipulated Judgment”) entered against KB HOME in the action filed by the Office of the Attorney General, State of Florida.
- D. You must present proof of out-of-pocket expense to claims administrator.
- E. The expense must not have been previously reimbursed.
- F. The expense is limited to property loss claims only. Claims for losses such as lost wages, emotional distress, loss of equity, etc. will not be allowed.

Receipts, cancelled checks, or credit card statements must be submitted to the claims administrator in connection with the claim as evidence of payment. Allowed claims will be paid at the conclusion of the claims process August 10, 2017. The amount a claimant will receive is dependent upon the total amount of the claims.

**YOU ARE REQUIRED TO PROVIDE ALL INFORMATION AND TO SIGN AND DATE THIS CLAIM FORM.**

**YOU MUST ATTACH DOCUMENTATION SUCH AS RECEIPTS, REPAIR RECORDS, AND/OR PHOTOGRAPHS EVIDENCING YOUR EXPENSE.**

**PART I: CLAIMANT INFORMATION**

Name of Person/Entity Making Claim (If entity, state legal name and any names under which business is done):

|  |
|--|
|  |
|--|

If Claimant is an Entity, Name and Title of Person filing claim on behalf of the Entity:

|  |
|--|
|  |
|--|

Current Street Address:

|  |
|--|
|  |
|--|

City:

|  |
|--|
|  |
|--|

State:

|  |
|--|
|  |
|--|

Zip Code:

|  |  |
|--|--|
|  |  |
|--|--|

Date of Purchase of KB built home:

|  |   |  |   |  |
|--|---|--|---|--|
|  | / |  | / |  |
|--|---|--|---|--|

Street Address of KB built home:

|  |
|--|
|  |
|--|

City:

|  |
|--|
|  |
|--|

State:

|  |
|--|
|  |
|--|

Zip Code:

|  |  |
|--|--|
|  |  |
|--|--|

Date of

|  |   |  |   |  |
|--|---|--|---|--|
|  | / |  | / |  |
|--|---|--|---|--|

Describe Expense and how you believe it is a direct result of a construction defect in a home built by KB HOME or the direct result of a repair of your home by KB HOME or by one of KB HOME's contractors. You may attach additional sheets if necessary:

|  |
|--|
|  |
|--|

Total Claim Amount:

|  |
|--|
|  |
|--|

**PART II: CERTIFICATION**

**BY EXECUTING THIS CLAIM FORM, YOU ARE VERIFYING THE FOLLOWING FACTS UNDER PENALTY OF PERJURY:**

- The undersigned reasonably believes that he or she, or the person or entity on whose behalf he or she is acting as an authorized representative, is entitled to relief under the proposed settlement.
- No rights or claims asserted by the Claim Form have been otherwise resolved.
- The information supplied by you in this Claim Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Title (if applicable)

Return Claim Form to:

**KB HOME Settlement  
c/o A.B. Data, Ltd.  
PO Box 170500  
Milwaukee, WI 53217-8091**