



**DOUGLAS A. DUCEY**  
GOVERNOR

**STATE OF ARIZONA**  
ARIZONA DEPARTMENT OF VETERANS' SERVICES  
OFFICE OF THE DIRECTOR  
3839 N THIRD STREET  
PHOENIX, AZ 85012  
Tel 602.255.3373 ♦ Fax 602.255.1038  
www.azdvs.gov



**WANDA A. WRIGHT**  
DIRECTOR

**NOTICE AND AMENDED AGENDA  
OF MEETING OF THE  
MILITARY FAMILY RELIEF FUND PRE 9/11 ADVISORY  
COMMITTEE**

Pursuant to A.R.S. § 38-431.02, notice is hereby given to the members of the Arizona Military Family Relief Fund Pre 9/11 Advisory Committee and to the general public that the Military Family Relief Fund Pre 9/11 Advisory Committee was held on Wednesday February 19th, 2023 at 2:00 p.m., at the Arizona Department of Veterans' Services 3839 N. 3<sup>rd</sup> Street, Ste 209, Phoenix, Arizona 85012. This emergency meeting was needed to combat the growing homeless crisis. This meeting will be held virtually/telephonically through Google hangouts [meet.google.com/bxh-bgjz-tfd](https://meet.google.com/bxh-bgjz-tfd).

Members of the Arizona Military Family Relief Fund Pre 9/11 Advisory Committee attended either by telephone, video or internet conferencing. **The Board may vote to hold an executive session for the purpose of obtaining legal advice from the Board's attorney on any matter listed on the agenda pursuant to A.R.S. § 38-431.03(A)(3) and or to review and discuss applications pursuant to A.R.S. § 41-608.04(E).** Items on the agenda may be taken out of order unless they have been specifically set for a certain time.

The agenda for the meeting was as follows:

- I. Call to Order
- II. Approval of minutes
- III. Reading of Advisory Committee's Disclosure Policy
- IV. Review and make recommendations on received Military Relief Fund Applications
  - a. The Committee may vote to adjourn to executive session pursuant to A.R.S. §41-608.04(E) to review and evaluate applications or review recommendations of the subcommittee. Applications for financial assistance and all committee considerations and evaluations of the applications are confidential.
- V. Marketing Reports and Announcements from all Committee Members
- VI. Call to the Public
- VII. Adjournment

A copy of the agenda and background material provided to Advisory Committee members (with the exception of confidential materials relating to possible executive/emergency sessions) is available for public inspection at the Arizona Department of Veterans' Services, 3839 N. 3<sup>rd</sup> Street, Suite 209, Phoenix, Arizona 85012. Telephone number is 602-234-8403. The public may join the meeting.

Pursuant to Title II of the Americans with Disabilities Act (ADA), the office of the Governor does not discriminate on the basis of disability regarding admission to public meetings. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the ADA Coordinator, 602-542-2449; or TTY uses through Relay. Requests should be made as early as possible to allow time to arrange the accommodation.

## Arizona Military Family Relief Fund Pre 9/11 Advisory Committee Meeting

Arizona Department of Veterans' Service  
3839 N. 3<sup>rd</sup> Street, Ste 209, Phoenix, Arizona 85012  
March 22nd, 2023, 2:00 p.m.

### **Committee Members Present**

Nicholas Bielinski  
Robert Garcia  
Cynthia Olortegui Vargas  
Jack Moore  
Jeremy Farr  
Nicole Baker, AZDVS Designee

### **Committee Members Absent**

Martin Garcia  
Patrick Diomede  
Jessica Morel  
Dylan Dalzotto  
Timothy Rogers  
Mark Holmes

### **Arizona Department of Veterans' Services Staff**

London Anderson  
Miles Morell  
Kayla Snider  
Kalli Gill

### **CALL TO ORDER and APPROVAL OF MINUTES**

Chairman Nicholas Bielinski called the meeting to order at 2:05 p.m. and called for motion to approve the draft minutes of the public meeting held on February 21st, 2023. Robert Garcia moved to approve the draft minutes from last month, Jack Moore seconded the motion, and the motion carried unanimously.

### **DISCLOSURE STATEMENT**

Chairman Nicholas Bielinski read the Advisory Committee's Disclosure Policy. Advisory Committee members must disclose their knowledge of an applicant to the Advisory Committee during the consideration process. Knowledge of an applicant that benefits all members of the Advisory Committee during the consideration process does not create a conflict of interest. If an Advisory Committee member has knowledge of an applicant and has a vested interest in the outcome of the Committee's findings or seeks to benefit or gain from a vote on a particular application, he/she is required to recuse his or herself from consideration of that applicant as it creates a conflict of interest.

### **EXECUTIVE SESSION**

Chairman Nicholas Bielinski moved the meeting to executive session at 2:08 p.m. to discuss Military Family Relief Fund (MFRF) applications in meeting packet that are according to ARS 41-608.04. E., confidential. Executive Session is allowable under ARS 41-608.04.E.

### **APPLICATION RECOMMENDATIONS**

Chairman Nicholas Bielinski returned the meeting to public session at 2:32 p.m. to vote on applications in meeting packet.

**1. 2023-03 C TIP** - Cynthia Olortegui Vargas moved to approve the application as requested for TIP. Jack Moore seconded and the motion carried unanimously.

**2. 2023-03 H-** Cynthia Olortegui Vargas moved to approve the application as requested. Nicholas Bielinski seconded and the motion carried unanimously.

**3. 2023-03 I** - Robert Garcia motioned to approve the application as requested. Jack Moore seconded and the motion carried unanimously.

**4. 2022-10 K TIP**- Jack Moore motioned to approve the application as requested. Cynthia Olortegui seconded and the motion carried unanimously.

**5. 2023-03 B TIP** - Robert Garcia motioned to approve the application as requested. Nicholas Bielinski seconded and the motion carried unanimously.

**6. 2022-10 I** - Nicholas Bielinski motioned to approve the application as requested. Robert Garcia seconded and the motion carried unanimously.

## **MARKETING REPORT**

## **CALL TO PUBLIC**

No members of the public were present.

## **ADJOURNMENT**

Nicholas Bielinski moved to adjourn the Advisory Committee meeting at 2:43 pm. The next meeting is tentatively planned for April 19th, 2023 at 2:00 p.m.

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# 2023-04 C TIP

Assistance Requested: 4/5/2023		
Type	Amount	Total
Rent/TIP	\$10,000.00	<b>\$10,000.00</b>
<b>Total</b>	<b>\$10,000.00</b>	<b>\$10,000.00</b>

## Essay Question 2

My current status is that I am a disable veteran living on limited fixed income and that I have been incarcerated and that I have loss my place of residency. Being released on 06-2022 and am now currently with the USVETS here in Phoenix, Az and recieving the assistance I'm need .  
Thank you



London Anderson &lt;landerson@azdvs.gov&gt;

## ADVS MFRF Grant Request from Cornelius Adakai, Veteran

3 messages

'Jotform' via MFRF Administration - VS &lt;mfrf@azdvs.gov&gt;

Wed, Apr 5, 2023 at 10:46 AM

Reply-To: cadakai@gmail.com

To: mfrf@azdvs.gov



### Arizona Department of Veterans' Services For Arizona veterans and those who care for them.



#### ADVS MFRF Grant Request

Today's Date	2023-04-05 10:02
Deployment: Did Service Member or Veteran deploy during their military service?	YES
Residency: Click ALL that apply to Service Member or Veteran	- Claimed Arizona as home of record while in service
Was Service Member's or Veteran's current financial hardship caused by their military service?	YES
Eligibility Score	41
Applicant Name	Cornelius Adakai
Applicant Last4 (SSN)	5151
Applicant Type	Veteran
Applicant Email	<a href="mailto:cadakai@gmail.com">cadakai@gmail.com</a>
Applicant Full Address	Street Address: 3400 Grand Ave City: Phoenix State: Az Zip Code: 85017
Applicant Phone	(602) 583-4931
How did you hear about MFRF?	Word of Mouth/Friend/Family
Please select the date range below showing when you deployed.	Before 9/11/2001
Essay Question 1	I am requesting to receive assistance for a place of stay. I am currently in residing with the US VETS for homeless. Seeking housing and furnishing kit. Since being on SSVF - I pay my portion to sustain myself.

Essay Question 2

My current status is that I am a disable veteran living on limited fixed income and that I have been incarcerated and that I have loss my place of residency. Being released on 06-2022 and am now currently with the USVETS here in Phoenix, Az and recieving the assistance I'm need .  
Thank you

Essay Question 3

It'll definitely provide much need assistance in places where I have loss all household furnishings , outstanding bills if it so arises. Including a place I could call home once again.

0	1	2	3	4
#	Type of Assistance	Amount	Months Requested (If Applicable)	Total Amount
1	TIP/RENT	10,000	1	10
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11			Grand Total	10

0	1	2
#	Income Source	Amount or Description
1	Salary of Service Member/Veteran	
2	- Place of Employment	
3	Salary of Spouse/Significant Other	
4	- Place of employment	
5	VA Disability Income	1041.82
6	GI Bill Monthly Stipend	
7	Social Security Income (SSI or SSDI)	
8	Child Support (Received)	
9	Other Household (List)	
10		
11		
12		
13	Monthly Income Total	1041.82

0	1	2
#	Essential Expenses	Amount
1	Alimony/Child/Family Support	
2	Childcare	
3	Electric/Gas	
4	Water/Sewer/Garbage	
5	Telephone	50
6	Internet	
7	Medical Expenses/Prescriptions	
8	All Rental/Mortgage Expenses	
9	Auto Insurance	
10	Food/Household items	500
11	School Expenses	
12	Gas (Auto)	
13		
14		
15		
16		
17	Total Expenses	550

Debt Expenses

0	1	2	3
#	Debt Name	Monthly Payment Amount	Debt Balance
1	N/A		0
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13	Debt Totals	0	0

0	1	2	3
#	Name	Age	Relationship
1	CORNELIUS ADAKAI	54	SELF
2			

3			
4			
5			
6			
7			
8			

[image.jpg](#)  
[image\\_9180.jpg](#)

Did you attach all the required documents?

DD214/Military Orders  
2 months' of Bank Statements

Attestation 3 of 3

Accepted

Applicant Signature



Attestation 1 of 3

Accepted

Attestation 2 of 3

Accepted

Environment

BROWSER: Safari  
OS: MacOS  
DEVICE: Desktop  
LANGUAGE: en-US  
RESOLUTION: 810\*1080  
TIMEZONE: GMT -7  
USER AGENT: Mozilla/5.0 (Macintosh; Intel Mac OS X 10\_15\_6) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/15.6.1 Safari/605.1.15

**Attachments:** Because the total size is more than **5MB** the uploads are not attached.

**London Anderson** <landerson@azdvs.gov>  
To: cadakai@gmail.com  
Cc: MFRF Administration - VS <mfrf@azdvs.gov>

Thu, Apr 6, 2023 at 8:50 AM

Hello,

We have received your application for the MFRF program and are in the process of reviewing everything provided. **Please note that applications will not be reviewed for financial assistance until all required documents are received.**

To ensure your application is processed as quickly as possible, please make sure you have provided all documents listed below. If you have provided these documents via the digital application, your application will be processed in the order they were received. If you have any questions pertaining to these documents or need assistance with resources to gather these documents please contact us at [mfrf@azdvs.gov](mailto:mfrf@azdvs.gov).

## Required Documents

- 2 Months most recent of all bank statements, both checking and savings
- Proof of residency if you did not enter service or deploy from Arizona

[Quoted text hidden]

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*How are we doing? Let us know at: <http://bit.ly/advsfeedback>*

London Anderson

Program Project Specialist II

Arizona Department of Veterans' Services

Email: [landerson@azdvs.gov](mailto:landerson@azdvs.gov)



Arizona Department of Veterans' Services - [www.azdvs.gov](http://www.azdvs.gov)

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**London Anderson** <[landerson@azdvs.gov](mailto:landerson@azdvs.gov)>  
 To: [cadakai@gmail.com](mailto:cadakai@gmail.com)  
 Cc: MFRF Administration - VS <[mfrf@azdvs.gov](mailto:mfrf@azdvs.gov)>

Thu, Apr 6, 2023 at 8:55 AM

Cornelius,

If you could provide the required documents by next Monday, which is the deadline, that would assure your application will be seen by this month's committee!

[Quoted text hidden]



CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) **ADAKAI, CORNELIUS NMN**      2. DEPARTMENT, COMPONENT AND BRANCH **NAVY USN**      3. SOCIAL SECURITY NO. **527 81 5151**

4.a. GRADE, RATE OR RANK **EOE**      4.b. PAY GRADE **E5**      5. DATE OF BIRTH (YYMMDD) **68MAY28**      6. RESERVE OBLIG. TERM. DATE  
 Year **NA** Month **NA** Day **NA**

7.a. PLACE OF ENTRY INTO ACTIVE DUTY **ALBUQUERQUE, NM**      7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) **P O BOX 244 WATERFLOW, NM 87423**

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **SINA SAN DIEGO, CA**      8.b. STATION WHERE SEPARATED **PERSUPPDET NAVSTA SDIEGO-CA**

9. COMMAND TO WHICH TRANSFERRED **NA**      10. SGLI COVERAGE  None  
 Amount: \$ **200,000**

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) <b>EO-6000</b>	12. RECORD OF SERVICE		
	Year(s)	Month(s)	Day(s)
<b>X</b>	<b>86</b>	<b>NOV</b>	<b>03</b>
<b>X</b>	<b>76</b>	<b>NOV</b>	<b>34</b>
<b>X</b>	<b>10</b>	<b>00</b>	<b>22</b>
<b>X</b>	<b>00</b>	<b>00</b>	<b>00</b>
<b>X</b>	<b>00</b>	<b>00</b>	<b>00</b>
<b>X</b>	<b>00</b>	<b>00</b>	<b>00</b>
<b>X</b>	<b>00</b>	<b>00</b>	<b>00</b>
<b>X</b>	<b>92</b>	<b>FEB</b>	<b>16</b>

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)  
**NATIONAL DEFENSE SERVICE MEDAL; LETTER OF COMMENDATION, CO, NAVBASE; SECOND GOOD CONDUCT AWARD FOR PERIOD ENDING 94NOV02; BATTLE "E"; QUALIFIED M16 RIFLE SEA SERVICE DEPLOYMENT RIBBON (3 AWARDS)**      **X**      **X**      **X**      **X**

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)  
**EO "A" SCOL, 9 WKS, 03 APR 87**      **X**      **X**      **X**      **X**      **X**  
**X**      **X**      **X**      **X**      **X**      **X**  
**X**      **X**      **X**      **X**      **X**      **X**

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM      Yes  No       15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT      Yes  No       16. DAYS ACCRUED LEAVE PAID **18.0**

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION      Yes  No

18. REMARKS  
**"THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DOD OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM".**  
**EXTENDED ENLISTMENT FOR 04 MONTHS ON 93JUN15. EXTENSION OF SERVICE WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT.**  
**X**      **X**      **X**      **X**      **X**      **X**  
**X**      **X**      **X**      **X**      **X**      **X**  
**X**      **X**      **X**      **X**      **X**      **X**

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) **4485 IDAHO ST APT 2 SAN DIEGO, CA 92136**      19.b. NEAREST RELATIVE (Name and address, include Zip Code) **SHIRLEY ADAKAI P O BOX 458, TEECHOSPOS, AZ 86534**

20. MEMBER REQUESTS COPY 6 BE SENT TO **CA** DIR. OF VET AFFAIRS      Yes  No       22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) **R V RAMIREZ PNC USN SEPBTBYDIRC**

21. SIGNATURE OF MEMBER BEING SEPARATED

### SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

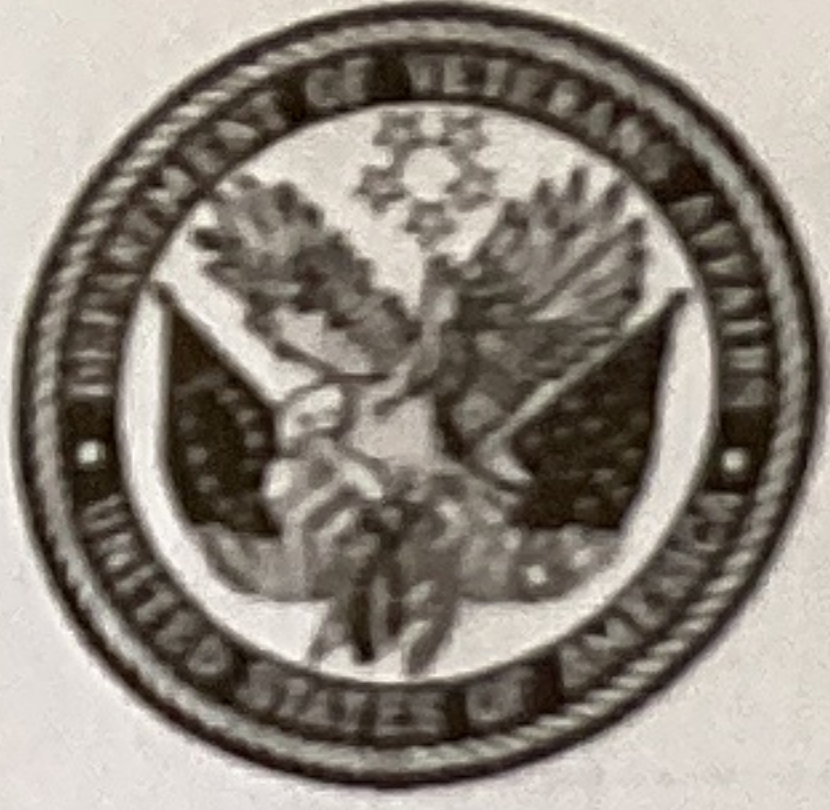
23. TYPE OF SEPARATION **DISCHARGED**      24. CHARACTER OF SERVICE (Include upgrades) **HONORABLE**

25. SEPARATION AUTHORITY **NPM 3620150**      26. SEPARATION CODE **KBK**      27. REENTRY CODE **RE-R1**

28. NARRATIVE REASON FOR SEPARATION **COMPLETION OF REQUIRED ACTIVE SERVICE**

29. DATES OF TIME LOST DURING THIS PERIOD      30. MEMBER REQUESTS COPY 4





Department of Veterans Affairs

March 30, 2023

CORNELIUS ADAKAI  
3400 GRAND AVE  
PHOENIX AZ 85017

In Reply Refer To: 345/PCT/GO  
CSS XXXXX5151  
Adakai C

Dear Cornelius Adakai,

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

**Personal Claim Information**

Your VA claim number is: XXXXXX151  
You are the Veteran.

**Military Information**

The character(s) of discharge and service date(s) of the veteran include:  
Honorable, Navy, 11/03/1986-11/14/1996  
(There may be additional periods of service not listed above)

**VA Benefits Information**

Service-connected disability: Yes  
Your combined service-connected evaluation is: 50%  
Your current monthly award amount is: \$1,041.82  
Are you entitled to a higher level of disability due to being unemployable: No  
Are you considered to be totally and permanently disabled due to your service-connected disabilities:  
No  
Are you service-connected for loss of or loss of use of a limb, or are you totally blind in or missing at least one eye: No  
Have you received a Specially Adapted Housing (SAH) and/or Special Home Adaptation (SHA) grant: No

You should contact your state or local office of veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of veterans' affairs are available at <http://www.va.gov/statedva.htm>.



**CELTIC PROPERTY MANAGEMENT, LLC**  
**MULTIFAMILY HOUSING TAX CREDIT LEASE AGREEMENT**

This Apartment Lease Agreement (hereinafter "Lease") is entered into on this 1<sup>st</sup> day of **November 2020** for apartment # **2080** and parking space # \_\_\_\_\_ (hereinafter "Leased Premises") of the residential rental community known as **Temple Square** Apartments, located at **324 S Horne, Mesa, Arizona 85204**. The above-described premises are hereby leased by Celtic Property Management, LLC, as Manager and Agent for **Temple Square** ("Owner") or (either/both hereinafter "Management"), to the following individual(s) (hereinafter jointly "Resident"):

- |   |                                     |
|---|-------------------------------------|
| (1) <b>Cornelius Adakai</b> SSN: XXX-XX-5151 Lease Holder | (2) SSN: XXX-XX-0000 Lease Holder   |
| (3) SSN: XXX-XX-0000 Lease Holder                         | (4) SSN: XXX-XX-XXXX Minor Occupant |
| (5) SSN: XXX-XX-XXXX Minor Occupant                       | (6) SSN: XXX-XX- Lease Holder       |
| (7) SSN: XXX-XX- Minor Occupant                           | (8) SSN: XXX-XX-                    |
| (9) SSN: XXX-XX-  |                                     |

If more than one individual is named above, each shall be jointly and severally liable hereunder (with the exception of minor occupants). Occupancy is hereby limited to those individuals named above, and Leased Premises are leased to Resident solely for the purpose of a residence. No business activity or operations shall be undertaken within Lease Premises without prior written approval from Management. Animals are not permitted without prior written authorization by Management.

