

UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT

THOMAS MATYASOVSKY, LINDA DEDRICK :
JOSEPH PELLECHIO, SANDRA PELLECHIO, :
KENNETH GIHON, JOHN NELSON, JR., on behalf : CASE NO.
of themselves and all other similarly situated, : 3:03 CV 968 (WIG)
Plaintiffs, :
 :
v. :
 :
HOUSING AUTHORITY OF THE CITY OF :October 17, 2007
BRIDGEPORT, COLLIN VICE, JUDITH GROF- :
TISZA, and JONAS DE GUZMAN :
Defendants. :

CLAIM FORM AND INSTRUCTIONS

DEADLINE FOR FILING CLAIM FORM IS FEBRUARY 15, 2008.

IMPORTANT NOTICE - PLEASE READ CAREFULLY

(Para obtener informacion en espanol, llame sin cargo al 203-384-1245)

TO: ALL PERSONS WITH DISABILITIES WHO WERE UNDER THE AGE OF 62 YEARS WHEN THEY: 1) APPLIED FOR A ONE-BEDROOM UNIT OF PUBLIC HOUSING WITH THE BHA AND WERE NOT ASSIGNED A UNIT AT THE FIRESIDE APARTMENT COMPLEX; OR 2) INQUIRED ABOUT A UNIT AT THE FIRESIDE APARTMENT COMPLEX; OR 3) AS BHA RESIDENTS, SOUGHT TO TRANSFER TO A UNIT AT THE FIRESIDE APARTMENT COMPLEX; AND WHO WERE SUBJECTED TO THE ALLEGEDLY DISCRIMINATORY POLICIES AND PRACTICES OF THE BHA ON THE BASIS OF THEIR DISABILITIES AFTER OCTOBER 19, 1999.

THIS NOTICE GIVES YOU INFORMATION ABOUT A CLASS ACTION

SETTLEMENT AND HOW YOU CAN SUBMIT A CLAIM FOR A MONETARY AWARD FROM THE CLASS SETTLEMENT FUND.

On October 11, 2007, the United States District Court for the District of Connecticut gave preliminary approval to the settlement of this class action pursuant to a Consent Decree, the terms of which are summarized in the Notice of Proposed Settlement of Class Action that is enclosed with this Claim Form and Instructions. A copy of the complete Consent Decree can be reviewed by contacting the following: Law Office of Alan Rosner, 1115 Main Street, Suite 415, Bridgeport, CT 06604 (Phone 203-384-1245); Connecticut Legal Services, 211 State Street, Bridgeport, CT 06604; BHA offices at 150 Highland Avenue, Bridgeport, CT 06604 and the Resident Selection office located at 505 Trumbull Ave. Bridgeport, CT 06606. A summary of the terms of the Consent Decree is posted on the BHA internet website, www.Bridgeporthousing.org.

If you or a member of your household were under the age of 62 years and disabled when you applied for a one-bedroom unit of public housing with the BHA, after October 19, 1999 and were not assigned a unit at the Fireside Apartment Complex, or if you inquired about a one-bedroom unit of public housing at the Fireside apartment Complex, after October 19, 1999, you may be a "Class Member." If you were a BHA tenant who was disabled and under the age of 62 years and sought a transfer to a one-bedroom unit at the Fireside Apartment Complex after October 19, 1999 and were not granted a transfer or were told you were not eligible for such a transfer because of your age, you may also be a "Class Member."

IMPORTANT: Class Members must submit a Claim Form to be eligible to receive a payment from the Class Settlement Fund. The following are directions on how to complete and file your Claim. THE DEADLINE FOR FILING A CLAIM FORM IS FEBRUARY 15, 2008.

ANY POTENTIAL CLASS MEMBER WHO FAILS TO SUBMIT A VALID CLAIM FORM BY SUCH DATE SHALL BE FOREVER BARRED FROM RECEIVING ANY PORTION OF THE MONETARY SETTLEMENT.

1. HOW DO I PROVE THAT I AM A CLASS MEMBER?

SECTION A: Proof of Disability

Potential Class Members must establish that they were disabled on the date applicable to the category to which they are a member, as follows: 1) at the time they inquired about public housing at the Fireside Apartments and were misinformed about the availability of such housing; 2) at the time they filed their Pre-application for Public Housing with the BHA or at any time before the date they were assigned a unit of public housing with the BHA, or before the date their Pre-application or Application was purged or Withdrawn; or 3) on or before the date they requested a transfer to the Fireside.

Class Members may establish their disability status by providing evidence that they received Social Security or SSI benefits on the date applicable to the category to which they are a member. Class Members who did not receive Social Security or SSI benefits on the applicable date, may establish their disability status by delivering to the Plaintiffs' Counsel a fully-completed Disability Verification Form, completed by a qualified medical professional having knowledge of the person's disability (not necessarily a physician) who has verified the Class Member's disability status on the applicable date.

