

Defective Drywall Task Force: Virginia Homeowner Information Sheet

1. Last Name:	First Name:	Middle Initial:
2. Home Telephone:	Work Telephone:	Cell:
3. Home Address (home with defective Chinese drywall):		
Street: _____		
City:	State:	Zip:
4. Current Address (if different from # 3)		
Street: _____		
City:	State:	Zip:
5. Date on which you moved into your home with defective Chinese drywall:		

6. What is the name of the contractor who constructed your home? If you know, what is the name of your contractor's drywall subcontractor?

7. Please describe any health issues you or other family members have experienced which you believe relate to having defective Chinese Drywall installed in your home:

8. Do health issues resolve after leaving your residence?

9. If yes, how long does it usually take for health issues to resolve after leaving your residence?

10. If you are not currently living in the home with defective Chinese drywall, and if you own the home with defective Chinese drywall, please answer the following questions:

a. What date did you move out of your home? _____

b. Did you receive a forbearance, mortgage loan modification or other relief from your mortgage lender or servicer? If so, please describe briefly the terms of the relief provided. _____

c. What is your current living situation (e.g., are you renting?/did you purchase another home?)? Please describe. _____

11. Is there any other information relating to this situation that you would like to share?

PLEASE RETURN COMPLETED FORM TO FOLLOWING ADDRESS:

**Office of Attorney General
Antitrust and Consumer Litigation Section
900 East Main Street
Richmond, Virginia 23219
Attn: AAG Mark S. Kubiak**