**MOVE IN COSTS:** Please reference the included Move In Cost Sheet with your lease paperwork.

**MONTHLY RENTAL OBLIGATION, REFUNDABLE DEPOSITS, AND NON-REFUNDABLE FEES**

<u>MONTHLY RENTAL OBLIGATION</u>	<u>REFUNDABLE DEPOSITS</u>	<u>NON-REFUNDABLE FEES</u>
Rent: <b>\$820.00</b>	Security Deposit: <b>\$820.00</b>	Application Fee: <b>\$0.00</b>
Concession: <b>\$N/A</b>	Other: <b>\$N/A</b>	Other: <b>\$N/A</b>
Pet Rents: <b>\$N/A</b> (Does not apply to assistive animals)	Other: <b>\$N/A</b>	Other: <b>\$N/A</b>
Parking Rent: <b>\$N/A</b>	Other: <b>\$N/A</b>	
Other:Washer/Dryer <b>\$0.00</b>		
Subtotal: <b>\$820.00</b>		
City Sales Tax: % <b>\$N/A</b>		
Other Tax: % <b>\$N/A</b>		
<b>TOTAL MONTHLY RENT \$820.00</b>	<b>TOTAL DEPOSITS: \$820.00</b>	<b>TOTAL FEES: \$0.00</b>

**TERMS AND CONDITIONS OF LEASE**

**1. Term of Lease Agreement.** The term of this Lease shall be for **12 months and 0 days**, commencing on the **1<sup>st</sup> day of November 2020** and concluding on the **31<sup>st</sup> day of October 2021**. After this ending date, the Lease shall continue automatically as a month-to-month tenancy unless otherwise terminated. Resident shall not sublet or assign this contract without written permission of Management.

**2. Payment of Rent.** Payment of the Total Monthly Rent shall be no later than the **first (1<sup>st</sup>)** day of each calendar month at the Leasing office or at locations otherwise designated by Management, which is payable by personal check or certified funds or credit card in the exact amount due. Payment by cash will not be accepted. Resident shall pay the following fees: (A) a flat late fee of \$25.00 on the **sixth (6<sup>th</sup>)** day and, commencing on the **seventh (7<sup>th</sup>)** day, a daily late fee of \$5.00 per day for each day that any portion of the Total Monthly Rent is delinquent until paid in full; (B) \$50.00 fee for the preparation and service of any written notice regarding breach of this Lease (service upon one Lease holder or adult resident is considered valid service); (C) \$35.00 fee for each check dishonored for payment; (D) a fine of \$250.00 for bringing an unauthorized animal onto the grounds of the community; and (E) the costs for repairs of damage caused by Resident or Resident's guests. Please note that items A-E will also be assessed any applicable city sales tax. Resident agrees that if any of Resident's payment attempts are dishonored, Resident shall make next 6 periodic rental payments by certified check or money order. Resident further agrees that Management possesses the exclusive right to determine how Resident's payments are applied toward the various monetary obligations of this Lease (including, but not limited to: rent, unpaid deposits, charges, and fees). If any notice regarding the payment of rent is sent by Management to Resident, Management requires that payment will only be accepted via certified funds.

**3. Deposits and Fees.** Resident hereby agrees to pay to Management a Refundable Security Deposit as security for the performance of Resident's obligations under this Lease. This Refundable Security Deposit shall be held by Management, without interest accruing to Resident, until the conclusion of the Lease and any renewals. At the conclusion of Resident's occupancy of Leased Premises, Management shall be entitled to deduct from the Refundable Security Deposit such amounts as may be necessary to remedy any defaults, damages, or outstanding and unpaid charges owed or due as compensation to Management for Resident's non-compliance. The taking or application of the security as described above does not preclude Management from exercising its remedies as set forth in the Arizona Residential Management and Resident Act, A.R.S. §§ 33-1301 et seq. During the term of the Lease, Resident shall not allocate or use any portion of the Refundable Security Deposit as a credit toward the payment of rent. Resident further agrees to pay those deposits set forth above as security for specific performance under this Lease. Resident also agrees to pay the above-referenced non-refundable fees for the purposes as described by the name of the fee, including for the application to reside at the community and for the administrative duties required as part of the leasing of the property. Resident shall not be entitled to any interest on the Refundable Security Deposit or any other deposits or fees. Resident acknowledges that Management may utilize the Refundable Security Deposit during the term of the lease in accordance with relevant provisions in the property management agreement, if any, in accordance with A.R.S. § 33-1321(G).

**4. Policies of Insurance.** Management recommends Resident to obtain a policy or policies of renter's insurance. Resident shall obtain a policy or policies of insurance and shall name Management as a beneficiary of and additional insured under such a policy or policies. Resident is liable for damage to all property owned by Resident, and Resident shall look to Resident's policy of insurance and not to Management for damage to Resident's possessions.

**5. Utilities.** In addition to the obligation of payment of rent, Resident understands and agrees that payment for utilities shall be assessed in the following manner:

<u>Water:</u> Owner	<u>Sewer:</u> Owner	<u>Trash:</u> Owner	<u>Pest Control:</u> Owner	<u>Other:</u>
<u>Electricity:</u> Resident	<u>Telephone/Cable/Internet:</u> Resident	<u>Natural Gas:</u> Owner		

With regard to any utilities not listed above, those utilities are hereby and conclusively presumed to be the responsibility of Resident. If any utilities are the responsibility of Resident, Resident agrees to pay all deposits required by the utility companies and furnish to Management, prior to the commencement of occupancy of the Premises, account numbers for those utilities.

**6. Rent Adjustments.** Management will adjust the rent described in Monthly Rental Obligations (above) at least annually. Said adjustment may be necessary to account for a change in the utility allowance, a change to the Maximum Rent Limits published by the State's Housing Finance Authority or a change to the municipal tax and may occur within less than 12 months to coincide with the effective date of allowable rents as described above and published by the regulatory agency. Said adjustment may occur during the first year of tenancy, and every year thereafter. Management will give Resident thirty (30) days written notice prior to effective date of any rent adjustment and will execute a new Lease Agreement or Addendum Regarding LIHTC Rent Adjustments, as appropriate, providing for the rent adjustment.

**7. Fair Housing.** Management and the community are dedicated to honoring Arizona and Federal Fair Housing laws. Reasonable accommodations to the policies and regulations of the community, including for assistive animals, will be made or allowed as necessary in order to enable Residents with disabilities or special needs an equal opportunity to utilize the Leased Premises and the amenities of the community. Management will also permit reasonable modifications to the existing premises at Resident's expense when those modifications are necessary to allow Residents with disabilities an equal opportunity to use and enjoy the premises. Management reserves the right to require reasonable information concerning the disability and evidence showing a nexus between Resident's disability and the accommodation or modification sought. When Management has authorized Resident to make a reasonable modification to the premises, Resident may be required to restore Leased Premises to its prior condition if failure to make such a restoration would interfere with owner's or the subsequent resident's use and enjoyment of the Leased Premises. Any person who believes that he/she is being discriminated against in violation of the Arizona or Federal Revised 8.26.19



**CELTIC PROPERTY MANAGEMENT, LLC**  
**MULTIFAMILY HOUSING TAX CREDIT LEASE AGREEMENT**

Fair Housing Laws, or who needs a reasonable accommodation or modification in order to have an equal opportunity to use and enjoy the dwelling is encouraged to contact the managing agent, who is identified in Paragraph 25, below.

**8. Resident Policies.** (A) Resident shall not decorate or alter the apartment interior or exterior (including the patio or balcony area), add or change door locks, possess a waterbed, sublet Leased Premises, or park a motorized vehicle in the apartment without prior written permission from Management. (B) Resident further agrees to comply with state statutes and county and municipal ordinances that are applicable to Leased Premises. (C) Resident shall show due consideration to his/her neighbors and not interfere with other residents' quiet and peaceful enjoyment of the community. (D) Resident has carefully inspected Leased Premises and finds them to be in a clean, rentable, undamaged condition except as otherwise noted in the Move-In Inspection Report. Should Resident fail to return said Report to Management within twenty-four (24) hours of Resident taking possession of Leased Premises, Leased Premises shall be conclusively deemed to be in good condition. (E) Resident agrees to exercise reasonable care in the use of Leased Premises, to maintain Leased Premises, and to redeliver Leased Premises in a clean, safe, and undamaged condition. (F) Resident specifically agrees that Resident is responsible for the conduct of all occupants, visitors, guests, and invitees. Violations or breaches of any community policy shall be deemed material breaches of this Lease. Guests shall be deemed to include those individuals who are known to Resident but who did not appear at Leased Premises at the specific invitation of Resident and to those individuals who appear and arrive at the Leased Premises or in the community at the behest of Resident's guest. (G) Resident agrees and acknowledges that Management may discontinue providing amenities from time-to-time and as necessary and that such discontinuation does not materially impact Resident's enjoyment of the community and the Leased Premises. (H) Unless Management agrees, in writing, to allow Resident to have an animal (acceptable animals include a cat, dog, bird, or fish) in the Leased Premises, Resident shall not bring nor cause to be brought into the community any animal except for assistive animals. Management will make reasonable accommodations to this policy for assistive animals that a resident needs in order to have an equal opportunity to use and enjoy a dwelling. Residents who need assistive animals must provide Management with proper notification and, if applicable, proper documentation of the need for the animal. No resident may bring or permit to be brought into the community any animal without prior written approval from Management. (I) The community policies listed here and in the attached addendum are for the mutual benefit of all residents and are hereby incorporated into this Lease as if specifically set forth herein. Management may modify the community policies by providing written notification at least thirty (30) days in advance of the date of effectiveness of any new policies. (J) Resident is obligated to notify the Management immediately of any suspected water leaks, moisture problems or mold in the unit or common areas.

**9. Vehicles.** Management may assign parking spaces or areas for Resident and his/her guests or invitees. Management may also, at its election, (A) designate parking areas, (B) tow (at vehicle owner's expense) from the community any inoperable, abandoned, or unauthorized vehicles after a twenty-four (24) hour notice is posted upon the vehicle. This twenty-four (24) hour notice does not apply to (and therefore Management may immediately and without warning tow) vehicles parked in a space assigned to another resident, parked in disabled parking or fire lanes, parked in a marked no-parking area, or parked in a way that impedes traffic or trash collection easements. If Management pays the towing expense for the vehicle of Resident or Residents' guest or invitee, such expense shall be deemed as additional rent owed by Resident to Management and shall be due and payable immediately to Management. Vehicles must be parked nose-in and only in delineated parking spots and shall never be parked on sidewalks, landscaped or un-landscaped areas, or in any other improper or illegal manner. All vehicles must display current and legal registration. Resident is further responsible for any and all damage caused by Resident's vehicle or the vehicle of Resident's guest or invitee to the asphalt, concrete, steel, or wood located in the parking areas.

**10. Guests.** Individuals whom Resident allows to visit and to stay within the Leased Premises shall remain for no more than fourteen (14) days in any calendar month without prior written authorization from Management. Any individual residing for more than this period shall submit a completed application for residency to Management. Management reserves the right to reject such an application for an occupant who does not meet Management's residency requirements.

**11. Authorization.** Resident hereby authorizes Management to make available information concerning the occupancy of Resident of this apartment and at this community, upon request, during or after the term of this Lease. Resident expressly releases Management from any liability for disclosure of any information related to the Lease and occupancy of Resident. Management's authorization to disclose such information is limited to disclosure of information to law enforcement personnel, confirmation of lease term and details to another Management and/or a lender, and disclosure to utility companies for purposes of billing and assignment of charges, as well as in response to any court order or subpoena requiring disclosure of any information.

**12. Security.** Resident hereby agrees and acknowledges that Management shall not provide and shall have no duty to provide any security services to Resident or the community. Resident shall look solely to public peace officers for protection. Resident hereby agrees and acknowledges that protection against criminal conduct is not within the power of Management and, even if from time-to-time Management provides courtesy patrol services, Resident cannot rely upon these services. The provision of any such services shall not constitute a waiver of or any modification to the above agreement. Management shall not be liable for failure to provide adequate security services or for the criminal or wrongful actions by third-parties against Resident, Resident's family, or Resident's guests or their property.

**13. Access.** Except in the case of an emergency or if it is impracticable to give notice, Management shall not enter the Leased Premises without prior notice. If Resident grants Management leave to open the Leased Premises, Resident agrees that Management shall not be liable for lost or stolen articles, damage, or Leased Premises being left unsecured. Resident further agrees and understands that Management may provide written notice of intent to enter the Leased Premises for the purposes of regular inspection or to show the Leased Premises to prospective buyers, lenders, inspectors, and other similar parties. Resident further agrees and acknowledges that the failure to provide access to Management following the issuance of a written notice of intent to enter is a material breach of this Lease. Resident further agrees and acknowledges that, pursuant to A.R.S. § 33-1343(B), the submission of a maintenance request and/or work order to Management, whether verbal or in writing, shall be deemed to grant to Management the limited permission of access to the Leased Premises for the purposes of remedying those items described in the request and/or order. Resident further agrees and acknowledges that Management will not grant access to a non-party individual or company to the Leased Premises, who were not invited by Management as part of its reasonable business practices, unless written permission is first provided by Resident.

**14. Indemnification.** Management shall not be liable and Resident shall hold Management harmless from any and all claims, losses, demands, or other liability whatsoever, for any damages or injury however suffered by or occurring to any person, including, without limitation, guests (including invitees) at the community that arise or are caused by any act of commission or omission of the Resident, Resident's occupants, family, guests, invitees, or animals. Notwithstanding anything to the contrary, Resident does not agree to the exculpation or limitation of any liability of Management arising under law or due to Management's gross negligence or malfeasance, or to indemnify Management for that liability or costs herewith.

**15. Abandonment.** Abandonment is either (A) the absence of the Resident from the dwelling unit, without notice to the Management for at least seven days, if rent for the dwelling unit is outstanding and unpaid for ten days and there is no reasonable evidence other than the presence of the Resident's personal property that the Resident is occupying the residence or (B) the absence of the Resident for at least five days, if the rent for the dwelling unit is outstanding and unpaid for five days and none of the Resident's personal property is in the dwelling unit. Abandonment shall not constitute a valid "surrender" of the Leased Premises without consent of Management, and Management shall be entitled to exercise all remedies at law or in equity. Should personal property be abandoned within the Leased Premises, whether following surrender or voluntary or involuntary termination of possession, Management may dispose of the abandoned personal property as it deems fit, including, if Management determines the value of the property to be less than the cost of moving, storing, and conducting a sale of such personal property, destruction or donation of the abandoned personal property. The provisions for property disposition under A.R.S. § 33-1370 shall also be followed by Management.

**16. Waiver.** The failure of Management to insist upon strict compliance with the terms of this Lease shall not constitute a waiver of Management's right to act on any violation. Any space in this Lease that does not contain information shall be deemed to read "N/A."

**17. Attorneys' Fees.** In the event action is necessary to enforce compliance with this Lease, the prevailing party may recover all costs, reasonable attorneys' fees, and other expenses in enforcing this Lease.

**18. Subordination.** This Lease is and shall remain subordinate to any ground lease, mortgage, trust deed, or other encumbrance or security instrument now existing or hereafter to be placed upon the community or Leased Premises and to any modifications, extensions, replacements, and advances in connection therewith. Resident and Management further agree that should, at any time during the term of the Lease, Leased Premises is sold or a successor-in-interest to Management assumes responsibility for Leased Premises, the Lease shall survive and the successor-in-interest shall assume all rights and obligations as if the successor-in-interest had been an original party to this Lease.

**19. Conclusion or Termination of Lease.**

a. At least thirty (30) days prior to the intended date of surrender of possession, Resident must deliver to Management a signed, written Vacate Notice. This requirement shall include providing such type of notification in advance of the expiration of this Lease if Resident



**CELTIC PROPERTY MANAGEMENT, LLC  
MULTIFAMILY HOUSING TAX CREDIT LEASE AGREEMENT**

intends to vacate at the end of the Lease Term. If Resident is occupying the Leased Premises pursuant to an agreement that is for month-to-month tenancy, Resident agrees to provide such written notice as described above at least thirty (30) days in advance of the periodic rental due date.

- b. Should Management elect to not renew this lease, Management shall deliver, at least thirty (30) days prior to the expiration of the Lease, a signed, written Notice of Intent to Not Renew. If Resident is occupying the Leased Premises pursuant to an agreement that is for month-to-month tenancy, Management agrees to provide such written notice as described above at least thirty (30) days in advance of the periodic rental due date.
- c. Management relies upon Resident to fulfill this lease and honor all obligations contained herein. If Resident fails to fulfill the agreed-upon term of the Lease, or fails to provide the Vacate Notice in a timely manner, or fails to do both, Management elects the following option: Resident hereby agrees to pay: A Termination fee equivalent to 2 months' rent, plus a written 30 day notice. This shall be assessed, and Resident agrees to its assessment, whether Resident voluntarily terminates the Lease through no fault of Management or Resident involuntarily terminates the Lease through Resident's breach of this contract.
- d. If Resident fails to return the Leased Premises in the same or better condition at the conclusion of the Lease as Management provided at the commencement of the Lease, Resident shall be liable for all charges and costs incurred by Management to restore the Leased Premises to their former condition, less reasonable deductions for normal wear-and-tear. Resident agrees to clean the Leased Premises prior to surrendering it to Management and agrees to be assessed cleaning charges if Resident fails to do so. Resident furthermore acknowledges and agrees that any damage caused by animals is never considered normal wear-and-tear and that all charges for animal damage shall be assessed against the Security Deposit.
- e. Resident hereby accepts and agrees that any unpaid non-refundable fees, late charges, NSF check fees, lost key charges, damage assessments, or other unpaid amounts shall be due and payable at the time of surrender of possession of the Leased Premises.
- f. Management agrees to dispose of all refundable deposits in accordance with A.R.S. § 33-1321.

**20. Military Transfers.** Military personnel on active duty may terminate, without penalty or repayment of concession, the Lease upon receipt of orders of transfer to military facility or vessel, release from active duty, or relocation to government quarters. Resident agrees to give at least thirty (30) days' advance written notice and rent will be prorated from the notice date to the move-out date. Assignment instructions for voluntary occupancy of government quarters are not sufficient for termination of this Lease.

**21. Continuation of Tenancy.** Should this lease continue on a month-to-month basis, Resident agrees that rent will revert to the maximum allowable rent per the Arizona Department of Housing's current rental rate criteria. If Management, in its sole discretion, chooses to not renew this Lease or terminates a month-to-month tenancy, Resident agrees to vacate no later than the expiration date contained within the non-renewal or termination notice. If Resident fails to vacate by the expiration date of the non-renewal notice, Resident shall be deemed to be wrongfully holding over in the Leased Premises. If a month-to-month tenancy is created, Management may increase or otherwise change, with thirty (30) days' written notice in advance of a periodic rental due date, the Total Monthly Rent. If Management and Resident both elect to renew this Lease, Management may insist upon a lease length of greater than one month but less than one year. Prior to execution of said lease, management may require documentation of household's current income to ensure satisfaction with minimum income limits as described in the community's Resident Selection Plan.

**22. Death of Resident.** Resident hereby appoints and authorizes \_\_\_\_\_ as Resident's designated person authorized to enter the Leased Premises to retrieve and store the Resident's property if Resident dies during the term of the Lease. Should Resident die during the term of the Lease, the Lease shall be deemed to terminate as of the date of surrender of possession of Leased Premises by the personal representative of the estate or the individual described above, and the provisions of A.R.S. § 33-1314(F) shall apply.

