West Virginia Water Contamination Settlement

Sworn Verification of Residence

Instructions for Claimant:

Part 1: To be completed by the Claimant:

- To be eligible for a payment for a Residential Household Claim, Medical Claim or Pregnancy Claim you must have been a resident at an Eligible Residential Location as of January 9, 2014.
- If you did not receive water bills in your name, you must provide proof of your residence at the address you have listed.
- If you do not intend to file a Residential Claim Form and did not receive water bills in your name, you must provide proof of your residence at the address you have listed.
- One of the ways you can show proof of residence is to submit this sworn statement from someone
 who does not live with you, that shows you lived at this residence during the period including
 January 9, 2014.

If you have questions about this form, contact the Settlement Administrator for assistance by calling 1-855-829-8121 or submit a question at www.wvwaterclaims.com

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|--|-----------------|
| Claimant's Name: | |
| Claimant's Address on January 9, 2014: | |
| | |
| | |
| Claimant's Current Address: | |
| Ciamant o Carrent Address. | |
| Look 4 Digita of Claimant's CCNI | |
| Last 4 Digits of Claimant's SSN: | |
| Part 2: To be completed by Individual Verify | ring Residence: |
| Name: | |
| Current Address: | |
| | |
| Owner of Disease Newsland | |
| Current Phone Number: | |

| | ived at the address listed in Part 1 on January 9, 2014. on you know the Claimant's address on January 9, 2014. | |
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| By signing this Form, I hereby certify under correct. | er penalty of perjury that the foregoing is true and | |
| Signature | Date | |