IMPORTANT: Disability Verification Forms must be received by the Claims Administrator or Plaintiffs' Counsel no later than thirty (30) days after the Claim Deadline set forth above. Class Members who fail to submit a valid Disability Verification Form by such date shall be forever barred from receiving any portion of the Monetary Settlement.

SECTION B: Proof of Membership in a Class Sub-category

You will be asked for information on the Claims Form (Section 3) that will be used to establish your status as a member of one of the categories of the Class of persons entitled to payment under the Consent Decree.

2. HOW DO I MAKE A CLAIM?

A Claim Form is attached to this notice. In order to obtain payment from the

Class Settlement Fund, you must complete the Claim Form and return it to the law office of Alan Rosner, Esq., 1115 Main Street, Suite 415, Bridgeport, Connecticut 06604. You must submit your completed Claim Form either by hand delivering it or by mailing it. The Claim Form must be either postmarked or hand delivered no later than **FEBRUARY 15, 2008**.

ANY POTENTIAL CLASS MEMBER WHO FAILS TO SUBMIT A VALID CLAIM FORM BY SUCH DATE SHALL BE FOREVER BARRED FROM RECEIVING ANY PORTION OF THE MONETARY SETTLEMENT.

DO NOT mail or hand deliver the Claim Form to the defendant Bridgeport Housing Authority or to the Clerk of the Court.

You must sign and date your Claim Form under penalty of perjury, and have your signature notarized. You must provide your Social Security Number for your Claim Form to be considered. Please print legibly or type your Claim Form. Fill the form out as completely as you can to the best of your ability using information in your possession.

You may be asked by Class Counsel to provide additional information regarding your Claim Form at a later time. **If you do not respond to Class Counsel's request, your claim may be denied.**

If you would like further information regarding the settlement generally or need assistance in completing your Claim Form, you may consult with Class Counsel and/or a Claims Administrator assisting Class Counsel, by calling Attorney Alan Rosner at (203) 384-1245 or by calling Attorney Lori Welch-Rubin at (203) 772-6680.

3. WHAT IF THE ELIGIBLE CLASS MEMBER IS UNABLE TO FILE A CLAIM FOR REASONS RELATED TO HEALTH

Some persons eligible to receive a payment under the settlement agreement may

be unable to file a Claim Form due to their disability. Other eligible persons may have died, or there may be other reasons why an eligible person is incapable of filing. In these cases, a guardian, conservator, administrator (of an estate), an executrix or executor of a will, a person with power of attorney, or other legal representative may be able to file a Claim Form on behalf of the eligible person. Claimants submitting Claim Forms on behalf of deceased or incompetent Class Members must provide documentation establishing their capacity to act on behalf of the deceased or incompetent Class Member. (e.g. Probate Court order appointing the Claimant as conservator of the person or administrator of the estate of the Class Member, etc.)

4. HOW MUCH MONEY WILL I RECEIVE?

Each eligible Class Member will receive a payment based on the particular category they are in. **The amounts to be received by members of each category are set forth in Paragraph 82 of the Consent Decree.** If the amount of money due to eligible Class Members exceeds the amount of the Class Settlement Fund, then each Authorized Claimant shall receive a portion of the Pro Rata Share according to the category to which he or she belongs.

5. WHEN WILL ELIGIBLE CLASS MEMBERS GET PAID?

The Deadline for filing Claims Forms is **FEBRUARY 15, 2008**. Once all Claim Forms are received, the Plaintiffs' Attorneys, with the assistance of a Claims Administrator, will review the forms to ensure that persons filing claims are eligible to receive a money award. If you are determined to be ineligible, you will be provided with a written notice that includes an explanation of how you may challenge the determination. Once these challenges have been decided, the Plaintiffs' Counsel will seek permission from the Court to issue payments to eligible persons.

6. WHAT IF I HAVE QUESTIONS?

If you have any questions or need help filling out your Claim Form, please call the office of Class Counsel:

Alan Rosner, Esq.
1115 Main Street, Suite 415
Bridgeport, CT 06604

(203) 384-1245
Fax (203) 384-1246

7. YOUR CORRECT ADDRESS

If you move after submitting a Claim Form, you should immediately send a letter with your new address to Attorney Alan Rosner.