**23. Disclosure.** Celtic Property Management, LLC is the on-site or off-site managing agent for Management for the Leased Premises under this Lease. Service of notices shall be made upon this designated on-site or off-site agent. Service of process shall be made only upon the statutory agent or upon Owner directly. Any and all notices issued by Resident to Management must be in writing and shall be delivered, via personal delivery, courier, or registered or certified U.S. mail to the site described below during regular business hours, except as may be provided by Addendum to this Lease. Please be advised that Management and its employees are agents of and representatives for Owner. The telephone number for Management is (480) 596-3350. Information regarding the statutory agent may be obtained from the Arizona Corporation Commission. Information regarding the Owner may be obtained from the county Assessor's Office.

**24. Cumulative Nature of Remedies.** All remedies under this Lease, or those by law or by equity, shall be cumulative.

**25. Severability.** If any provision of this Lease is invalid under applicable law, such provision shall be ineffective to the extent of such invalidity only, without invalidating the remainder of this Lease.

**26. General Provisions.** No oral promises, representations, or agreements have been made by Management. This Lease and attached addenda represent the entire agreement between the parties. No modification to this lease is permissible unless made in writing, to which both Resident and Management agree. Unless done in writing, Management and its agents (including site employees, accountants, and attorneys) have no authority to waive, amend, or terminate this Lease. Management has no authority, unless done in writing, to make promises, representations, or agreements which impose duties of security or other obligations upon Management or Owner. A copy of the Arizona Residential Landlord and Tenant Act may be obtained free-of-charge from the Office of the Arizona Secretary of State. If the Leased Premises is located within the boundaries of the City of Tempe, a copy of the Tempe Rental Housing Information packet is available at the leasing office or from Management directly.

**27. Other Terms and Conditions.**

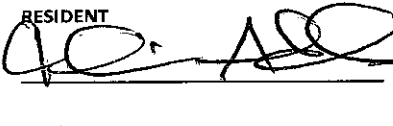
(Example- [Resident to receive \$300.00 off their move-in.]) This Concession, if any, is provided with the understanding that in the event Resident does not fully perform under the terms and conditions of this Lease, Resident agrees to return to Management any Concession herein accepted or to reimburse Management for the full market value of said Concession. Total Concession \$0.00 N/A


Resident's Initials \_\_\_\_\_

**28. Addenda.** The addenda to this lease are hereby incorporated into this contract.

**29. Acknowledgment.** RESIDENT HAS REVIEWED THIS AGREEMENT IN ITS ENTIRETY AND HAS RECEIVED AN EXECUTED COPY OF THIS AGREEMENT, INCLUDING AN APARTMENT INSPECTION REPORT, COMMUNITY POLICIES, AND ADDENDA TO THIS AGREEMENT, IF APPLICABLE. RESIDENT ACKNOWLEDGES THAT ALL BLANKS HAVE BEEN PROPERLY COMPLETED OR OTHERWISE MARKED "N/A." IF ANY CONTINUOUS SET OF CHECK-BOXES IS COMPLETELY UNMARKED, THE LEAST-RESTRICTIVE OPTION TOWARD RESIDENT SHALL BE DEEMED TO BE CHOSEN. THIS LEASE IS A LEGALLY-BINDING CONTRACT. IF YOU DO NOT ADEQUATELY UNDERSTAND THE TERMS AND CONDITIONS SET FORTH ABOVE, SEEK LEGAL COUNSEL. FALSIFICATION OF THIS LEASE OR OF THE APPLICATION INFORMATION PROVIDED TO INDUCE MANAGEMENT TO ENTER INTO A LEASE IS GROUNDS FOR IMMEDIATE TERMINATION OF THIS LEASE.

**ACCEPTANCE OF LEASE:**

<p>RESIDENT</p> <p> _____</p> <p>DATE <u>11/01/2020</u></p>	<p>RESIDENT</p> <p>_____</p> <p>DATE _____</p>
--	--

MANAGEMENT:  \_\_\_\_\_ DATE: 11/1/2020

# Wells Fargo Everyday Checking

March 15, 2023 ■ Page 1 of 6



CORNELIUS ADAKAI  
3400 GRAND AVE  
PHOENIX AZ 85017-4507

## Questions?

Available by phone 24 hours a day, 7 days a week:

We accept all relay calls, including 711

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*En español:* 1-877-727-2932

Online: [wellsfargo.com](https://www.wellsfargo.com)

Write: Wells Fargo Bank, N.A. (038)  
P.O. Box 6995  
Portland, OR 97228-6995

## You and Wells Fargo

Don't fall for an IRS imposter scam. Learn to spot scams and help avoid tax fraud at [www.wellsfargo.com/SpotTaxScams](https://www.wellsfargo.com/SpotTaxScams).

## Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to [wellsfargo.com](https://www.wellsfargo.com) or call the number above if you have questions or if you would like to add new services.

Online Banking	<input checked="" type="checkbox"/>	Direct Deposit	<input checked="" type="checkbox"/>
Online Bill Pay	<input checked="" type="checkbox"/>	Auto Transfer/Payment	<input type="checkbox"/>
Online Statements	<input checked="" type="checkbox"/>	Overdraft Protection	<input type="checkbox"/>
Mobile Banking	<input checked="" type="checkbox"/>	Debit Card	<input type="checkbox"/>
My Spending Report	<input checked="" type="checkbox"/>	Overdraft Service	<input checked="" type="checkbox"/>

## Statement period activity summary

Beginning balance on 2/16	\$483.93
Deposits/Additions	1,041.82
Withdrawals/Subtractions	- 676.26
<b>Ending balance on 3/15</b>	<b>\$849.49</b>

Account number: **5356358746**

**CORNELIUS ADAKAI**

Arizona account terms and conditions apply

For Direct Deposit use  
Routing Number (RTN): 122105278

## Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.



**Transaction history**

<i>Date</i>	<i>Check Number</i>	<i>Description</i>	<i>Deposits/ Additions</i>	<i>Withdrawals/ Subtractions</i>	<i>Ending daily balance</i>
2/16		Purchase authorized on 02/14 Qt 1403 Phoenix AZ S303045737520360 Card 8137		4.34	
2/16		Purchase authorized on 02/14 Whataburger 217 Phoenix AZ S303045846621700 Card 8137		23.33	
2/16		Purchase authorized on 02/15 Blue Pacific Super Phoenix AZ S303046717232201 Card 8137		24.00	
2/16		Purchase authorized on 02/15 WM Superc Wal-Mart Sup Phoenix AZ P000000789148195 Card 8137		9.46	422.80
2/17		Purchase authorized on 02/16 McDonald's F11739 Phoenix AZ S463048158192827 Card 8137		12.16	
2/17		Planet Fit Club Fees 2304702244203 602-767-7005		25.48	385.16
2/21		Purchase with Cash Back \$ 20.00 authorized on 02/17 Los Altos 3223 W India Phoenix AZ P000000989891872 Card 8137		35.16	
2/21		Purchase authorized on 02/19 Los Altos 3223 W India Phoenix AZ P000000332116292 Card 8137		24.64	325.36
2/23		Purchase authorized on 02/21 Chick-Fil-A #04013 Phoenix AZ S383052778924816 Card 8137		22.02	
2/23		Purchase authorized on 02/21 Burger King #5749 Phoenix AZ S303053188397619 Card 8137		25.47	277.87
2/24		Purchase authorized on 02/22 Metro By T-Mobile 888-863-8768 WA S463054250706415 Card 8137		52.60	225.27
2/27		Purchase authorized on 02/23 Burger King #5749 Phoenix AZ S583055101248319 Card 8137		10.84	
2/27		Purchase authorized on 02/24 Sq *Fifth St Marke Tempe AZ S583055757910677 Card 8137		11.36	
2/27		Purchase authorized on 02/24 Harkins Tempe Marke Tempe AZ S303055814246550 Card 8137		18.00	
2/27		Purchase authorized on 02/24 Chipotle 0744 Tempe AZ S583055819703402 Card 8137		11.46	
2/27		Purchase authorized on 02/24 Sq *It's All Greek Tempe AZ S383055820946305 Card 8137		20.32	
2/27		Purchase authorized on 02/24 Harkins Tempe Marke Tempe AZ S303056003413144 Card 8137		7.75	
2/27		Purchase authorized on 02/26 Los Altos 3223 W India Phoenix AZ P000000875190965 Card 8137		8.16	137.38
2/28		Purchase authorized on 02/27 Family Dollar # Phoenix AZ P000000483916881 Card 8137		6.30	131.08
3/1		Vacp Treas 310 Xxva Benef 030123 xxxxx5151003600 Ref*48*VA Compensation *02/01/23-02	1,041.82		
3/1		Purchase authorized on 02/28 McDonald's F11739 Phoenix AZ S383060110707522 Card 8137		9.97	
3/1		Purchase authorized on 02/28 Los Altos 3223 W India Phoenix AZ P000000984833977 Card 8137		8.83	1,154.10
3/2		Purchase authorized on 02/28 Burger King #5749 Phoenix AZ S303059772920787 Card 8137		13.55	
3/2		Purchase authorized on 03/02 WM Superc Wal-Mart Sup Phoenix AZ P000000533894860 Card 8137		28.40	1,112.15
3/3		Purchase authorized on 02/28 Qt 443 Phoenix AZ S463059778601910 Card 8137		7.29	1,104.86
3/6		Purchase authorized on 03/02 Wendy's Phoenix AZ S463062014577680 Card 8137		12.04	
3/6		Purchase authorized on 03/03 Qt 443 Phoenix AZ S303062496604296 Card 8137		4.66	
3/6		Purchase authorized on 03/03 Sun Star Buffet Phoenix AZ S583063085259682 Card 8137		20.25	
3/6		Purchase authorized on 03/04 McDonald's F11739 Phoenix AZ S463063579948967 Card 8137		6.39	
3/6		Purchase authorized on 03/04 Barros Pizza - N 3 Phoenix AZ S583064006463644 Card 8137		5.41	1,056.11



**Transaction history (continued)**

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
3/7		Non-WF ATM Withdrawal authorized on 03/07 3241 W Indian School R Phoenix AZ 463066552875887 ATM ID AZ0044 Card 8137		43.50	1,012.61
3/8		Purchase authorized on 03/07 McDonald's F11739 Phoenix AZ S463066542030255 Card 8137		7.79	1,004.82
3/13		Purchase authorized on 03/11 Los Altos 3223 W India Phoenix AZ P000000476046660 Card 8137		5.24	
3/13		Purchase authorized on 03/11 Los Altos 3223 W India Phoenix AZ P000000474158501 Card 8137		8.68	
3/13		Purchase authorized on 03/12 Popeyes 12381 / 61 Phoenix AZ S583071803242357 Card 8137		22.35	
3/13		Purchase authorized on 03/13 Ross Stores #1759 Phoenix AZ P000000486468425 Card 8137		8.66	
3/13		Purchase authorized on 03/13 Wal-Mart Super Center Phoenix AZ P000000476896168 Card 8137		56.37	903.52
3/14		Purchase authorized on 03/13 Los Altos 3223 W India Phoenix AZ P000000531797421 Card 8137		23.07	880.45
3/15		Purchase authorized on 03/13 Wendy's Phoenix AZ S303072799823681 Card 8137		7.27	
3/15		Purchase authorized on 03/14 Whataburger 217 Phoenix AZ S583073668701542 Card 8137		12.15	
3/15		Purchase authorized on 03/14 McDonald's F11739 Phoenix AZ S583074090765367 Card 8137		11.54	849.49
<b>Ending balance on 3/15</b>					<b>849.49</b>
<b>Totals</b>			<b>\$1,041.82</b>	<b>\$676.26</b>	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

**Monthly service fee summary**

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wells Fargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 02/16/2023 - 03/15/2023	Standard monthly service fee \$10.00	You paid \$0.00
<b>How to avoid the monthly service fee</b>	Minimum required	This fee period
Have any <b>ONE</b> of the following account requirements		
· Minimum daily balance	\$500.00	\$131.08 <input type="checkbox"/>
· Total amount of qualifying direct deposits	\$500.00	\$1,041.82 <input checked="" type="checkbox"/>
· Age of primary account owner	17 - 24	<input type="checkbox"/>
· The fee is waived when the account is linked to a Wells Fargo Campus ATM or Campus Debit Card		

RC/RC

**IMPORTANT ACCOUNT INFORMATION:**

Effective with the fee periods beginning on or after April 24, 2023, the option to avoid the monthly service fee using "qualifying direct deposit" will be enhanced to "qualifying electronic deposit".

Qualifying Electronic Deposit: A qualifying electronic deposit is a deposit of funds, such as your salary, government benefit payment, or other income, that has posted to your account and is (1) a direct deposit made through the Automated Clearing House (ACH)

# Wells Fargo Everyday Checking

February 15, 2023 ■ Page 1 of 5



CORNELIUS ADAKAI  
3400 GRAND AVE  
PHOENIX AZ 85017-4507

## Questions?

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Write: Wells Fargo Bank, N.A. (038)  
P.O. Box 6995  
Portland, OR 97228-6995

## You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

## Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to [wellsfargo.com](https://www.wellsfargo.com) or call the number above if you have questions or if you would like to add new services.

Online Banking	<input checked="" type="checkbox"/>	Direct Deposit	<input checked="" type="checkbox"/>
Online Bill Pay	<input checked="" type="checkbox"/>	Auto Transfer/Payment	<input type="checkbox"/>
Online Statements	<input checked="" type="checkbox"/>	Overdraft Protection	<input type="checkbox"/>
Mobile Banking	<input checked="" type="checkbox"/>	Debit Card	<input type="checkbox"/>
My Spending Report	<input checked="" type="checkbox"/>	Overdraft Service	<input checked="" type="checkbox"/>

## Statement period activity summary

Beginning balance on 1/19	\$681.14
Deposits/Additions	1,043.99
Withdrawals/Subtractions	- 1,241.20
<b>Ending balance on 2/15</b>	<b>\$483.93</b>

Account number: **5356358746**

**CORNELIUS ADAKAI**

Arizona account terms and conditions apply

For Direct Deposit use  
Routing Number (RTN): 122105278

## Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.



---

**Transaction history**

<i>Date</i>	<i>Check Number</i>	<i>Description</i>	<i>Deposits/ Additions</i>	<i>Withdrawals/ Subtractions</i>	<i>Ending daily balance</i>
1/19		Non-WF ATM Balance Inquiry Fee 01/19 15091 S Koma Laveen AZ ATM ID Azvqcx05 Card 8137		2.50	
1/19		Purchase authorized on 01/19 Lins Grand Buffet 3 Phoenix AZ P000000279231816 Card 8137		34.61	
1/19		Purchase authorized on 01/19 The Vitamin Shoppe 22 Avondale AZ P000000284208976 Card 8137		17.94	
1/19		Non-WF ATM Withdrawal authorized on 01/19 15091 S Komatke Lane Laveen AZ 303019824972123 ATM ID Azvqcx05 Card 8137		303.00	323.09
1/20		Purchase authorized on 01/19 Gnc Avondale AZ S383019806811351 Card 8137		38.07	
1/20		Purchase authorized on 01/19 Gnc Avondale AZ S303019807765987 Card 8137		5.43	
1/20		Purchase authorized on 01/19 Circle K # 41655 Laveen AZ S383020007206193 Card 8137		30.00	
1/20		Purchase with Cash Back \$ 20.00 authorized on 01/20 Los Altos 3223 W India Phoenix AZ P000000077852663 Card 8137		23.18	226.41
1/23		Purchase authorized on 01/19 Wendy's Phoenix AZ S583020165703790 Card 8137		23.41	
1/23		Purchase authorized on 01/20 McDonald's F11739 Phoenix AZ S383020513748014 Card 8137		20.27	
1/23		Purchase authorized on 01/21 Metro By T-Mobile 888-863-8768 WA S383021727127467 Card 8137		36.00	
1/23		Purchase authorized on 01/21 Taco Bell #32728 Phoenix AZ S463022010147823 Card 8137		8.00	
1/23		Purchase authorized on 01/21 Burger King #5749 Phoenix AZ S383022156642817 Card 8137		19.50	
1/23		Purchase authorized on 01/21 Qt 443 Phoenix AZ S383022162042589 Card 8137		14.00	105.23
1/24		Purchase authorized on 01/23 McDonald's F11739 Phoenix AZ S383023821297260 Card 8137		7.81	
1/24		Purchase authorized on 01/24 Peter Piper Pizza#1284 Phoenix AZ P303024729816295 Card 8137		13.88	83.54
1/25		Purchase authorized on 01/23 Taco Bell #32728 Phoenix AZ S303024044910514 Card 8137		3.00	80.54
1/27		Purchase authorized on 01/25 Burger King #23670 Phoenix AZ S583025744498392 Card 8137		13.13	
1/27		Purchase authorized on 01/26 Los Altos 3223 W India Phoenix AZ P000000079642753 Card 8137		12.64	
1/27		Purchase authorized on 01/27 Walgreens Store 3402 N Ce Phoenix AZ P463027649686017 Card 8137		24.42	30.35
1/30		Purchase authorized on 01/27 Lennys Burger Indi 602-3744796 AZ S583027694134593 Card 8137		10.85	
1/30		Purchase authorized on 01/27 Taco Bell #32728 Phoenix AZ S303028057769974 Card 8137		8.00	
1/30		Purchase authorized on 01/29 McDonald's F11739 Phoenix AZ S463029792133900 Card 8137		9.55	
1/30		ATM Withdrawal authorized on 01/29 5102 W Indian School Rd Phoenix AZ 0008106 ATM ID 5651D Card 8137		40.00	
1/30		Purchase authorized on 01/30 Los Altos 3223 W India Phoenix AZ P000000874950042 Card 8137		10.62	-48.67
2/1		Vacp Treas 310 Xxva Benef 020123 xxxxx5151003600 Ref*48*VA Compensation *01/01/23-01	1,041.82		
2/1		Purchase authorized on 01/31 McDonald's F11739 Phoenix AZ S583032130603694 Card 8137		14.21	
2/1		Planet Fit Club Fees 2303101767886 602-767-7005		39.00	939.94
2/2		Purchase authorized on 02/01 McDonald's F11739 Phoenix AZ S383032612841256 Card 8137		12.99	926.95
2/3		Purchase Return authorized on 02/01 McDonald's F11739 Phoenix AZ S583032614626403 Card 8137	2.17		929.12





**Transaction history (continued)**

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
2/6		Purchase authorized on 02/02 Jersey Mikes 9012 Phoenix AZ S303033834679699 Card 8137		32.47	
2/6		Purchase authorized on 02/03 Burger King #5749 Phoenix AZ S583035082127713 Card 8137		12.47	
2/6		Purchase authorized on 02/06 Los Altos 3223 W India Phoenix AZ P000000583469127 Card 8137		3.25	
2/6		Purchase authorized on 02/06 Gmf Bicyc Gmf Bicycle Phoenix AZ P000000485249470 Card 8137		108.56	772.37
2/7		Purchase authorized on 02/06 Miracle Mile Deli Phoenix AZ S463037847528157 Card 8137		43.98	
2/7		Non-WF ATM Withdrawal authorized on 02/07 3223 W. Indian School R Phoenix AZ 383039061166229 ATM ID P385374 Card 8137		42.75	685.64
2/8		Purchase authorized on 02/07 Whataburger 217 Phoenix AZ S303038575968729 Card 8137		11.49	674.15
2/9		Purchase authorized on 02/07 Circle K 08875 Phoenix AZ S463038475509678 Card 8137		14.35	659.80
2/10		Purchase authorized on 02/10 AZ Lot Qu 4275 W India Phoenix AZ P000000672735243 Card 8137		10.00	
2/10		Non-WF ATM Withdrawal authorized on 02/10 3404 N 19th Ave Phoenix AZ 463041699162141 ATM ID Ck021622 Card 8137		23.95	625.85
2/13		Purchase authorized on 02/10 Qt 443 Phoenix AZ S463041572432486 Card 8137		3.80	
2/13		Purchase authorized on 02/10 Olive Garde4210006 Phoenix AZ S383041797469623 Card 8137		80.65	
2/13		Purchase authorized on 02/13 WM Superc Wal-Mart Sup Phoenix AZ P000000034222231 Card 8137		30.86	510.54
2/14		Purchase authorized on 02/14 IN *Allied Surplus Phoenix AZ P383045774990398 Card 8137		11.05	499.49
2/15		Purchase authorized on 02/15 Target T- 10404 N 43Rd Glendale AZ P000000682719072 Card 8137		15.56	483.93
<b>Ending balance on 2/15</b>					<b>483.93</b>
<b>Totals</b>			<b>\$1,043.99</b>	<b>\$1,241.20</b>	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

**Monthly service fee summary**

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wells Fargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 01/19/2023 - 02/15/2023	Standard monthly service fee \$10.00	You paid \$0.00
<b>How to avoid the monthly service fee</b>	Minimum required	This fee period
Have any <b>ONE</b> of the following account requirements		
· Minimum daily balance	\$500.00	-\$48.67 <input type="checkbox"/>
· Total amount of qualifying direct deposits	\$500.00	\$1,041.82 <input checked="" type="checkbox"/>
· Age of primary account owner	17 - 24	<input type="checkbox"/>
· The fee is waived when the account is linked to a Wells Fargo Campus ATM or Campus Debit Card		

RC/RC

# 2023-04 A TIP

Assistance Requested:3/30/2023		
Type	Amount	Total
Rent/TIP	\$10,000.00	<b>\$10,000.00</b>
<b>Total</b>	<b>\$10,000.00</b>	<b>\$10,000.00</b>

## Essay Question 2

During my military service, I exhibited signs of depression. In one of those instances I was questioned by the Senior Chief Petty Officer to make sure I did not have a plan to harm myself or others. On the second ship I served on I was triggered by unexpected changes that resulted in a blackout lasting about a few hours. During this blackout I cannot recall being verbally or physically abusive towards others or myself. When I came out of the blackout I noticed that my knife was removed from my possession to ensure I could not harm myself or others. Following this incident I was in a state of depression that has never gotten better. My depression has been ongoing since my discharge from the military and has contributed to my anxiety and ability to maintain employment. I have not had a job in over a decade due to my mental health. I have lived with family members who have taken care of my financial burden until June 2022.



