



Sasol Renters Benefits Request Form

I (We), the undersigned, affirm that I (we) am (are) the Tenant(s) as of July 12, 2013 for the Rental Property located at: _____, LA

and request the Program Benefits be paid to me (us) when a all the conditions of a release agreement between Sasol and me (us) have been fulfilled to the satisfaction of Sasol. I (we) understand that the Program Benefits will be reported to the Internal Revenue Service as miscellaneous income on form IRS 1099 and I (we) further understand that I (we) must release Sasol from any and all past or present property or occupancy claims against Sasol to be eligible to receive these Program Benefits.

In the event I (we) purchase a residence outside the Program Area I(we) request that the eligible Closing Cost Allowance be paid to the closing agent for the residence I(we) purchased.

Attached is a lease or other verifiable data indicating that I (we) am (are) the Tenant as of July 12, 2013 in accordance with the requirements of the Program.

Printed Name

Printed Name

SS# _____

SS# _____

Date: _____

Date: _____