**DEADLINE FOR SUBMITTING CLAIM FORM:
February 15, 2008**

CLAIM FORM

Section 1: Class Member Background

1. NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

PHONE NUMBER: _____

2. If your name has changed or you have been known by more than one name, please state the names by which you have been known: _____

3. SOCIAL SECURITY NUMBER: ____ - ____ - _____

4. DATE OF BIRTH: _____
(Month) (Day) (Year)

5. Please indicate whether the person who is completing this Claim Form is the (check one):

_____ Class Member

_____ Surviving Spouse

_____ Other (please specify e.g. conservator or guardian of an incompetent class member or the executor or administrator of the estate of a deceased class member, etc.): _____

6. If you are not the Class Member, please list your name, address and phone number

here: _____

7. CLASS MEMBER'S DATE OF DEATH (if applicable):

(Month) (Day) (Year)

8. If you are not the Class Member and are submitting this Claim Form as a representative of an incompetent Class Member or the estate of a deceased Class Member, please state the following:

a. Your representative capacity (e.g. conservator, executor, etc.)

b. The name and address of the Court appointing you as representative;

c. The docket or file number of the case in which you were appointed as representative;

d. The date you were appointed as representative.

IF YOU ARE NOT THE CLASS MEMBER, YOU MUST ATTACH DOCUMENTATION ESTABLISHING YOUR CAPACITY TO ACT ON THE DECEASED OR INCOMPETENT CLASS MEMBER'S BEHALF.

Section 2: Proof of Disability

9. Were you less than sixty two (62) years of age on the date you inquired about housing at the Fireside, applied for a one-bedroom unit of public housing, or sought an apartment transfer to the Fireside Apartments?

Circle: YES NO

10. Did you receive Social Security or SSI benefits when you inquired about housing at the Fireside, applied for a one bedroom unit of public housing, or sought transfer to the Fireside Apartment complex?

Circle: YES NO

If you circled “YES” above, attach to your Claim Form any award letters, notices, favorable decisions from an administrative judge or any other documents that prove you receive such benefits. If you cannot provide such documentation in time to file this Claim Form before the deadline, **file the Claim Form in a timely manner and submit the documentation as soon afterwards as possible.** The documentation must be received no later than **FEBRUARY 15, 2008** in order for your claim to be considered. If you do not have the documentation in your possession, you should contact the Social Security Administration immediately and request a copy of an award letter or other similar document verifying your receipt of benefits. If you are a current tenant of the BHA, this information may be in your BHA tenant file. Any potential Class Member who fails to submit documentation establishing their disability status by the date set forth above shall be forever barred from receiving any portion of the Monetary Settlement.

11. If you did not receive either Social Security or SSI disability benefits, you may prove that you were disabled at the time you inquired about, applied for, or sought a transfer to a unit of public housing at the Fireside Apartment complex by having a qualified medical professional with knowledge of the person’s disability (not necessarily a physician, for example, it may be a nurse, physician’s assistant, or physical therapist who has provided treatment to you) verify your “disabled” status by completing a Disability Verification Form, which is enclosed with this Claim Form. If you cannot have the Disability

Verification Form completed before the deadline for filing this Claim Form, **file the Claim Form in a timely manner and submit the Disability Verification Form as soon thereafter as possible.** If you or the Qualified Professional loses or misplaces the Disability Verification Form, you may contact Class Counsel to obtain another copy. Completed Disability Verifications Forms must be received by Plaintiffs' Counsel or the Claims Administrator no later than thirty (30) days following the deadline for submitting Claim Forms set forth above. Any potential Class Member who fails to submit a valid Disability Verification Form by such date shall be forever barred from receiving any portion of the Monetary Settlement.

Section 3: Proof of Membership in Class Sub-category

(A) Misinformed Prospective Applicants:

(i) Did you inquire about housing at the Fireside Apartment Complex after October 19, 1999?

Circle: YES NO

(ii) Did you decide not to apply for public housing with the Bridgeport Housing Authority after having been misinformed by an employee of the BHA, either orally or in writing, that you were not eligible for an apartment at the Fireside Apartments complex because you were not 62 years of age, or an "elderly" applicant or words with a similar meaning indicating that you were not old enough to live there?

Circle: YES NO

(ii) If so, describe the details of such oral or written communication. Please state where possible the name or title or position of the person misinforming you, the place such statement was made, the date or approximate time the misinformation was given to you, and the words used by the person making the statement.

(B) Applicants 50 years of age and over:

(i) Did you file a Pre-application for a one bedroom unit of public housing with the Bridgeport Housing Authority after October 19, 1999?

Circle: YES NO

(ii) If you did, were you between the ages of 50 and 61 at the time your Pre-application was filed with the Bridgeport Housing Authority?

Circle: YES NO

(iii) Did you lease a one bedroom unit of public housing with the Bridgeport Housing Authority at a complex other than the Fireside Apartment complex at any time between October 19, 1999 and September 1, 2005?