London Anderson <landerson@azdvs.gov>

# ADVS MFRF Grant Request from Gerald Duane Castillo, Veteran

2 messages

'Jotform' via MFRF Administration - VS <mfrf@azdvs.gov>

Thu, Mar 30, 2023 at 11:16 AM

Reply-To: gdcastillo@yahoo.com

To: mfrf@azdvs.gov



## Arizona Department of Veterans' Services For Arizona veterans and those who care for them.



### ADVS MFRF Grant Request

Today's Date	2023-03-30 11:07
Deployment: Did Service Member or Veteran deploy during their military service?	YES
Residency: Click ALL that apply to Service Member or Veteran	- Claimed Arizona as home of record while in service
Was Service Member's or Veteran's current financial hardship caused by their military service?	YES
Eligibility Score	41
Applicant Name	Gerald Duane Castillo
Applicant Last4 (SSN)	8296
Applicant Type	Veteran
Applicant Email	<a href="mailto:gdcastillo@yahoo.com">gdcastillo@yahoo.com</a>
Applicant Full Address	Street Address: <a href="#">301 E Townley Ave, #104</a> City: Phoenix State: AZ Zip Code: 85020
Applicant Phone	(928) 530-7245
How did you hear about MFRF?	US Vets
Please select the date range below showing when you deployed.	Before 9/11/2001
Essay Question 1	I am in need of financial assistance due to mental and physical health struggles that have contributed to my ability to maintain employed. I have not had a job in the past ten years. On June 1, 2022 I had a triple bypass

and about two weeks later I had a fight with my cousin, who I had been living with, and was kicked out. I spent time in a halfway house following my surgery for 26 days and then at then end of that stay was transported to the Community Referral and Resource Center to be referred to a transitional shelter. I was referred to MANA House for transitional housing and from there was connected with U.S. Vets. U.S. Vets has helped me obtain an apartment but can not provide rental assistance while my SSI application gets processed for me to receive a monthly income suitable for paying my own rent.

Essay Question 2

During my military service, I exhibited signs of depression. In one of those instances I was questioned by the Senior Chief Petty Officer to make sure I did not have a plan to harm myself or others. On the second ship I served on I was triggered by unexpected changes that resulted in a blackout lasting about a few hours. During this blackout I cannot recall being verbally or physically abusive towards others or myself. When I came out of the blackout I noticed that my knife was removed from my possession to ensure I could not harm myself or others. Following this incident I was in a state of depression that has never gotten better. My depression has been ongoing since my discharge from the military and has contributed to my anxiety and ability to maintain employment. I have not had a job in over a decade due to my mental health. I have lived with family members who have taken care of my financial burden until June 2022.

Essay Question 3

This assistance will assist in keeping me in my apartment after US Vets can no longer assist with rent. I have been provided with a CPAP machine by the VA to control my sleep apnea. I have been provided a pacemaker monitor by Boston Electronics to monitor my pacemaker and keep my heart rate within normal ranges. These two machines are vital to my health and wellbeing. I have also applied for Supplemental Security Income to increase my financial independence however that application is still under review and is expected to take another six months for a determination.

0	1	2	3	4
#	Type of Assistance	Amount	Months Requested (If Applicable)	Total Amount
1	Rent	595	10	5950
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0

11		Grand Total	5950
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0	1	2
#	Income Source	Amount or Description
1	Salary of Service Member/Veteran	
2	- Place of Employment	
3	Salary of Spouse/Significant Other	
4	- Place of employment	
5	VA Disability Income	165.92
6	GI Bill Monthly Stipend	
7	Social Security Income (SSI or SSDI)	
8	Child Support (Received)	
9	Other Household (List)	
10		
11		
12		
13	Monthly Income Total	165.92

0	1	2
#	Essential Expenses	Amount
1	Alimony/Child/Family Support	
2	Childcare	
3	Electric/Gas	
4	Water/Sewer/Garbage	
5	Telephone	
6	Internet	
7	Medical Expenses/Prescriptions	
8	All Rental/Mortgage Expenses	595
9	Auto Insurance	
10	Food/Household items	165.92
11	School Expenses	
12	Gas (Auto)	
13		
14		
15		
16		
17	Total Expenses	760.92

Debt Expenses

0	1	2	3
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#	Debt Name	Monthly Payment Amount	Debt Balance
1	Unsure		
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13	Debt Totals	0	0

0	1	2	3
#	Name	Age	Relationship
1	Gerald Castillo	60	Veteran, Applicant, Head of Household
2			
3			
4			
5			
6			
7			
8			

- [DD214.Castillo.Gerald.8296.pdf](#)
- [ID.Castillo.Gerald.pdf](#)
- [Lease.Castillo.Gerald.pdf](#)
- [Medical Records-MFRF application.pdf](#)
- [VA Award Letter.pdf](#)
- [W9.Castillo.Gerald.pdf](#)

Did you attach all the required documents?

DD214/Military Orders  
VA Decision Letter  
Billing Statements/Invoices

Attestation 3 of 3

Accepted

Applicant Signature



Attestation 1 of 3

Accepted

Attestation 2 of 3

Accepted

Environment

BROWSER: Chrome  
OS: Windows  
DEVICE: Desktop  
LANGUAGE: en-US  
RESOLUTION: 1920\*1080  
TIMEZONE: GMT -7  
USER AGENT: Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/111.0.0.0 Safari/537.36

**Attachments:** Because the total size is more than **5MB** the uploads are not attached.

**London Anderson** <landerson@azdvs.gov>  
To: gdcastillo@yahoo.com  
Cc: MFRF Administration - VS <mfrf@azdvs.gov>

Mon, Apr 3, 2023 at 8:26 AM

Hello,

We have received your application for the MFRF program and are in the process of reviewing everything provided. **Please note that applications will not be reviewed for financial assistance until all required documents are received.**

To ensure your application is processed as quickly as possible, please make sure you have provided all documents listed below. If you have provided these documents via the digital application, your application will be processed in the order they were received. If you have any questions pertaining to these documents or need assistance with resources to gather these documents please contact us at [mfrf@azdvs.gov](mailto:mfrf@azdvs.gov).

### Required Documents

- 2 Months most recent of all bank statements, both checking and savings

[Quoted text hidden]

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*How are we doing? Let us know at: <http://bit.ly/advsfeedback>*

London Anderson  
Program Project Specialist II  
Arizona Department of Veterans' Services



London Anderson &lt;landerson@azdvs.gov&gt;

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**Docs**

2 messages

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**'Gerald Castillo' via MFRF Administration - VS** <mfrf@azdvs.gov>

Mon, Apr 3, 2023 at 8:43 AM

Reply-To: Gerald Castillo &lt;gdcastillo@yahoo.com&gt;

To: mfrf@azdvs.gov

Sent from my iPhone

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**London Anderson** <landerson@azdvs.gov>

Mon, Apr 3, 2023 at 8:54 AM

To: Gerald Castillo &lt;gdcastillo@yahoo.com&gt;

Cc: mfrf@azdvs.gov

Gerald,

As we discussed on the phone, I am going to change your request to \$10,000 TIP/MFRF. This will provide you with \$7,000 for rent and \$3,000 will be given to CBI for case management. Also discussed you stated the only income you currently have is a little over \$150 in service connection and you currently have not started receiving funds so do not currently have a bank account nor have you had one in many years due to being homeless. In the past year you've had a triple bypass, and are currently on a CPaP machine, among other health issues. I know case management will assist you in gaining some stability as well as support.

If you have any questions Gerald, you have my phone number as well as my email address.

On Mon, Apr 3, 2023 at 8:43 AM 'Gerald Castillo' via MFRF Administration - VS <mfrf@azdvs.gov> wrote:

Sent from my iPhone

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*How are we doing? Let us know at: <http://bit.ly/advsfeedback>*

London Anderson

Program Project Specialist II

Arizona Department of Veterans' Services

Email: [landerson@azdvs.gov](mailto:landerson@azdvs.gov)





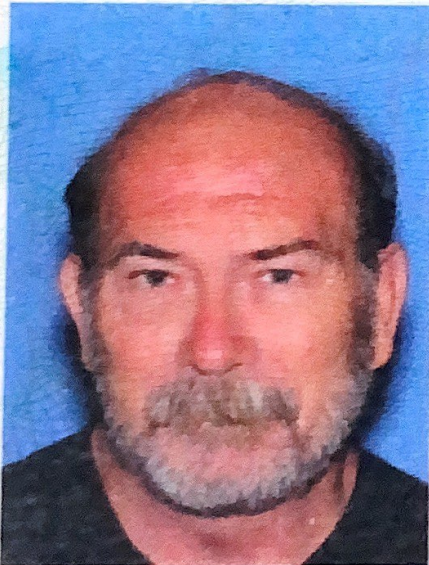


Arizona

DRIVER LICENSE

USA

NOT FOR FEDERAL IDENTIFICATION



9 CLASS D  
9a END NONE  
12 REST B  
4d DLN D10893420  
3 DOB 05/03/1962

1 CASTILLO  
2 GERALD DUANE  
8 21993 E PINEBROOKE LN  
FLORENCE, AZ 85132-9518

4b EXP 05/03/2027 4a ISS 04/20/2019

15 SEX M 18 EYES GRN  
16 HGT 6'-01" 19 HAIR BRO  
17 WGT 200 lb

VETERAN

*Gerald Castillo*

DONOR

05/03/62

5 DD 1651A4935C1052G2



January 11, 2023  
GERALD DUANE CASTILLO  
301 E TOWNLEY AVE  
APT 104  
PHOENIX AZ 85020-2939

## We made a decision on your VA benefits.

Dear Gerald Castillo:

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

The National Defense Authorization Act of 2019, Section 621, provides expanded access to military installations for specific Veterans and caregivers so they may utilize certain morale, welfare and recreation privileges (MWR) to include base exchanges and commissaries beginning January 1, 2020. Specifically, Veterans who are former prisoners of war, recipients of the Purple Heart or those with a disability rating from 0 to 90 percent are now eligible. Note: Veterans with a 100% disability or those awarded individual unemployability are already eligible. Additionally, a caregiver or family caregiver who is enrolled as a Veteran's primary caregiver in the VA Program of Comprehensive Assistance for Family Caregivers is also eligible for these MWR privileges.

### Your Benefit Information:

- Service connection for tinnitus is granted with an evaluation of 10 percent effective September 23, 2022.
- Service connection for bilateral hearing loss is granted with an evaluation of 0 percent effective September 23, 2022.
- Service connection for migraines is denied.
- Service connection for vertigo and dizziness is denied.

Your combined rating evaluation is 10%.

### How VA Combines Percentages

If you have more than one condition, VA will combine percentages to determine your overall disability rating. The percentages assigned for

#### We have included with this letter:

1. Explanation of Payment
2. Additional Benefits
3. Where to Send Your Correspondence
4. VA Form 20-0998
5. Rating Decision
6. Fraud Prevention Attachment

#### Contact information:

Web: [www.vets.gov](http://www.vets.gov)  
Phone: 1-800-827-1000  
TDD: 711  
To send questions online: visit <https://iris.custhelp.com/>

#### Social Media:

Twitter: @VAVetBenefits  
Facebook: [www.facebook.com/VeteransBenefits](http://www.facebook.com/VeteransBenefits)

#### Your representative:

You appointed ARIZONA DEPARTMENT OF VETERANS' SERVICES as your accredited representative. They have also received a copy of this letter.

They can help you with any questions you have about your claim.

If you or someone you know is in crisis, call the *Veterans Crisis Line* at 1-800-273-8255 and press 1.



each of your conditions may not always add up to your combined rating evaluation. The following website has additional information about how VA combines percentages:  
<http://www.benefits.va.gov/compensation/rates-index.asp#howcalc>.

Your monthly entitlement amount is shown below:

Monthly Entitlement Amount	Payment Start Date	Reason
\$152.64	Oct 1, 2022	Original Award
\$165.92	Dec 1, 2022	Cost of Living Adjustment

If payments are due, you should receive your first payment, if not already in receipt of payments, within 7-10 days of this notice.

See **Explanation of Payment** for more details about your payment.

**Please Take Action: Enroll for Payments**

In accordance with the law (31 U.S. Code §3332), benefit payments are to be made by electronic funds transfer (EFT), unless eligible for a waiver by the U.S. Department of Treasury (31 Code of Federal Regulations 208.4). To avoid any delays with your benefit payment, and if you have not already provided your EFT information, go to [www.va.gov/change-direct-deposit](http://www.va.gov/change-direct-deposit) to provide your financial information or call the National Call Center at 1-800-827-1000. If you do not have a checking or savings account, learn more on how to obtain one through the Veterans Benefits Banking Program (VBBP), <https://www.benefits.va.gov/benefits/banking.asp>.

**What You Should Do if You Disagree With Our Decision**

If you do not agree with our decision, you have one year from the date of this letter to select a review option in order to protect your initial filing date for effective date purposes. You must file your request on the required application form for the review option desired. The table below represents the review options and their respective required application form.

Review Option	Required Application Form
Supplemental Claim	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>
Higher-Level Review	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>
Appeal to the Board of	VA Form 10182, <i>Decision Review Request: Board Appeal</i>



## RENTAL AGREEMENT

**New Century Management LLC**, as Manager and Agent (Hereinafter "Management" for owner) rents to Resident(s), see listed below, jointly and severally, the premises located at **301 E. Townley Ave, unit # 104**, Phoenix, AZ 85020 to be used solely for the purpose of a personal residence by (Name each Occupant):

1	Gerald Castillo	SSN	526-65-8296	DOB	05/03/1962
2		SSN		DOB	
3		SSN		DOB	
4		SSN		DOB	

for a term of 6 month(s) beginning October 3rd, 2022 and ending April 30th, 2023 for a unfurnished apartment, and Resident(s) shall pay rent, tax, charges and deposits as set forth below. Occupancy is limited to those persons named above only.

**MONTHLY RENTAL CHARGES**

Rent \$595.00  
 PetRent Parking  
 Rent  
 Other

City Sales Tax **included**

(Applicable tax rate subject to change during lease term)

**TOTAL MONTHLY RENT \$595.00**

**OTHER CHARGES AND DEPOSITS**

Security Deposit \$400.00  
 (transferred)  
**Non-Refundable**  
 Administrative Charge \$200.00

**Non-Refundable**  
 Pet Sanitizing/Cleaning Charge \$ \_\_\_\_\_

**UTILITIES**

Electricity, Water, Trash & sewer provided by landlord.

**Please send all payments to**

New Century Management  
 PO BOX 32326  
 85064, Phoenix, Arizona



New Century Management, LLC  
 PO BOX 32326  
 Phoenix, AZ 85064  
**ACCESS**  
 emergency Management

**RENT PAYMENT.** The rent shall be **\$595.00** per month including applicable sales tax payable in advance on or before the **1st** day of each month at the location designated by Management, which is payable with a credit card, cashier's check, certified check or money order in the exact amount due. No second party checks will be accepted. Resident will pay as additional rent:

1. late fees in the amount of **\$50.00 late fee**, plus **\$10.00 per day** for each day after the 2<sup>nd</sup> day of the month that any portion of the rent or other charges is delinquent
2. **\$50.00** for the preparation and service of any non-compliance notices on Resident
3. **\$50.00** for each non-sufficient fund check returned by the Resident's bank and, thereafter, all future rent and charges shall be paid only in the form of cashier's check or money order
4. the costs of repairs caused by damages due to act of neglect by Resident and/or Resident's guests or other persons affiliated with Resident's apartment
5. any other charges specified in the Rental Agreement. Resident's failure to pay any rent or other charges due under the Rental Agreement may provide a basis for termination of the Rental Agreement at the option of Management. Resident further agrees that Management has the exclusive right to determine how Resident's payments are applied towards the various monetary obligations of this Rental Agreement (i.e. rent, unpaid deposits, charges and/or pet permit violations, etc.).

**UTILITY COST ADJUSTMENT DURING LEASE TERM.** Management shall have the right, upon thirty (30) days notice to Resident, to increase the total rent due by an amount reasonably related to any increase in the cost of utilities for either electricity and/or natural gas, if applicable and provided by owner. Management may use any formula for imposing a charge for utilities allowed by Arizona Residential Landlord Tenant Act.

**PARKING POLICIES.** Resident agrees that only those vehicles (including trailers, RV's, and boats) identified below may park on the property without separate written consent from Management

Make / Model	Type	Year	License No.	State	Space No.
N/A					

**Management may assign parking spaces or areas for residents and guests.**

Management may also designate

1. No Parking areas
2. Whether trailers, boats, or campers may park and where inoperable, abandoned or unauthorized vehicles will be towed away at the owner's expense after a 24-hour notice is posted on vehicle. The 24-hour notice does not apply to vehicles that are parked in a space assigned to another resident, parked in a marked tow-away zone or parked to impede traffic or trash collection easements. Vehicles parked in this manner will be towed away immediately without warning at owner's expense. If Management pays resident's towing expenses, such expense shall be deemed as additional rent owed and be immediately due and payable. Guests must only use unassigned spaces. Vehicle repairs may only be done with Management's permission and in areas and at times specified by Management. Motorcycles must be parked in parking lots, never on sidewalks, in landscape areas or apartments and must not damage asphalt, etc. Vehicles parked on the property must park "head in" only and show current registration. Management may elect to charge as additional rent a **\$200.00** fine for repeat offenders.

*Aye*

# FAX

To: U.S. Vets  
Fax: 602-441-0613  
Pages: \_\_\_\_\_

From: **HORIZON HEALTH and WELLNESS**

At: **210 East Cottonwood Lane, Casa Grande, Az 85122**

Phone: **520-836-1688**

Fax: **520-876-1796**

**PERSONAL**

**The records pertaining to the above client are true and complete copies of the records requested. If you receive this fax in error, please contact the sender immediately and then destroy the faxed materials.**





# Client Consent Form (Authorization to Release/Obtain Confidential Information)

Name of Client: Gerald Castillo Client Birth Date: 05 / 03 / 1962

I, Gerald Castillo hereby agree that the U.S. VETS may:

X Release AC (client initials) X Obtain AC (client initials) information about me to/from the following organization(s) or individuals: Any organization, landlord and/or agency necessary to assist in the housing process or specifically;

FROM/TO: Horizon Health and Wellness Phone: 520 635 6350  
Fax: \_\_\_\_\_

The form in which this information will be shared (check appropriate box):  Written  Verbal  Phone  Email  Fax

Purpose for information: Housing Stabilization, Collaboration and Delivery of Services  
Delivery of Services- financial assistance

Specific Information Requested:  
Medical-Psych records

Benefits: Assist in treatment planning and service coordination and delivery  
Risks: Confidential information may be shared. Sexual and physical abuse and neglect will be reported to CPS and/or APS. Serious harm to self or to others will be reported to appropriate persons. Confidentiality can be superseded by Court Order.  
Alternatives: Not to release information.

For the person providing consent:  
This consent has been made freely, voluntarily and without coercion.  
I was able to ask questions and receive answers about this release.  
I hereby authorize releasing/obtaining the information as specified above and further understand that: Those who receive this information cannot disclose it to others without my further consent, unless permitted by Federal or State law.

I also understand that I may revoke this consent at any time in writing, except to the extent that action has been taken in reliance on it, and that in any event, this consent expires automatically as follows:

(Specification of the date, event, or condition upon which this consent expires)

Consent expires on this date (check one):  One year from signing  Other date: \_\_\_\_\_  
(Consent cannot be of greater length than 1 year)

Printed Name of Client Providing Consent:

Gerald O. Castillo

Signature of Client Providing Consent:

[Handwritten Signature]

Date:  
3/23/

Signature of Staff/Agency Witness:

[Handwritten Signature]

Title of Person:  
Case Manager

Date:  
3/23/2023

This consent is withdrawn effective \_\_\_/\_\_\_/\_\_\_ Withdrawal requested:  Verbally  In writing  
Signature of client: \_\_\_\_\_



Patient Summary for CASTILLO, GERALD, 60 Y, Male DOB:05/03/1962

**CASTILLO, GERALD**

2422 W Holly ST, Phoenix, AZ, US 85009

DOB: 05/03/1962 Age: 60 Y Sex: Male

Home: 520-688-7454

Work:

Call:

Email: gdcastillo@yahoo.com

**Previous Name:**

**Advance Directive:**

**Primary Insurance:** AzCH Complete Health-PCP SMI

**PCP:** Charlene Diaz

**Account Number:** 36336


**Race:** American Indian or Alaska Native,White

**Ethnicity:** Not Hispanic or Latino

**Preferred Language:** English

**Care Team:**

**Allergies**

**Substance:** pencillin. **Status:** Active.   
**Substance:** Percocet. **Status:** Active.

**Medical History**

Problem List							
Onset Date	Code	Name	Specify	Notes	Added On	Modified On	Modified By
	E11.9	Type 2 diabetes mellitus without complications			01/06/2021	01/06/2021	Fedor, Danielle
		<b>W/U Status:</b> confirmed					
	E66.3	Overweight			06/12/2019	06/12/2019	McKenna, Sarah
		<b>W/U Status:</b> confirmed					
	E78.5	Hyperlipidemia, unspecified			11/09/2018	06/21/2022	Marmont, Sabrina
		<b>W/U Status:</b> confirmed					
	F17.200	Nicotine dependence, unspecified, uncomplicated			11/09/2018	12/16/2020	Fedor, Danielle
		<b>W/U Status:</b> confirmed					
	F31.31	Bipolar disorder, current episode depressed, mild			12/19/2018	12/22/2021	STEVENSON, TROY
		<b>W/U Status:</b> confirmed					
	F33.9	Major depressive disorder, recurrent, unspecified			11/09/2018	11/09/2018	KEYS, KELLY
		<b>W/U Status:</b> confirmed					
	F41.1	Generalized anxiety disorder			12/19/2018	03/03/2020	Lutostanski, Karen
		<b>W/U Status:</b> confirmed					
	G89.4	Chronic pain syndrome			11/09/2018	02/27/2019	Adero, Carolyne
		<b>W/U Status:</b> confirmed					
	I10	Essential (primary) hypertension			11/09/2018	06/21/2022	Marmont, Sabrina
		<b>W/U Status:</b> confirmed					
	I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris			04/20/2022	04/20/2022	Diaz, Charlene
		<b>W/U Status:</b> confirmed					
	I25.2	Old myocardial infarction	4/16/2014		12/03/2018	12/03/2018	KEYS, KELLY
		<b>W/U Status:</b> confirmed					
	I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris			06/07/2022	06/21/2022	Marmont, Sabrina
		<b>W/U Status:</b> confirmed					
	J30.9	Allergic rhinitis, unspecified			11/21/2019	12/16/2020	Fedor, Danielle
		<b>W/U Status:</b> confirmed					
	J44.9	Chronic obstructive pulmonary disease, unspecified			11/09/2018	06/12/2019	McKenna, Sarah
		<b>W/U Status:</b> confirmed					
	N32.81	Overactive bladder			11/09/2018	11/09/2018	KEYS, KELLY

## Patient Summary for CASTILLO, GERALD, 60 Y, Male DOB:05/03/1962

R55	W/U Status: confirmed Syncope and collapse	06/12/2019 06/12/2019	McKenna, Sarah
Z56.0	W/U Status: confirmed Unemployment, unspecified	01/02/2020 03/03/2020	Lutostanski, Karen
Z59.6	W/U Status: confirmed Low Income	01/02/2020 03/03/2020	Lutostanski, Karen
Z95.0	W/U Status: confirmed Presence of cardiac pacemaker	4/16/2014	Boston Scientific, model name: IS-1 biopositive FX RA/RV 60cm, plarity bipolar, Model #: 4136, Serial #: 2934470R, R atrium Adero, Carolyne
F43.10	W/U Status: confirmed Posttraumatic stress disorder	11/09/2018 11/09/2018	KEYS, KELLY

## Past Medical History

allergies  
copd  
anxiety  
depression  
arthritis  
heart palpitations  
high cholesterol

## Medications

## Name strength formulation, Sig: take route frequency

Start Tamsulosin HCl 0.4 MG Capsule, Sig: 1 capsule Orally Once a day Start Date: 07/13/2022  
Not-Taking Metoprolol Succinate 50 MG Tablet Extended Release, Sig: 1 capsule Orally Once a day  
Taking Metoprolol Tartrate 25 MG Tablet, Sig: 1/2 tablet with food Orally Twice a day  
Taking Atorvastatin Calcium 80 MG Tablet, Sig: 1 tablet Orally Once a day  
Taking Losartan Potassium 100 MG Tablet, Sig: 1 tablet Orally Once a day  
Taking metFORMIN HCl ER 500 MG Tablet Extended Release 24 Hour, Sig: 1 tablet with a meal Orally twice a day Start Date: 01/06/2021  
Taking Cetirizine HCl 10 MG Tablet, Sig: 1 tablet Orally Once a day Start Date: 11/21/2019  
Taking Fluticasone Propionate 50 MCG/ACT Suspension, Sig: 1 spray in each nostril Nasally Twice a day Start Date: 11/21/2019  
Taking Potassium Chloride ER 10 MEQ Tablet Extended Release, Sig: 1 tablet with food Orally Twice a day Start Date: 07/26/2019  
Start busPIRone HCl 5 MG Tablet, Sig: 1 tablet Orally Twice a day Start Date: 06/22/2022  
Taking Diclofenac Sodium 50 MG Tablet Delayed Release, Sig: 1 tablet with food or milk Orally Twice a day  
Taking Oxybutynin Chloride 5 MG Tablet, Sig: 1 tablet Orally Twice a day  
Refill ARIPiprazole 2 MG Tablet, Sig: 1 tablet daily for mood stabilization Orally Once a day  
Taking ProAir HFA 108 (90 Base) MCG/ACT Aerosol Solution, Sig: 2 puffs as needed Inhalation every 6 hrs Start Date: 07/25/2019  
Refill Escitalopram Oxalate 20 MG Tablet, Sig: 1 tablet in the morning for depression/anxiety Orally Once a day  
Taking Aspirin 81 81 MG Tablet Chewable, Sig: 1 tablet Orally Once a day  
Taking Methocarbamol 750 MG Tablet, Sig: 1 tablet Orally every 8 hrs  
Taking tylenol , Sig: 1 tab Oral  
Taking Famotidine 20 MG Tablet, Sig: 1 tablet at bedtime as needed Orally Twice a day  
Taking Amiodarone HCl 200 MG Tablet, Sig: 1 tablet Orally take two tablets until June 9, then take one tablet by mouth every day  
Taking HYDROcodone-Acetaminophen 5-325 MG Tablet, Sig: 1 tablet as needed Orally take four times a day as needed

## Surgical History

Date	Reason
3/2022	pace maker
5/2022	hernia heart bypass surgery

## Hospitalization

Date	Reason
5/2022	pneumonia Banner heart

## Social History

## Patient Summary for CASTILLO, GERALD, 60 Y, Male DOB:05/03/1962

Name	Value
Drugs	Have you used drugs other than those for medical reasons in the past 12 months? No
Alcohol Screen (Audit-C)	Did you have a drink containing alcohol in the past year?: No, Points: 0, Interpretation: Negative
Caffeine	Intake: none.
Do you smoke marijuana?	Admits
Do you drink alcohol?	No
Tobacco Use/Smoking	Are you a: current smoker , How often do you smoke cigarettes?: some days, but not every day, How soon after you wake up do you smoke your first cigarette?: 6-30 minutes
Relationships	married x 1 separated since 1995, no children
Past and/or current substance use:	Marijuana - first use around 20 y/o to current
Trauma/abuse history:	Pt admits to physical and mental abuse from step mother, 8 to 18 y/o
Family/social support group:	2nd cousin
Housing/Living environment:	lives with 2nd cousin and his wife
Educational history:	associated degree in electronics
Employment history:	last employment around 2012, newspaper route for 1 years, longest employment was 4 years in the Navy around 1984
Developmental history:	denies delays in development or learning
Suicide/self harm history:	SIB as a teenager, denies suicide attempt hx
Violence towards other history:	Denies
Past psychiatric hospitalizations:	Denies
Past psychotropic medication trials:	Lexapro, Depakote, Xanax, Ativan, abllify
COE/T status:	denies
General:	Past MH Diagnosis: MDD, PTSD, GAD, Bipolar Disorder - reports this was a misdiagnosis. Psychiatric/Detox Hospitalization Yes, x 1 1982 - he was hospitalized after hitting an officer while he was in the navy. Suicide Attempt/Self Injurious Behavior Patient denies - reports "just thoughts". Court Ordered Treatment Patient denies. ECT: Patient denies. Past Psychiatric Care Previous managed by psych provider in Kingman - Mojave Mental Health. Psychotherapy: past counseling, helps with symptoms. PAST PSYCH MEDS Lexapro, Depakote, Xanax, Ativan. History of violence towards others Yes. Traumatic hx Abuse in his childhood/adolescence. Has anyone physically or emotionally abused you in the past? Yes hx of verbal and physical abuse in his childhood and adolescent years. Substance abuse hx Marijuana. coping skills remove himself from any triggering situations, read, video games. Developmental Hx Born full term. Hit all developmental milestones on time. . *Hx of seizure/TBI: Denies hx of seizures. Reports hx of concussions. *Family Mental Health or Chemical dependency Hx: mother-alcoholic/drug addict *Familial Hx of suicide: unsure *Legal Issues: Denies *Social Hx: Born and raised in Kingman, AZ. Got Cs in school. Highest level of education: Associates Degree. Currently unemployed. Currently living with his cousin in a trailer. Supports: Just himself.
Custody/guardianship status:	not applicable
Criminal history:	Denies
Sex offender status:	denies

**Family History****Relation : Description**

Father: alive, depression, diagnosed with Diabetes in 1  
 Mother: deceased, ETOH abuse  
 Siblings: alive, sister - anger, ETOH, diagnosed with Diabetes in 1  
 1 sister(s) .  
 Pt denies family hx of death by suicide

**Immunizations**

Name	Date	Dosage
Pneumococcal polysaccharide PPV23	2019-01-10	0.5 mL
Flu vaccine no Preserv 3 and >	2019-01-10	0.5 mL
"Fluzone Quadrivalent	2021-12-08	0.5 mL
Fluzone Quadrivalent	2020-10-30	
SARS-COV-2 (COVID-19) Vaccine, mRNA, spike protein, LNP,	2021-04-06	0.5 mL
SARS-COV-2 (COVID-19) Vaccine, mRNA, spike protein, LNP,	2021-03-11	0.5 mL

**Vitals**

Name	Date	Value
Temp	06/06/2022	97.5
BP	06/06/2022	124/82
HR	06/06/2022	65
Ht	06/06/2022	73
Oxygen sat %	06/06/2022	99
Ht-cm	06/06/2022	185.42

**Patient Encounters**

Date	Time	Provider	Facility	Reason	Diagnosis
07/20/2022	10:06 AM		FLORENCE OP	Meds	

## Patient Summary for CASTILLO, GERALD, 60 Y, Male DOB:05/03/1962

07/13/2022	10:48 AM		FLORENCE OP	medication	
06/22/2022	08:00 AM	STEVENSON, TROY	CG 210 COTTON FQHC	6 MONTH F/U - Doxy.me - P at Peart/RV 3	F33.9- Major depressive disorder, recurrent, unspecified <b>SNOMED:66344007</b> F41.1- Generalized anxiety disorder <b>SNOMED:21897009</b> F31.31- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b>
06/21/2022	12:28 PM		FLORENCE OP	medication	
06/06/2022	10:15 AM	Marmont, Sabrina	FLORENCE OP	Zoom Hospital discharge	E78.5- Hyperlipidemia, unspecified <b>SNOMED:55822004</b> I10- Essential (primary) hypertension <b>SNOMED:59621000</b> I25.810- Atherosclerosis of coronary artery bypass graft (s) without angina pectoris
04/19/2022	08:00 AM	Diaz, Charlene	FLORENCE OP	Labs/ Medication	E11.9- Type 2 diabetes mellitus without complications I10- Essential (primary) hypertension
12/29/2021	09:42 AM		FLORENCE OP	medication	I10- Essential (primary) hypertension
12/22/2021	08:45 AM	STEVENSON, TROY	FLORENCE OP	3 mo F/U & Med Ck - doxy 928-530-7245	F31.31- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b>
12/08/2021	10:45 AM	Diaz, Charlene	FLORENCE OP	Requesting Flu Shot - F2F	Z23- Encounter for Immunization
09/22/2021	09:40 AM	STEVENSON, TROY	FLORENCE OP	3 mo F/U & Med ck - F2F	F31.31- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b>
09/21/2021	03:57 PM		AJ PLAZA FQHC	med refill	I10- Essential (primary) hypertension
08/25/2021	03:15 PM		AJ PLAZA FQHC	Medication refill	I10- Essential (primary) hypertension
06/22/2021	10:00 AM	STEVENSON, TROY	FLORENCE OP	telemed/ New to Provider - 3 mo F/U & Med ck	F31.31- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b>
06/14/2021	01:43 PM		AJ PLAZA FQHC	BH Refills	F41.1- Generalized anxiety disorder F31.31- Bipolar disorder, current episode depressed, mild
06/10/2021	04:24 PM		AJ PLAZA FQHC		E11.9- Type 2 diabetes mellitus without complications
06/03/2021	11:44 AM		FLORENCE OP	medication	
05/28/2021	09:30 AM	MA Florence,	FLORENCE OP	Labs	E11.9- Type 2 diabetes mellitus without complications I10- Essential (primary) hypertension <b>SNOMED:59621000</b> J44.9- Chronic obstructive pulmonary disease, unspecified <b>SNOMED:13645005</b> E78.5- Hyperlipidemia, unspecified <b>SNOMED:55822004</b> Z95.0- Presence of cardiac pacemaker <b>SNOMED:441509002</b> F43.10- Posttraumatic stress disorder <b>SNOMED:47505003</b> F33.9- Major depressive disorder, recurrent, unspecified <b>SNOMED:66344007</b> G89.4- Chronic pain syndrome <b>SNOMED:373621006</b> N32.81- Overactive bladder <b>SNOMED:236633002</b> I25.2- Old myocardial infarction <b>SNOMED:1755008</b> F41.1- Generalized anxiety disorder <b>SNOMED:21897009</b> F31.31- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b> E66.3- Overweight

Patient Summary for CASTILLO, GERALD, 60 Y, Male DOB:05/03/1962

					R55- Syncope and collapse J30.9- Allergic rhinitis, unspecified Z59.6- Low income Z56.0- Unemployment, unspecified F17.200- Nicotine dependence, unspecified, uncomplicated
04/20/2021	09:03 AM		FLORENCE OP		
04/16/2021	11:00 AM	MA Florence,	FLORENCE OP	Lab work	I10- Essential (primary) hypertension <b>SNOMED:59621000</b> J44.9- Chronic obstructive pulmonary disease, unspecified <b>SNOMED:13645005</b> F17.200- Nicotine dependence, unspecified, uncomplicated <b>SNOMED:110483000</b> E78.5- Hyperlipidemia, unspecified <b>SNOMED:55822004</b> Z95.0- Presence of cardiac pacemaker <b>SNOMED:441509002</b> F43.10- Posttraumatic stress disorder <b>SNOMED:47505003</b> F33.9- Major depressive disorder, recurrent, unspecified <b>SNOMED:66344007</b> G89.4- Chronic pain syndrome <b>SNOMED:373621006</b> N32.81- Overactive bladder <b>SNOMED:236633002</b> I25.2- Old myocardial infarction <b>SNOMED:1755008</b> F41.1- Generalized anxiety disorder <b>SNOMED:21897009</b> F31.31- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b> E66.3- Overweight R55- Syncope and collapse J30.9- Allergic rhinitis, unspecified Z59.6- Low Income Z56.0- Unemployment, unspecified E11.9- Type 2 diabetes mellitus without complications
04/13/2021	10:56 AM		FLORENCE OP	medication	I10- Essential (primary) hypertension
04/06/2021	10:15 AM	MA BROADWAY,	AJ PLAZA FQHC	DOSE 2	Z23- Encounter for immunization
03/25/2021	09:00 AM	Lutostanski, Karen	FLORENCE OP	3 mo F/U & Med ck - Telephonic 928.530.7245	F31.31- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b> F41.1- Generalized anxiety disorder <b>SNOMED:21897009</b> Z59.6- Low income Z56.0- Unemployment, unspecified
03/19/2021	11:50 AM		FLORENCE OP	medication	I10- Essential (primary) hypertension
03/11/2021	10:15 AM	MA BROADWAY,	AJ PLAZA FQHC	DOSE 1	Z23- Encounter for immunization
02/19/2021	09:15 AM	Fedor, Danielle	FLORENCE OP	Tele- f/u Medication	E11.9- Type 2 diabetes mellitus without complications F17.200- Nicotine dependence, unspecified, uncomplicated <b>SNOMED:110483000</b>
02/17/2021	08:30 AM		AJ PLAZA FQHC	medication refill	
01/25/2021	08:30 AM	Fedor, Danielle	FLORENCE OP	request COVID Test for upcoming procedure	Z11.59- Encounter for screening for other viral diseases
01/06/2021	11:00 AM	Fedor, Danielle	FLORENCE OP	F/U for Labs -	

## Patient Summary for CASTILLO, GERALD, 60 Y, Male DOB:05/03/1962

12/31/2020	08:26 AM		FLORENCE OP	Telephonic 928.530.7245 mwdication	E11.9- Type 2 diabetes mellitus without complications F31.31- Bipolar disorder, current episode depressed, mild
12/29/2020	09:20 AM	Lutostanski, Karen	FLORENCE OP	2 mo F/U & Med ck (Telephonic 928.530.7245)	F31.31- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b> F41.1- Generalized anxiety disorder <b>SNOMED:21897009</b> Z59.6- Low Income Z56.0- Unemployment, unspecified
12/16/2020	10:00 AM	Fedor, Danielle	FLORENCE OP	Establlsh Care w/ New PCP - Wellman Ck - F2F	E78.5- Hyperlipidemia, unspecified <b>SNOMED:55822004</b> J30.9- Allergic rhinitis, unspecified I10- Essential (primary) hypertension <b>SNOMED:59621000</b> F17.200- Nicotine dependence, unspecified, uncomplicated <b>SNOMED:110483000</b> R19.7- Diarrhea, unspecified F33.9- Major depressive disorder, recurrent, unspecified <b>SNOMED:66344007</b>
11/13/2020	09:36 AM		FLORENCE OP	Rx question	
10/30/2020	10:30 AM	MA Florence,	FLORENCE OP	Flu Shot	E66.3- Overweight E78.5- Hyperlipidemia, unspecified <b>SNOMED:55822004</b> F17.200- Nicotine dependence, unspecified, uncomplicated <b>SNOMED:110483000</b> F31.31- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b> F33.9- Major depressive disorder, recurrent, unspecified <b>SNOMED:66344007</b> F41.1- Generalized anxiety disorder <b>SNOMED:21897009</b> G89.4- Chronic pain syndrome <b>SNOMED:373621006</b> I10- Essential (primary) hypertension <b>SNOMED:59621000</b> I25.2- Old myocardial infarction <b>SNOMED:1755008</b> J30.9- Allergic rhinitis, unspecified J44.9- Chronic obstructive pulmonary disease, unspecified <b>SNOMED:13645005</b> N32.81- Overactive bladder <b>SNOMED:236633002</b> R55- Syncope and collapse Z56.0- Unemployment, unspecified Z59.6- Low Income Z95.0- Presence of cardiac pacemaker <b>SNOMED:441509002</b> F43.10- Posttraumatic stress disorder <b>SNOMED:47505003</b>
10/29/2020	04:45 PM	Diaz, Charlene	FLORENCE OP	Referral - Colonoscopy (Telephonic 928.530.7245)	Z12.11- Encounter for screening for malignant neoplasm of colon
10/27/2020	09:20 AM	Lutostanski, Karen	FLORENCE OP	F/U & Med ck (telephonic- 928.530.7245)	F31.31- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b> F41.1- Generalized anxiety disorder <b>SNOMED:21897009</b> Z59.6- Low income