Circle: YES NO

(C) Applicants under 50 years of age:

(i) Did you submit a Pre-application for a one bedroom unit of public housing with the Bridgeport Housing Authority after October 19, 1999?

Circle: YES NO

(ii) If you did, were you less than 50 years old at the time you submitted your Pre-application with the Bridgeport Housing Authority?

Circle: YES NO

(iii) Did the Bridgeport Housing Authority offer you housing at a complex other than the Fireside Apartments at any time between October 19, 1999 and September 1, 2005.

Circle: YES NO

(D) Applicants currently on the BHA Public Housing Waiting List

(i) Did you submit a Pre-application for a one-bedroom public housing apartment with the BHA before September 1, 2005?

Circle: YES NO

(ii) Are you currently on the BHA waiting list?

Circle: YES NO

(E) Applicants purged from the waiting list or otherwise not offered housing:

(i) Did you submit a Pre-application for a public housing apartment with the Bridgeport Housing Authority between October 19, 1999 and September 1, 2005?

Circle: YES NO

(ii) Was your Pre-application either purged or withdrawn from the Bridgeport Housing Authority public housing waiting list? (If you never received an offer of housing or did not receive any word about the status of your application, you may contact Class Counsel for assistance in determining if your application was purged or withdrawn).

Circle: YES NO

(iii) were you determined to be ineligible for admissions to public housing because of a conviction for a criminal offense?

Circle: YES NO

(iv) if you answered “YES” above, were you convicted of: 1) any sexual offense that subjects you to lifetime registration requirements; or 2) conviction of criminal activity related to the production or manufacturing of methamphetamine; or 3) within three years prior to the date of the filing of your Pre-application of any felony or misdemeanor offense involving physical violence to persons or property, including, but not limited to: assault, burglary, larceny, or breaking and entering, possession, distribution, use or sale of narcotics, illegal possession of dangerous weapons, rape, prostitution, or fraud?

Circle: YES NO

(F) Requests to transfer to an apartment at the Fireside Apartment complex:

(i) Did you occupy a Bridgeport Housing Authority apartment at any time after October 19, 1999?

Circle: YES NO

(ii) Did you decide not to apply for a transfer to the Fireside Apartment complex because you were misinformed that Fireside was reserved for the elderly and/or that you were not old enough to seek a transfer to Fireside?

Circle: YES NO

(iii) Were you discouraged from seeking a transfer to Fireside or denied a transfer to Fireside either orally or in writing?

Circle: YES NO

(iv) If the answer to either question (ii) or (iii) was yes, please state the details of such oral or written communication. If possible, please state the name or title or position of the person making the communication, the approximate date of the communication, and the content of the communication.

SWORN DECLARATION AND RELEASE

I recognize that by signing this form I am declaring under penalty of perjury that all of the information I have stated above is true and correct to the best of my knowledge.

I consent and agree to provide any information necessary to complete the investigation and evaluation of my claim to Class Counsel or any employee of Class Counsel.

I acknowledge and agree that I submit to the jurisdiction of the United States District Court and understand that, by filing this Claim Form, I am fully, finally and forever settling, releasing, relinquishing, waiving and discharging any and all claims I may have as a Class Member against the Defendants and the Released parties. The scope and terms of this Release are described more fully in the attached schedule 'A' the terms of which are incorporated by reference herein and made a part of this Release. **I have read the terms or have had them explained to me and I understand and agree to the terms of this Release.**

I understand that I must keep Class Counsel informed as to any change in my home address and telephone number in order to assist in the processing of my Claim Form. If I do not do so, I understand that I may not receive any award to which I might otherwise be entitled.

(Sign here)

Date

(Print Name here)

Sworn and subscribed to before me this _____ day of _____, 200__.

Notary Public/
Commissioner of the Superior Court

SCHEDULE A

RELEASE

I understand that by submitting this Claim Form I am making a claim for a money award which may or may not be approved. I understand that upon approval of the Consent Decree by the Court, and such approval becoming final, each plaintiff and each Class Member will be bound by the terms of the Consent Decree and that each plaintiff and each Class Member shall be conclusively deemed to have:

- a. fully, finally and forever settled, released, relinquished, waived and discharged the Defendants and the Released Parties from all Settled Claims arising out of or in connection with the institution, prosecution or assertion of the Complaints or any of the Settled Claims;
- b. agreed not to sue the Defendants or the Released Parties in any action or proceeding alleging any of the Settled Claims; and
- c. been enjoined or prohibited from making or asserting any of the Settled Claims against any of the Defendants or the Released Parties in any action or proceeding alleging any of the Settled Claims, even if I hereafter discover facts in addition to or different from those which I know or believe to be true with respect to this action and the Settled Claims.

I agree to the terms of this Release even if I do not receive a money award.