## Patient Summary for CASTILLO, GERALD, 60 Y, Male DOB:05/03/1962

10/05/2020	02:33 PM		FLORENCE OP	medication	Z56.0-- Unemployment, unspecified E87.6-- Hypokalemia I10-- Essential (primary) hypertension
09/25/2020	08:35 AM		FLORENCE OP	medication	F41.1-- Generalized anxiety disorder <b>SNOMED:21897009</b> F31.31-- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b>
07/20/2020	02:52 PM		FLORENCE OP	medication	E87.6-- Hypokalemia
07/14/2020	11:35 AM		FLORENCE OP	medication	E78.5-- Hyperlipidemia, unspecified
07/10/2020	09:39 AM		FLORENCE OP	MEDICATION	I10-- Essential (primary) hypertension
06/26/2020	09:00 AM	Lutostanski, Karen	FLORENCE OP	Telephonic-2 month F/U	F31.31-- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b> F41.1-- Generalized anxiety disorder <b>SNOMED:21897009</b> Z59.6-- Low income Z56.0-- Unemployment, unspecified
06/03/2020	09:45 AM	Diaz, Charlene	CG 2ND ST FQHC	Medication/Paperwork for Medical Marijuana Card	M54.5-- Low back pain
04/28/2020	08:20 AM	Lutostanski, Karen	FLORENCE OP	2 mo f/u & Med ck (Telephonic)	F31.31-- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b> F41.1-- Generalized anxiety disorder <b>SNOMED:21897009</b> Z59.6-- Low income Z56.0-- Unemployment, unspecified
04/15/2020	01:18 PM		FLORENCE OP	medication	I10-- Essential (primary) hypertension
03/23/2020	08:20 AM		FLORENCE OP	med refills	N32.89-- Other specified disorders of bladder
03/04/2020	02:33 PM		FLORENCE OP	medication	J30.9-- Allergic rhinitis, unspecified
03/03/2020	08:00 AM	Lutostanski, Karen	FLORENCE OP	2 mo f/u & Med ck	F31.31-- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b> F41.1-- Generalized anxiety disorder <b>SNOMED:21897009</b> Z59.6-- Low income Z56.0-- Unemployment, unspecified
02/20/2020	08:00 AM	Diaz, Charlene	FLORENCE OP	2 mo f/u	F17.200-- Nicotine dependence, unspecified, uncomplicated J30.9-- Allergic rhinitis, unspecified
01/02/2020	08:00 AM	Madsen, Roman	FLORENCE OP	annual eval & Med ck	F31.31-- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b> F41.1-- Generalized anxiety disorder <b>SNOMED:21897009</b> Z59.6-- Low income Z56.0-- Unemployment, unspecified
12/19/2019	10:00 AM	Lutostanski, Karen	FLORENCE OP	3 mo f/u	F31.31-- Bipolar disorder, current episode depressed, mild F41.1-- Generalized anxiety disorder Z73.6-- Limitation of activities due to disability Z62.810-- Personal history (past history) of physical abuse in childhood
12/19/2019	08:00 AM	Diaz, Charlene	FLORENCE OP	4 week f/u & annual physical	F17.200-- Nicotine dependence, unspecified, uncomplicated R79.89-- Other specified abnormal findings of blood chemistry Z00.00-- Encounter for general adult medical examination without abnormal findings

## Patient Summary for CASTILLO, GERALD, 60 Y, Male DOB:05/03/1962

11/21/2019	08:00 AM	Diaz, Charlene	FLORENCE OP	Quit smoking	F17.200- Nicotine dependence, unspecified, uncomplicated J30.9- Allergic rhinitis, unspecified
11/14/2019	08:00 AM	Diaz, Charlene	FLORENCE OP	Pain in stomach	R10.32- Left lower quadrant pain E78.5- Hyperlipidemia, unspecified <b>SNOMED:55822004</b>
10/22/2019	04:32 PM		FLORENCE OP	medication	
09/24/2019	11:50 AM	Lutostanski, Karen	FLORENCE OP	3 month f/u	F31.31- Bipolar disorder, current episode depressed, mild F41.1- Generalized anxiety disorder Z73.6- Limitation of activities due to disability Z62.810- Personal history (past history) of physical abuse in childhood
09/12/2019	01:00 PM	Diaz, Charlene	FLORENCE OP	lab results	I10- Essential (primary) hypertension <b>SNOMED:59621000</b> E87.6- Hypokalemia
07/26/2019	08:24 AM		QUEEN CREEK FQHC		
07/25/2019	04:28 PM		FLORENCE OP	medication	
07/25/2019	11:30 AM	MA Florence,	FLORENCE OP	Labs	E66.3- Overweight E78.5- Hyperlipidemia, unspecified <b>SNOMED:55822004</b> F17.200- Nicotine dependence, unspecified, uncomplicated <b>SNOMED:110483000</b> F31.31- Bipolar disorder, current episode depressed, mild <b>SNOMED:191629006</b> F33.9- Major depressive disorder, recurrent, unspecified <b>SNOMED:66344007</b> F41.1- Generalized anxiety disorder <b>SNOMED:21897009</b> G89.4- Chronic pain syndrome <b>SNOMED:373621006</b> I10- Essential (primary) hypertension <b>SNOMED:59621000</b> I25.2- Old myocardial infarction <b>SNOMED:1755008</b> J44.9- Chronic obstructive pulmonary disease, unspecified <b>SNOMED:13645005</b> N32.81- Overactive bladder <b>SNOMED:236633002</b> R55- Syncope and collapse Z95.0- Presence of cardiac pacemaker <b>SNOMED:441509002</b> F43.10- Posttraumatic stress disorder <b>SNOMED:47505003</b>
06/28/2019	02:20 PM	Lutostanski, Karen	FLORENCE OP	6 week f/u	F31.31- Bipolar disorder, current episode depressed, mild F41.1- Generalized anxiety disorder Z73.6- Limitation of activities due to disability Z62.810- Personal history (past history) of physical abuse in childhood
06/27/2019	09:40 AM	McKenna, Sarah	FLORENCE OP	Labs review	E87.6- Hypokalemia Z68.27- Body mass index (BMI) 27.0-27.9, adult
06/13/2019	10:55 AM	MA Florence,	FLORENCE OP	labs	E66.3- Overweight E78.5- Hyperlipidemia, unspecified <b>SNOMED:55822004</b> F17.200- Nicotine dependence, unspecified, uncomplicated <b>SNOMED:110483000</b>



Patient Summary for CASTILLO, GERALD, 60 Y, Male DOB:05/03/1962

					<p>F31.31- Bipolar disorder, current episode depressed, mild  <b>SNOMED:191629006</b>                  F33.9- Major depressive disorder, recurrent, unspecified  <b>SNOMED:66344007</b>                  F41.1- Generalized anxiety disorder  <b>SNOMED:21897009</b>                  G89.4- Chronic pain syndrome  <b>SNOMED:373621006</b>                  I10- Essential (primary) hypertension  <b>SNOMED:59621000</b>                  I25.2- Old myocardial infarction  <b>SNOMED:1755008</b>                  J44.9- Chronic obstructive pulmonary disease, unspecified  <b>SNOMED:13645005</b>                  N32.81- Overactive bladder  <b>SNOMED:236633002</b>                  R55- Syncope and collapse                  Z95.0- Presence of cardiac pacemaker  <b>SNOMED:441509002</b>                  F43.10- Posttraumatic stress disorder  <b>SNOMED:47505003</b></p>
06/12/2019	12:40 PM	McKenna, Sarah	FLORENCE OP	med refill	<p>I10- Essential (primary) hypertension  <b>SNOMED:59621000</b>                  J44.9- Chronic obstructive pulmonary disease, unspecified  <b>SNOMED:13645005</b>                  E66.3- Overweight                  R55- Syncope and collapse                  Z68.27- Body mass index (BMI) 27.0-27.9, adult</p>
06/03/2019	09:19 AM		FLORENCE OP	medication	
05/28/2019	10:53 AM		FLORENCE OP	medication	F31.31- Bipolar disorder, current episode depressed, mild
05/15/2019	02:00 PM	Lutostanski, Karen	FLORENCE OP	2 month follow up	<p>F31.31- Bipolar disorder, current episode depressed, mild                  F41.1- Generalized anxiety disorder                  Z73.6- Limitation of activities due to disability                  Z62.810- Personal history (past history) of physical abuse in childhood</p>
04/30/2019	09:51 AM		FLORENCE OP	medication	
03/15/2019	09:40 AM	Lutostanski, Karen	FLORENCE OP	6 week follow up	<p>F31.31- Bipolar disorder, current episode depressed, mild                  F41.1- Generalized anxiety disorder                  Z73.6- Limitation of activities due to disability                  Z62.810- Personal history (past history) of physical abuse in childhood</p>
03/11/2019	02:56 PM		FLORENCE OP	medication	F17.200- Nicotine dependence, unspecified, uncomplicated
02/27/2019	10:00 AM	Adero, Carolyne	FLORENCE OP	colon screening	<p>Z12.11- Encounter for screening for malignant neoplasm of colon                  F17.200- Nicotine dependence, unspecified, uncomplicated  <b>SNOMED:110483000</b>                  E66.3- Overweight</p>
02/01/2019	11:30 AM	Lutostanski, Karen	FLORENCE OP	6 week follow up	<p>F31.31- Bipolar disorder, current episode depressed, mild                  F41.1- Generalized anxiety disorder                  Z73.6- Limitation of activities due to disability                  Z62.810- Personal history (past history) of physical abuse in childhood</p>
01/28/2019	02:30 PM	KEYS, KELLY	FLORENCE OP		<p>J44.9- Chronic obstructive pulmonary disease, unspecified  <b>SNOMED:13645005</b>                  I10- Essential (primary) hypertension</p>

## Patient Summary for CASTILLO, GERALD, 60 Y, Male DOB:05/03/1962

01/10/2019	11:20 AM	KEYS, KELLY	FLORENCE OP	several different vaccines and he is in pain	<b>SNOMED:59621000</b> F17.200- Nicotine dependence, unspecified, uncomplicated <b>SNOMED:110483000</b> Z95.0- Presence of cardiac pacemaker <b>SNOMED:441509002</b> I10- Essential (primary) hypertension <b>SNOMED:59621000</b> Z23- Encounter for immunization N32.89- Other specified disorders of bladder G89.4- Chronic pain syndrome <b>SNOMED:373621006</b> M15.3- Secondary multiple arthritis <b>SNOMED:33262002</b> Z95.0- Presence of cardiac pacemaker <b>SNOMED:441509002</b> M62.830- Muscle spasm of back
12/19/2018	11:10 AM	Lutostanski, Karen	FLORENCE OP	initial eval	F31.31- Bipolar disorder, current episode depressed, mild F41.1- Generalized anxiety disorder Z73.6- Limitation of activities due to disability Z62.810- Personal history (past history) of physical abuse in childhood
12/04/2018	10:38 AM		FLORENCE OP		
12/03/2018	02:40 PM	KEYS, KELLY	FLORENCE OP	service pacemaker and referal for cardiologist	I10- Essential (primary) hypertension Z95.0- Presence of cardiac pacemaker B35.1- Tinea unguium Q84.5- Enlarged and hypertrophic nails I25.2- Old myocardial infarction
12/03/2018	11:50 AM		CG 2ND ST		
11/09/2018	05:25 PM		FLORENCE OP		
11/09/2018	02:30 PM	KEYS, KELLY	FLORENCE OP	establish care	I10- Essential (primary) hypertension Q84.5- Enlarged and hypertrophic nails B35.1- Tinea unguium J44.9- Chronic obstructive pulmonary disease, unspecified Z95.0- Presence of cardiac pacemaker F17.200- Nicotine dependence, unspecified, uncomplicated

## Referrals

Outgoing Referrals				
Referral From	Referral To	Start Date	End Date	Reason
Charlene Diaz	Cedars Heart Clinic - CG	01/06/2022	01/06/2023	updated referral
Danielle Fedor	Southwestern Eye Center	04/20/2021	04/20/2022	eval and treat
Charlene Diaz	Banner Gastroenterology	10/29/2020	10/29/2021	evaluate and treat
Charlene Diaz	Your Allergy Clinic	02/20/2020	02/20/2021	Evaluate and treat
Carolyne Adero	Nadeem Kazi, M.D.	02/27/2019	02/27/2020	ROUTINE COLONOSCOPY
Karen Lutostanski	Horizon Health and Wellness	02/01/2019	02/01/2020	Client would benefit from individual counseling services
KELLY KEYS	Cedars Heart Clinic - CG	01/10/2019	01/10/2020	Pt would like to see a different CARDIOLOGIST, needs to be in Queen Creek or Casa Grande. (Needs to establish care and get pace maker checked.
KELLY KEYS	CAI NCP East Mesa JV LLC	12/03/2018	12/03/2019	Pt needs to establish care Next pace maker check due in January 2019.
KELLY KEYS	Advanced Ankle and Foot	11/09/2018	11/09/2019	Needs consult

CASTILLO, GERALD DOB: 05/03/1962 (60 yo M) Acc No. 36336 DOS: 06/22/2022



## CASTILLO, GERALD

60 Y old Male, DOB: 05/03/1962  
 Account Number: 36336  
 21993 E PINEBROOKE LN, FLORENCE, AZ-85132-9518  
 Home: 928-530-7245  
 Guarantor: CASTILLO, GERALD Insurance: AzCH  
 Complete Health-PCP SMI Payer ID: 68069  
 PCP: Charlene Diaz  
 Appointment Facility: CG 210 COTTON FQHC

06/22/2022

PSYCHIATRY : Troy Stevenson, PA-C

### Current Medications

- Taking
- HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally take four times a day as needed
  - Amiodarone HCl 200 MG Tablet 1 tablet Orally take two tablets until June 9, then take one tablet by mouth every day
  - Famotidine 20 MG Tablet 1 tablet at bedtime as needed Orally Twice a day
  - tylenol 1 tab Oral
  - Methocarbamol 750 MG Tablet 1 tablet Orally every 8 hrs
  - Aspirin 81 81 MG Tablet Chewable 1 tablet Orally Once a day
  - ProAir HFA 108 (90 Base) MCG/ACT Aerosol Solution 2 puffs as needed Inhalation every 6 hrs
  - Oxybutynin Chloride 5 MG Tablet 1 tablet Orally Twice a day
  - Diclofenac Sodium 50 MG Tablet Delayed Release 1 tablet with food or milk Orally Twice a day
  - Potassium Chloride ER 10 MEQ Tablet Extended Release 1 tablet with food Orally Twice a day
  - Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Twice a day
  - Cetirizine HCl 10 MG Tablet 1 tablet Orally Once a day
  - metFORMIN HCl ER 500 MG Tablet Extended Release 24 Hour 1 tablet with a meal Orally twice a day
  - Losartan Potassium 100 MG Tablet 1 tablet Orally Once a day
  - Aripiprazole 2 MG Tablet 1 tablet daily for mood stabilization Orally Once a day
  - Escitalopram Oxalate 20 MG Tablet 1 tablet in the morning for depression/anxiety Orally Once a day
  - Atorvastatin Calcium 80 MG Tablet 1 tablet Orally Once a day
  - Metoprolol Tartrate 25 MG Tablet 1/2 tablet with food Orally Twice a day
- Not-Taking

### Reason for Appointment

1. 6 MONTH F/U - Doxy.me - P at Peart/RV 3
2. med mgmt for MDD, mood via doxyme at home
3. Start time:8:00am stop time:8:15am

### History of Present Illness

#### History of Presenting Problem:

Gerald is a 58 yoM who presents today for pharmacotherapy management of bipolar d/o and anxiety. Previous progress note was reviewed: last seen December 2021, medications continued the same.

Labs UTD.

pt is currently living at Peart, went in last Friday. He notes going in as respite. He notes s/p CABG was homeless, so his CM advised him would be a good location to give him a bed. Working with VA for long term housing.

Anxiety I've had 8 anxiety episodes the last six months.

Depression "I have a little depression, it has to do with triggeres, I'm fine now".

Bipolar disorder pt denies symptoms consistent with mania or mood concerns.

Psychosis Pt denies AVH's, paranoia, delusions or disorganized/bizarre thought.

Substance abuse

admits tobacco, etoh, drugs

Sleep problems he notes variable sleeping.

SI/HI denies.

self harm denies.

Psychosocial stressors stress with living situation, medical issues.

#### Medication Adherence:

Medication Adherence yes.

Side effects No.

#### PMedHx:

Interim medical history: Denied any changes to medical history.

#### Examination

#### Mental Status:

Mental Status Exam

Progress Note: Troy Stevenson, PA-C 06/22/2022

CASTILLO, GERALD DOB: 05/03/1962 (60 yo M) Acc No. 36336 DOS: 06/22/2022

- Metoprolol Succinate 50 MG Tablet  
Extended Release 1 capsule Orally Once  
a day  
Medication List reviewed and reconciled  
with the patient

#### Past Medical History

Allergies.  
COPD.  
Anxiety.  
Depression.  
Arthritis.  
Heart palpitations.  
High cholesterol.

#### Surgical History

pace maker  
hernia  
heart 3/2022  
bypass surgery 5/2022

#### Family History

Father: alive, depression, diagnosed with  
Diabetes in 1  
Mother: deceased, ETOH abuse  
Siblings: alive, sister - anger, ETOH,  
diagnosed with Diabetes in 1  
1 sister(s).  
Pt denies family hx of death by suicide.

#### Allergies

pencillin  
Percocet

#### Hospitalization/Major

#### Diagnostic Procedure

pneumonia  
Banner heart 5/2022

#### Review of Systems

##### General/Constitutional:

Change in appetite denies.

Fatigue denies.

##### Gastrointestinal:

Patient denies complaints.

##### Musculoskeletal:

Patient denies complaints.

##### Neurologic:

Patient denies complaints.

Danger to Self *Denies.*  
Danger to Others *Denies.*  
Mood *Relaxed*  
Hygiene/Grooming/Appearance *Appropriate*  
Alertness *Normal*  
Orientation *Orient x3*  
Eye Contact *Good*  
Motor *No Abnormal*  
Affect *Appropriate*  
Speech Quality *Normal*  
Speech Quantity *Normal*  
Speech Rate *Normal*  
Associations *Logical*  
Stream of Thought *Logical*  
Thought Content *Unremarkable*  
Perception *No Obsv Stimuli*  
Concentration *Appropriate to Age*  
Memory *Intact*  
Insight *Age Appropriate*  
Judgement *Intact*  
Confusion *No*  
Behavior *Cooperative*  
Paranoid *No*  
Delusional *No*  
Hallucinations *No*  
Intellectual Function *Average*

#### Abnormal Involuntary Movement Scale (AIM S):

##### Exam

Date of most recent assessment *Yes*  
Date *06/2022*  
Muscles of facial expressions *None*  
Lips and Perioral area *None*  
Jaw *None*  
Tongue *None*  
Upper (arms, wrists, hands, fingers) *None*  
Lower (legs, knees, ankles, toes) *None*  
Neck, Shoulders, hips *None*  
Severity of abnormal movements *None*  
Patient's awareness of abnormal movements *None*  
Current problems with teeth and/or dentures? *No*  
Does patient usually wear dentures? *No*

#### Assessments

- Generalized anxiety disorder - F41.1 (Primary)
  - Major depressive disorder, recurrent, unspecified - F33.9
  - Bipolar disorder, current episode depressed, mild - F31.31
- . Medical Dx - no clear medical factors  
Risk Assessment - Low, no current SI/HI, no current cognitive  
impairment affecting judgement.

#### Treatment

##### 1. Generalized anxiety disorder

Refill Escitalopram Oxalate Tablet, 20 MG, 1 tablet in the morning for  
depression/anxiety, Orally, Once a day, 30 days, 30, Refills 6

Progress Note: Troy Stevenson, PA-C 06/22/2022

CASTILLO, GERALD DOB: 05/03/1962 (60 yo M) Acc No. 36336 DOS: 06/22/2022

Refill ARIPiprazole Tablet, 2 MG, 1 tablet daily for mood stabilization, Orally, Once a day, 30 day(s), 30, Refills 6  
Start busPIRone HCl Tablet, 5 MG, 1 tablet, Orally, Twice a day, 30 days, 60 Tablet, Refills 1  
Clinical Notes: endorses anxiety since heart surgery last month living at peart for respit, denies drug rehab start buspar 5mg bid to target anxiety continue all other meds the same labs UTD coordinate with pcp discussed possible s/e's of meds, he gave verbal informed consent to start/continue.

**2. Others**

Notes:

Patient admits to understanding and agrees with above plan. Patient advised that same day appointments are available. .

**Preventive Medicine**

PATIENT INSTRUCTIONS: Take medications as prescribed. Contact the clinic if experiencing unwanted side effects. Contact 911 and/or Nursewise in case of mental crisis if symptoms worsen or develop suicidal and/or homicidal thoughts. Practice healthy coping skills to manage stress and anxiety: meditation, exercise, deep and controled breathing, staying present in the moment and participating in healthy social interaction. Seek counseling services to improve mental health. While taking medications DO NOT: drink alcohol, drive, operate firearms or heavy machinery. Crisis plan (knowing signs and symptoms of when help is needed, who to call, where to seek help).

**Procedure Codes**

T1015 clinical vst/ encounter all aincluded

**Follow Up**

6-8 Weeks (Reason: anxiety)



Electronically signed by TROY STEVENSON , PA-C on 06/22/2022 at 05:34 PM MST  
Sign off status: Completed

CG 210 COTTON FQHC  
210 E COTTONWOOD LN  
CASA GRANDE, AZ 85122-2514

Progress Note: Troy Stevenson, PA-C 06/22/2022

CASTILLO, GERALD DOB: 05/03/1962 (60 yo M) Acc No. 36336 DOS: 06/22/2022

Tel: 520-836-3633  
Fax: 520-836-3085

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**Progress Note: Troy Stevenson, PA-C 06/22/2022**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

CASTILLO, GERALD DOB: 05/03/1962 (60 yo M) Acc No. 36336 DOS: 06/06/2022

### Progress Notes

**Patient:** CASTILLO, GERALD  
**Account Number:** 36336  
**DOB:** 05/03/1962 **Age:** 60 Y **Sex:** Male  
**Phone:** 928-530-7245  
**Address:** 21993 E PINEBROOKE LN, FLORENCE, AZ-85132-9518  
**Pcp:** Charlene Diaz

**Provider:** Sabrina Marmont, FNP  
**Date:** 06/06/2022

### Subjective:

#### Chief Complaints:

1. Zoom Hospital discharge.

#### HPI:

##### HPI:

Gerald is a 60 year old male on doxy.me for a hospital discharge appt. He was in for a High heart rate and chest pain. They did an angiogram with a triple bypass at Banner Heart Hospital. He had an unstable heart rate after surgery so was in ICU a few more day. He stayed a total of 6 days. He is doing better now. He has to see Cardiology in 2 weeks. He needs refills of his medications. Denies any chest pain, shortness of breath, or swelling of legs.

Metoprolol 25 mg 1/2 twice a day.

Atorvastatin 80 mg daily.

#### ROS:

##### General/Constitutional:

Denies Chills. Denies Fatigue. Denies Fever.

##### Respiratory:

Denies Breathing problems, denies.

##### Cardiovascular:

Denies Chest pain. Denies Chest pain at rest. Denies Chest pain with exertion. Admits High blood pressure. Admits Irregular heartbeat.

**Medical History:** Allergies, Copd, Anxiety, Depression, Arthritis, Heart palpitations, High cholesterol.

**Surgical History:** pace maker , hernia , heart 3/2022, bypass surgery 5/2022.

**Hospitalization/Major Diagnostic Procedure:** pneumonia , Banner heart 5/2022.

**Family History:** Father: alive, depression, diagnosed with Diabetes in 1. Mother: deceased, ETOH abuse. Siblings: alive, sister - anger, ETOH, diagnosed with Diabetes in 1. 1 sister(s) . .  
 Pt denies family hx of death by suicide.

#### Social History:

##### Tobacco Use:

Tobacco Use/Smoking

Are you a *current smoker*

How often do you smoke cigarettes? *some days, but not every day*

How soon after you wake up do you smoke your first cigarette? *6-30 minutes*

##### Drugs/Alcohol:

Drugs

Have you used drugs other than those for medical reasons in the past 12 months? *No*

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? *No*

Points *0*

Interpretation *Negative*

Caffeine

Intake: *none.*

Do you smoke marijuana?: Admits.

Do you drink alcohol?: No.

CASTILLO, GERALD DOB: 05/03/1962 (60 yo M) Acc No. 36336 DOS: 06/06/2022

**Medications:** Taking HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally take four times a day as needed, Taking Amiodarone HCl 200 MG Tablet 1 tablet Orally take two tablets until June 9, then take one tablet by mouth every day, Taking Famotidine 20 MG Tablet 1 tablet at bedtime as needed Orally Twice a day, Taking Metoprolol Tartrate 25 MG Tablet 1 tablet with food Orally Twice a day, Taking Tylenol 1 tab Oral, Taking Methocarbamol 750 MG Tablet 1 tablet Orally every 8 hrs, Taking Aspirin 81 81 MG Tablet Chewable 1 tablet Orally Once a day, Taking ProAir HFA 108 (90 Base) MCG/ACT Aerosol Solution 2 puffs as needed Inhalation every 6 hrs, Taking Oxybutynin Chloride 5 MG Tablet 1 tablet Orally Twice a day, Taking Diclofenac Sodium 50 MG Tablet Delayed Release 1 tablet with food or milk Orally Twice a day, Taking Potassium Chloride ER 10 MEQ Tablet Extended Release 1 tablet with food Orally Twice a day, Taking Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Twice a day, Taking Cetirizine HCl 10 MG Tablet 1 tablet Orally Once a day, Taking metFORMIN HCl ER 500 MG Tablet Extended Release 24 Hour 1 tablet with a meal Orally twice a day, Taking Atorvastatin Calcium 80 MG Tablet 1 tablet Orally Once a day, Taking Losartan Potassium 100 MG Tablet 1 tablet Orally Once a day, Taking Aripiprazole 2 MG Tablet 1 tablet daily for mood stabilization Orally Once a day, Taking Escitalopram Oxalate 20 MG Tablet 1 tablet in the morning for depression/anxiety Orally Once a day, Not-Taking Metoprolol Succinate 50 MG Tablet Extended Release 1 capsule Orally Once a day, Medication List reviewed and reconciled with the patient

**Allergies:** penicillin, Percocet.

**Objective:**

**Vitals:** Ht 73 in, Ht-cm 185.42 cm, Temp **97.5 F**, BP **124/82 mm Hg**, HR **65 /min**, Oxygen sat % **99 %**.

**Examination:**

General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.  
PSYCH: alert, oriented, cognitive function intact, cooperative with exam.

**Assessment:**

**Assessment:**

1. Hyperlipidemia, unspecified - E78.5 (Primary)
2. Essential (primary) hypertension - I10
3. Atherosclerosis of coronary artery bypass graft(s) without angina pectoris - I25.810

**Plan:**

**1. Hyperlipidemia, unspecified**

Refill Atorvastatin Calcium Tablet, 80 MG, 1 tablet, Orally, Once a day, 90 days, 90, Refills 1 .  
Clinical Notes: Will continue on Atorvastatin.

**2. Essential (primary) hypertension**

Refill Metoprolol Tartrate Tablet, 25 MG, 1/2 tablet with food, Orally, Twice a day, 90 days, 90, Refills 1 .  
Clinical Notes: Will send script for metoprolol. Has appt with cardiology in 2 weeks.

**3. Atherosclerosis of coronary artery bypass graft(s) without angina pectoris**

Clinical Notes: He is doing well post hospitalization.  
He states he doesn't need anything  
Will follow up as needed.

**Procedure Codes:** T1015 clinical vst/ encounter all included

**Follow Up:** 4 Weeks (Reason: diabetes)



CASTILLO, GERALD DOB: 05/03/1962 (60 yo M) Acc No. 36336 DOS: 06/06/2022



**Electronically signed by Sabrina Marmont on 06/21/2022 at 01:11 PM MST**  
**Sign off status: Completed**

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**Provider: Sabrina Marmont, FNP**

**Date: 06/06/2022**

CASTILLO, GERALD DOB: 05/03/1962 (59 yo M) Acc No. 36336 DOS: 04/19/2022



## CASTILLO, GERALD

59 Y old Male, DOB: 05/03/1962  
 Account Number: 36336  
 21993 E PINEBROOKE LN, FLORENCE, AZ-85132-9518  
 Home: 928-530-7245  
 Guarantor: CASTILLO, GERALD Insurance: AzCH  
 Complete Health-PCP SMI Payer ID: 68069  
 Appointment Facility: FLORENCE OP

04/19/2022

Progress Notes: Charlene Diaz, FNP

### Current Medications

- Taking
- tylenol 1 tab Oral
  - Methocarbamol 750 MG Tablet 1 tablet Orally every 8 hrs
  - Aspirin 81 81 MG Tablet Chewable 1 tablet Orally Once a day
  - ProAir HFA 108 (90 Base) MCG/ACT Aerosol Solution 2 puffs as needed Inhalation every 6 hrs
  - Oxybutynin Chloride 5 MG Tablet 1 tablet Orally Twice a day
  - Diclofenac Sodium 50 MG Tablet Delayed Release 1 tablet with food or milk Orally Twice a day
  - Potassium Chloride ER 10 MEQ Tablet Extended Release 1 tablet with food Orally Twice a day
  - Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Twice a day
  - Cetirizine HCl 10 MG Tablet 1 tablet Orally Once a day
  - metFORMIN HCl ER 500 MG Tablet Extended Release 24 Hour 1 tablet with a meal Orally twice a day
  - Atorvastatin Calcium 20 MG Tablet 1 tablet Orally Once a day
  - Losartan Potassium 100 MG Tablet 1 tablet Orally Once a day
  - ARIPiprazole 2 MG Tablet 1 tablet daily for mood stabilization Orally Once a day
  - Escitalopram Oxalate 20 MG Tablet 1 tablet in the morning for depression/anxiety Orally Once a day
  - Metoprolol Succinate 50 MG Tablet Extended Release 1 capsule Orally Once a day
  - Discontinued
  - metFORMIN HCl 500 MG Tablet 1 tablet with a meal Orally twice a day
- Medication List reviewed and reconciled with the patient

### Past Medical History

- Allergies.
- Copd.
- Anxiety.

### Reason for Appointment

1. Labs/ Medication for HTN and DMII

### History of Present Illness

#### HPI:

59 yo male, presents today for labs.

Was at Cedars heart on Friday, was told he is going to need a triple bypass after multiple stress tests and angiogram. He is awaiting call for scheduling.

Denies chest pains.

Pt states we did labs and his a1c was 7.1 in january, no recent labs at HHW. Last prescription for metformin was written almost 1 year ago by DF provider. Pt has been taking it since. A1c from almost one year ago was also normal.

#### COVID-19 Vaccine Status:

Uptodate on COVID Vaccine? 2 Pfizer/Moderna/1 JJ AND Booster Yes.

If no, what is vaccine status? dose JJ, NO booster.

If no/incomplete vaccine, are you interested? No.

#### Vital Signs

Wt 181 lbs, BMI 23.88 Index, Ht 73 in, Ht-cm 185.42 cm, Temp 95.6 F, BP 142/88 mm Hg, HR 60 /min, Oxygen sat % 99 %, Wt-kg 82.1 kg.

#### Examination

##### General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

Visit done via doxy.me x 14 min with patient

TELEMEDICINE DISCLAIMER: This physical examination was facilitated using telemedicine. Telemedicine limits physical examination and does not include a complete exam of several systems including but not limited to heart, lungs, abdomen, skin, etc. despite equipment. Other exams requiring palpation or advanced skill such as testing maneuvers cannot be performed and will be referred to an in person health care provider.

#### Assessments

1. Essential (primary) hypertension - I10 (Primary)
2. Type 2 diabetes mellitus without complications - E11.9

#### Treatment

Progress Note: Charlene Diaz, FNP 04/19/2022

CASTILLO, GERALD DOB: 05/03/1962 (59 yo M) Acc No. 36336 DOS: 04/19/2022

Depression.  
Arthritis.  
Heart palpitations.  
High cholesterol.

**Surgical History**

pace maker  
hernia  
heart 3/2022

**Family History**

Father: alive, depression, diagnosed with Diabetes in 1  
Mother: deceased, ETOH abuse  
Siblings: alive, sister - anger, ETOH, diagnosed with Diabetes in 1  
1 sister(s).  
Pt denies family hx of death by suicide.

**Social History**

**Tobacco Use:**

**Tobacco Use/Smoking**

Are you a *current smoker*  
How often do you smoke cigarettes?  
*some days, but not every day*  
How soon after you wake up do you smoke your first cigarette? *6-30 minutes*

**Drugs/Alcohol:**

**Drugs**

Have you used drugs other than those for medical reasons in the past 12 months? *No*

**Alcohol Screen (Audit-C)**

Did you have a drink containing alcohol in the past year? *No*

Points *0*  
Interpretation *Negative*  
Caffeine

Intake: *none*.

Do you smoke marijuana?: *Admits.*

Do you drink alcohol?: *No.*

**Allergies**

pencilin  
Percocet

**Hospitalization/Major**

**Diagnostic Procedure**

pneumonia

**Review of Systems**

**General/Constitutional:**

Denies Chills. Denies Fatigue.  
Denies Fever.  
see HPI.

**1. Essential (primary) hypertension**

LAB: Comprehensive Metabolic Panel

Diaz, Charlene 04/25/2022 09:27:17 AM MST > all wnl

LAB: Microalb/Creat Ratio, Randm Ur

**Clinical Notes:**

Condition stable

CONTINUE CARDIOLOGY F/U

Labs UTD, Kidney function WNL

Continue medication as prescribed

For continuous elevated BP >140/90, make f/u apt for possible dosage adjustments

f/u for additional concerns.

**2. Type 2 diabetes mellitus without complications**

LAB: Lipid Panel

Diaz, Charlene 04/25/2022 09:27:17 AM MST > all wnl

LAB: Hgb A1c with eAG Estimation

Diaz, Charlene 04/25/2022 09:27:17 AM MST > all wnl

**Clinical Notes: CONDITION- VARIABLE**

a1c from 1 year ago normal

pt states in january a1c was 7.1, i advised him we did not do that lab requesting cedars heart notes, perhaps they drew an a1c return in 1 week to discuss diagnosis and results.

**Procedures**

Venipuncture:

Venipuncture: Identified patient by confirming first and last name, date of birth, Confirmed order by showing patient lab slip and labels and asking "is this you", Number of attempts: , 1, Labs successfully drawn with, 22G straight needle, R AC, 1 full SST collected, 1 full LAV collected, Urine collected, Labs sent to, SQL, P expressed no complaints or concerns at time of draw. Lisa-MA.

**Labs**

Lab: Microalbumin, Urine, Random, Normalized

clinicalworks, support 04/20/2022 12:04:00 : This order was created by the Interface. Diaz, Charlene 04/25/2022 09:27:17 AM MST > all wnl

**Procedure Codes**

80053 COMPREHEN METABOLIC PANEL

T1015 clinical vst/ encounter all included

36415 VENIPUNCT, ROUTINE\*

36415 VENIPUNCT, ROUTINE\*

**Follow Up**

1 Week (Reason: results )

# 2023-04 G

Assistance Requested: 4/6/2023		
Type	Amount	Total
Rent	\$1,750.00	<b>\$10,500.00</b>
Car Insurance	\$368.57	<b>\$2,211.42</b>
Vehicle Note	\$599.61	<b>\$3,597.66</b>
City of phoenix (past due)	\$177.58	<b>\$177.58</b>
City of Phoenix	\$82.72	<b>\$496.32</b>
Verizon	\$553.48	<b>\$3,017.02</b>
<b>Total</b>	<b>\$3,531.96</b>	<b>\$20,000.00</b>

Essay Question 2

I just enroll in VA to be consider for VA unemployment.  
due to many circumstances.



London Anderson <landerson@azdvs.gov>

# ADVS MFRF Grant Request from Jose Mauricio RivasHernandez, Veteran

2 messages

'Jotform' via MFRF Administration - VS <mfrf@azdvs.gov>

Thu, Apr 6, 2023 at 12:13 PM

Reply-To: joferiva@gmail.com

To: mfrf@azdvs.gov



## Arizona Department of Veterans' Services For Arizona veterans and those who care for them.



### ADVS MFRF Grant Request

Today's Date	2023-04-06 10:21
Deployment: Did Service Member or Veteran deploy during their military service?	YES
Residency: Click ALL that apply to Service Member or Veteran	- Claimed Arizona as home of record while in service
Was Service Member's or Veteran's current financial hardship caused by their military service?	YES
Eligibility Score	41
Applicant Name	Jose Mauricio RivasHernandez
Applicant Last4 (SSN)	4303
Applicant Type	Veteran
Applicant Email	<a href="mailto:joferiva@gmail.com">joferiva@gmail.com</a>
Applicant Full Address	Street Address: <a href="#">10006 W Crown king Rd</a> City: Tolleson State: AZ Zip Code: 85353
Applicant Phone	(602) 919-2703
How did you hear about MFRF?	veterans First
Please select the date range below showing when you deployed.	Before 9/11/2001
Essay Question 1	m y health issues have increase , I don't drive anymore , I lost my vision on left eye,. high blood pressure, am one other health issues have given me a different life rhythm.

Essay Question 2

I just enroll in VA to be consider for VA unemployment. due to many circumstances.

Essay Question 3

it will help me not to be stress out so much as I get better.

0	1	2	3	4
#	Type of Assistance	Amount	Months Requested (If Applicable)	Total Amount
1	rent	1750		0
2	car payment	671		0
3	car insurance	365		0
4	water bill	96		0
5	SRP	410		0
6	Verzon	180		0
7	department stores	400		0
8	gasoline	300		0
9		0		0
10		0		0
11			Grand Total	0

0	1	2
#	Income Source	Amount or Description
1	Salary of Service Member/Veteran	1000 per week
2	- Place of Employment	self employ
3	Salary of Spouse/Significant Other	300 per week
4	- Place of employment	part time. not working as of March, 1st due to surgery
5	VA Disability Income	0
6	GI Bill Monthly Stipend	0
7	Social Security Income (SSI or SSDI)	0
8	Child Support (Received)	0
9	Other Household (List)	750 help from children for rent
10		0
11		0
12		
13	Monthly Income Total	2050

0	1	2
#	Essential Expenses	Amount
1	Alimony/Child/Family Support	0
2	Childcare	0
3	Electric/Gas	410
4	Water/Sewer/Garbage	96
5	Telephone	180
6	Internet	70
7	Medical Expenses/Prescriptions	0
8	All Rental/Mortgage Expenses	1750
9	Auto Insurance	360
10	Food/Household items	600
11	School Expenses	0
12	Gas (Auto)	250
13		
14		
15		
16		
17	Total Expenses	3716

Debt Expenses

0	1	2	3
#	Debt Name	Monthly Payment Amount	Debt Balance
1	mechanics Bank	661.00	16,000
2	Li Li Realtor WestUSA realty	1750	
3	Verizon	180	
4	dairy Land auto ins	360	
5			
6			
7			
8			
9			
10			
11			
12			
13	Debt Totals	2951	16

0	1	2	3
#	Name	Age	Relationship
1	Azael	24	son



2	Daniel	27	son
3	Arely	29	daughter
4	Ofelia	54	wife
5	Jose	55	
6			
7			
8			

[ED214\(1\).jpg](#)  
[ED214\(2\).jpg](#)

Did you attach all the required documents?

DD214/Military Orders

Attestation 3 of 3

Accepted

Applicant Signature



Attestation 1 of 3

Accepted

Attestation 2 of 3

Accepted

Environment

BROWSER: Safari  
OS: MacOS  
DEVICE: Desktop  
LANGUAGE: en-us  
RESOLUTION: 1440\*900  
TIMEZONE: GMT -7  
USER AGENT: Mozilla/5.0 (Macintosh; Intel Mac OS X 10\_15\_6) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.0.3 Safari/605.1.15

---

**2 attachments**



**ED214(1).jpg**  
224K



ED214(2).jpg  
200K

London Anderson <landerson@azdvs.gov>  
To: joferiva@gmail.com  
Cc: MFRF Administration - VS <mfrf@azdvs.gov>

Fri, Apr 7, 2023 at 1:57 PM

Hello,

We have received your application for the MFRF program and are in the process of reviewing everything provided. **Please note that applications will not be reviewed for financial assistance until all required documents are received.**

To ensure your application is processed as quickly as possible, please make sure you have provided all documents listed below. If you have provided these documents via the digital application, your application will be processed in the order they were received. If you have any questions pertaining to these documents or need assistance with resources to gather these documents please contact us at [mfrf@azdvs.gov](mailto:mfrf@azdvs.gov).

### Required Documents

- VA award letter or Intent to File
- 2 Months most recent of all bank statements, both checking and savings
- 2 months proof of Income (Pay stubs)
- All bills which you are requesting assistance for (**Actual statements**, no screenshots)

Respectfully,

[Quoted text hidden]

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How are we doing? Let us know at: <http://bit.ly/advsfeedback>

London Anderson

Program Project Specialist II

## Arizona Department of Veterans' Services

Email: [landerson@azdvs.gov](mailto:landerson@azdvs.gov)



Arizona Department of Veterans' Services - [www.azdvs.gov](http://www.azdvs.gov)

LEGAL NOTICE: Under Arizona's Public Records Law, all e-mails sent by or to me on this state-owned e-mail account may be subject to public disclosure. This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message. [Click HERE for detailed Notices including HIPAA overview.](#)

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES. THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

### CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>RIVASHERNANDEZ, JOSE MAURICIO</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>USMC-11</b>		3. SOCIAL SECURITY NO. <b>600 06 8303</b>	
4.a. GRADE, RATE OR RANK <b>CPL</b>		4.b. PAY GRADE <b>E-4</b>		6. RESERVE OBLIG. TERM. DATE Year <b>96</b> Month <b>11</b> Day <b>29</b>	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>PHOENIX, AZ 85034-1012</b>		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>10802 WEST 4TH STREET CASHION, AZ 85329-0000</b>			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>1STBN, 9THMAR, 1STMARDIV, CAMPEN, CA 92055</b>		8.b. STATION WHERE SEPARATED <b>1STBN, 9THMAR, 1STMARDIV RUC 13210</b>			
9. COMMAND TO WHICH TRANSFERRED <b>MARINE CORPS RESERVE SUPPORT CENTER(MCRSC) OVFRIAND PARK, KANSAS</b>				10. SGLI COVERAGE Amount: \$ <b>100,000</b> None	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)  <b>0311-RIFLEMAN (03 YEARS, 08 MONTHS)</b>		12. RECORD OF SERVICE			
		Year(s) Month(s) Day(s)			
		a. Date Entered AD This Period <b>90 02 26</b>			
		b. Separation Date This Period <b>94 04 25</b>			
		c. Net Active Service This Period <b>04 02 00</b>			
		d. Total Prior Active Service <b>00 00 00</b>			
		e. Total Prior Inactive Service <b>00 02 18</b>			
		f. Foreign Service <b>00 03 11</b>			
		g. Sea Service <b>01 01 11</b>			
		h. Effective Date of Pay Grade <b>92 12 02</b>			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>RIFLE MARKSMAN AWARD, NATIONAL DEFENSE SERVICE MEDAL, SOUTHWEST ASIA SERVICE MEDAL (W/1 STAR), SEA SERVICE DEPLOYMENT RIBBON (W/1 STAR), JOINT MERITORIOUS UNIT AWARD (JTF FIERY VIGIL 910610-910620), NAVY UNIT COMMENDATION (15TH MEU 900814-910921), MERITORIOUS MAST, GOOD CONDUCT MEDAL, ARMED FORCES EXPEDITIONARY MEDAL.</b>					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) <b>NONE.</b>					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT (Specify that this is a _____)		16. DAYS ACCRUED LEAVE PAID <b>REL. by the SLE.</b>	
Yes No		Yes No		Yes No	
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> Yes <input type="checkbox"/> No					
18. REMARKS  <p style="text-align: center;"><i>William H. Bocock</i> VBC100 William H. Bocock Veterans Benefit Counselor (Date) <b>6/10/94</b></p> <b>GOOD CONDUCT MEDAL PERIOD COMMENCES: 930225</b> <b>EXTENSION OF SERVICE WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT.</b> <b>SUBJECT TO ACTIVE DUTY RECALL AND OR ANNUAL SCREENING.</b>					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>10802 WEST 4TH STREET CASHION, AZ 85329</b>			19.b. NEAREST RELATIVE (Name and address - include Zip Code) <b>ABEL RIVAS 10802 WEST 4TH STREET CASHION, AZ 85329-0000</b>		
20. MEMBER REQUESTS COPY 4 BE SENT TO <b>AZ</b> DIR. OF VET AFFAIRS <input type="checkbox"/> Yes <input type="checkbox"/> No		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <b>J. RANDALL, CW02, USMC, BN PERSO</b>			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>[Signature]</i>					
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION <b>TRANSFERRED TO THE MARINE CORPS RESERVE</b>		24. CHARACTER OF SERVICE (Include upgrades) <b>HONORABLE</b>			
25. SEPARATION AUTHORITY <b>MARCORSEPMAN PAR. 1005</b>		26. SEPARATION CODE <b>MBK1</b>		27. REENTRY CODE <b>RE-1A</b>	
28. NARRATIVE REASON FOR SEPARATION <b>COMPLETION OF REQUIRED ACTIVE SERVICE (USMC) EAS.</b>					
29. DATES OF TIME LOST DURING THIS PERIOD <b>NONE.</b>					
DD Form 214, NOV 88 5/N 0102-LF 006-5500 Previous editions are obsolete				30. MEMBER REQUESTS COPY 4 <b>JA 21-1</b> Initials	

**MEMBER - 4**

# Wells Fargo Combined Statement of Accounts

February 7, 2023 ■ Page 1 of 8



JOSE M RIVAS  
OFELIA RIVAS  
10006 W CROWN KING RD  
TOLLESON AZ 85353-8432

## Questions?

Available by phone 24 hours a day, 7 days a week:

We accept all relay calls, including 711

**1-800-TO-WELLS** (1-800-869-3557)

En español: 1-877-727-2932

Online: [wellsfargo.com](https://www.wellsfargo.com)

Write: Wells Fargo Bank, N.A. (038)

P.O. Box 6995

Portland, OR 97228-6995

## You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

## Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to [wellsfargo.com](https://www.wellsfargo.com) or call the number above if you have questions or if you would like to add new services.

- |                    |                                     |                       |                          |
|--------------------|-------------------------------------|-----------------------|--------------------------|
| Online Banking     | <input checked="" type="checkbox"/> | Direct Deposit        | <input type="checkbox"/> |
| Online Bill Pay    | <input checked="" type="checkbox"/> | Auto Transfer/Payment | <input type="checkbox"/> |
| Online Statements  | <input checked="" type="checkbox"/> | Overdraft Protection  | <input type="checkbox"/> |
| Mobile Banking     | <input checked="" type="checkbox"/> | Debit Card            | <input type="checkbox"/> |
| My Spending Report | <input checked="" type="checkbox"/> | Overdraft Service     | <input type="checkbox"/> |

## Summary of accounts

### Checking and Savings

Account	Page	Account number	Ending balance last statement	Ending balance this statement
Wells Fargo Way2Save <sup>®</sup> Checking	2	9162778840	4,122.29	3,918.98
Wells Fargo Way2Save <sup>®</sup> Savings	6	3309282642	32.86	79.87
<b>Total deposit accounts</b>			<b>\$4,155.15</b>	<b>\$3,998.85</b>



## Wells Fargo Way2Save<sup>®</sup> Checking

### Statement period activity summary

Beginning balance on 1/10	\$4,122.29
Deposits/Additions	5,250.00
Withdrawals/Subtractions	- 5,453.31
<b>Ending balance on 2/7</b>	<b>\$3,918.98</b>

Account number: **9162778840**

**JOSE M RIVAS**  
**OFELIA RIVAS**

Arizona account terms and conditions apply

For Direct Deposit use  
Routing Number (RTN): 122105278

### Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

### Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
1/11		Purchase authorized on 01/09 Verizon Wrl My Acc 800-9220204 CA S583009807173594 Card 6688		591.84	
1/11		Purchase authorized on 01/11 Love's #296 Gila Bend AZ P383011666608544 Card 6688		10.62	
1/11		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		2.00	3,517.83
1/12		Zelle From Azael Rivas on 01/12 Ref # Baccujt1Yche Phone	130.00		
1/12		Purchase authorized on 01/10 Qt 445 Phoenix AZ S303011049735077 Card 6688		5.31	
1/12		Purchase authorized on 01/11 McDonald's F31456 Tolleson AZ S303011618390793 Card 6688		17.67	
1/12		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		2.00	3,622.85
1/13		ATM Cash Deposit on 01/13 2626 S 83Rd Ave Phoenix AZ 0000396 ATM ID 8995F Card 6688	1,460.00		
1/13		ATM Cash Deposit on 01/13 2626 S 83Rd Ave Phoenix AZ 0000397 ATM ID 8995F Card 6688	100.00		
1/13		Purchase authorized on 01/12 Panda Express 1223 Phoenix AZ S583012857613489 Card 7345		21.07	
1/13		Purchase authorized on 01/13 Wal-Mart Super Center Phoenix AZ P000000087426560 Card 6688		72.09	
1/13		Purchase authorized on 01/13 Frys-Food-Drg #0 2626 83R Phoenix AZ P383014012067178 Card 6688		6.37	
1/13		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		3.00	5,080.32
1/17		Purchase authorized on 01/13 Super Mana, LLC Phoenix AZ S303014006854677 Card 6688		17.87	
1/17		Purchase authorized on 01/16 Dairyland 800-334-0090 WI S463016746816478 Card 7345		368.67	
1/17		Purchase authorized on 01/16 Farmer Boys - 1111 Tolleson AZ S383017062803268 Card 6688		35.26	
1/17		Zelle to Rivas Azael on 01/17 Ref #Rp0Qydsbj II Medicine		25.00	
1/17		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		3.00	4,630.52
1/18		Purchase authorized on 01/18 Food City #154 Phoenix AZ P303018833792521 Card 6688		73.24	
1/18		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		1.00	4,556.28
1/19		Purchase authorized on 01/18 Curacao.Com 213-386-4412 CA S463018740618960 Card 7345		50.00	
1/19		Purchase authorized on 01/19 Glendale Di Glendale AZ P463019806028278 Card 6688		40.00	
1/19		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		2.00	4,464.28





**Transaction history (continued)**

<i>Date</i>	<i>Check Number</i>	<i>Description</i>	<i>Deposits/ Additions</i>	<i>Withdrawals/ Subtractions</i>	<i>Ending daily balance</i>
1/20		Purchase authorized on 01/18 Aci*Mechanics Bank 800-252-9638 NE S463018693706596 Card 7345		681.14	
1/20		Purchase authorized on 01/19 Amzn Mktp US*Wn3Bk Amzn.Com/Bill WA S583019472980931 Card 6688		7.59	
1/20		Purchase authorized on 01/19 Frys-Food-Drg #0 2626 83R Phoenix AZ P583020087231559 Card 6688		4.79	
1/20		Purchase authorized on 01/19 Ross Stores #1005 Tolleson AZ P000000273516681 Card 7345		32.57	
1/20		Purchase authorized on 01/19 Dollar Tr 9820 W Lower Tolleson AZ P000000480366850 Card 6688		13.58	
1/20		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		5.00	3,719.61
1/23		Purchase authorized on 01/19 Amzn Mktp US*0P65S Amzn.Com/Bill WA S303019639423603 Card 6688		28.00	
1/23		Purchase authorized on 01/19 Circle K 05573 Peoria AZ S583019780166724 Card 6688		7.49	
1/23		Purchase authorized on 01/20 Qt 493 Laveen AZ S463020780328341 Card 7345		11.39	
1/23		Purchase authorized on 01/20 Charleys Philly St Phoenix AZ S383021146966153 Card 7345		4.66	
1/23		Purchase authorized on 01/20 Wal-Mart #5331 Phoenix AZ P000000383170922 Card 6688		32.18	
1/23		Purchase authorized on 01/21 Circle K 08772 1735 W Tucson AZ P000000081969822 Card 7345		1.99	
1/23		Purchase authorized on 01/21 Little Caesars #31 Phoenix AZ S383022113598420 Card 7345		6.51	
1/23		Purchase authorized on 01/22 Salad and Go #1105 Phoenix AZ S303023033220130 Card 7345		22.22	
1/23		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		8.00	3,597.17
1/24		Purchase authorized on 01/23 Ross Stores #1005 Tolleson AZ P000000184860522 Card 6688		18.44	
1/24		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		1.00	3,577.73
1/25		Zelle From Gdbarriosllc on 01/25 Ref # Bach3Nnr65FI	405.00		3,982.73
1/26		Zelle From Areli L Rivas on 01/26 Ref # Jpm999Lcdvyu Phone Bill	80.00		
1/26		Purchase authorized on 01/25 Ross Stores #1005 Tolleson AZ P000000081917654 Card 6688		7.02	
1/26		Purchase authorized on 01/26 Super Carniceria Los A Avondale AZ P463026860041540 Card 6688		22.45	
1/26		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		2.00	4,031.26
1/27		Purchase authorized on 01/25 Qt 471 Tolleson AZ S383025823255933 Card 7345		6.84	
1/27		Purchase authorized on 01/27 Wal-Mart #5331 Phoenix AZ P000000472853584 Card 6688		36.57	
1/27		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		2.00	3,985.85
1/30		Recurring Payment authorized on 01/27 Apple.Com/Bill 866-712-7753 CA S303027680877555 Card 6688		32.57	
1/30		Purchase authorized on 01/29 Wal-Mart #5331 Phoenix AZ P000000282533525 Card 6688		13.32	
1/30		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		1.00	3,938.96
1/31		Purchase authorized on 01/29 Super 99 Cent Stor Phoenix AZ S583029733520019 Card 6688		12.37	
1/31		Purchase authorized on 01/29 Charleys Philly St Phoenix AZ S303030039788657 Card 6688		24.20	
1/31		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		2.00	3,900.39
2/1		Zelle From Surraj Medical Associates Pllc on 02/01 Ref # Pp0Qzb8Ssn	300.00		
2/1		Purchase authorized on 01/31 Apple.Com/Bill 866-712-7753 CA S583032076241218 Card 6688		1.08	
2/1		Purchase authorized on 02/01 Circle K 01130 11450 W Tolleson AZ P000000686974418 Card 6688		7.20	
2/1		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		2.00	4,190.11
2/2		Purchase authorized on 02/02 WM Superc Wal-Mart Sup Phoenix AZ P000000632384661 Card 6688		50.19	



**Transaction history (continued)**

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
2/2		Purchase authorized on 02/02 Sprouts Farmers Mrkt #13 Avondale AZ P383033672476537 Card 6688		23.99	
2/2		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		2.00	4,113.93
2/3		Purchase authorized on 02/02 McDonald's F31456 Tolleson AZ S303033752506208 Card 6688		15.07	
2/3		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		1.00	4,097.86
2/6		Zelle From Daniel Rivas on 02/04 Ref # Bacaeoqgsorc Phone Bill	100.00		
2/6		Zelle From Azael Rivas on 02/04 Ref # Bacgl47Ycrbg Rent	250.00		
2/6		Zelle From Azael Rivas on 02/04 Ref # Bacfqx61Wbms Phone	125.00		
2/6		Edeposit IN Branch/Store 02/06/23 02:40:11 Pm 11425 W Buckeye Rd Avondale AZ 6688	500.00		
2/6		Edeposit IN Branch/Store 02/06/23 02:41:16 Pm 11425 W Buckeye Rd Avondale AZ 6688	1,800.00		
2/6		Purchase authorized on 02/04 Super Carniceria Los A Avondale AZ P383035817092710 Card 6688		20.60	
2/6		Recurring Payment authorized on 02/04 Vzwrllss*Bill Pay V 800-9220204 CA S303036064733231 Card 6688		591.28	
2/6		Zelle to Barrios German on 02/05 Ref #Pp0Qznbbdb		185.00	
2/6		Purchase authorized on 02/05 Amazon Prime*S81Nn Amzn.Com/Bill WA S383037208429287 Card 7345		16.28	
2/6		Purchase authorized on 02/06 Circle K # 09541 2775 Phoenix AZ P00000089810495 Card 6688		8.93	
2/6		Zelle to Li Li on 02/06 Ref #Rp0Qzq6Kzp Rent		1,750.00	
2/6		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		3.00	4,297.77
2/7		Purchase authorized on 02/06 Super Carniceria L Avondale AZ S583037788540226 Card 6688		24.26	
2/7		Purchase authorized on 02/06 Circle K # 09541 Phoenix AZ S583037816028353 Card 7345		70.14	
2/7		Purchase authorized on 02/06 WM Superc Wal-Mart Sup Tucson AZ P000000135396302 Card 6688		134.36	
2/7		Purchase authorized on 02/06 Wal-Mart #4490 Tucson AZ P00000080756938 Card 7345		76.97	
2/7		Purchase authorized on 02/06 McDonald's F8010 Tucson AZ S463038086212249 Card 6688		24.91	
2/7		Purchase authorized on 02/06 McDonald's F8010 Tucson AZ S383038086987660 Card 6688		20.15	
2/7		Purchase authorized on 02/06 Circle K 01583 Tucson AZ S383038119096611 Card 7345		21.00	
2/7		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		7.00	3,918.98
<b>Ending balance on 2/7</b>					<b>3,918.98</b>
<b>Totals</b>			<b>\$5,250.00</b>	<b>\$5,453.31</b>	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

**Monthly service fee summary**

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wells Fargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 01/10/2023 - 02/07/2023	Standard monthly service fee \$12.00	You paid \$0.00
<b>How to avoid the monthly service fee</b>	Minimum required	This fee period
Have any <b>ONE</b> of the following account requirements		
· Minimum daily balance	\$500.00	\$3,517.83 <input checked="" type="checkbox"/>
· Total amount of qualifying direct deposits	\$500.00	\$0.00 <input type="checkbox"/>





## Wells Fargo Way2Save® Savings

### Statement period activity summary

Beginning balance on 1/10	\$32.86
Deposits/Additions	47.01
Withdrawals/Subtractions	- 0.00
<b>Ending balance on 2/7</b>	<b>\$79.87</b>

Account number: **3309282642**

**JOSE M RIVAS**  
**OFELIA RIVAS**

Arizona account terms and conditions apply

For Direct Deposit use  
Routing Number (RTN): 122105278

### Interest summary

Interest paid this statement	\$0.01
Average collected balance	\$60.79
Annual percentage yield earned	0.21%
Interest earned this statement period	\$0.01
Interest paid this year	\$0.06
Total interest paid in 2022	\$0.07

### Transaction history

Date	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
1/10	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	5.00		37.86
1/12	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	2.00		39.86
1/13	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	2.00		41.86
1/17	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	3.00		44.86
1/18	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	3.00		47.86
1/19	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	1.00		48.86
1/20	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	2.00		50.86
1/23	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	5.00		55.86
1/24	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	8.00		63.86
1/25	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	1.00		64.86
1/27	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	2.00		66.86
1/30	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	2.00		68.86
1/31	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	1.00		69.86
2/1	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	2.00		71.86
2/2	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	2.00		73.86
2/3	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	2.00		75.86
2/6	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	1.00		76.86
2/7	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	3.00		
2/7	Interest Payment	0.01		79.87
<b>Ending balance on 2/7</b>				<b>79.87</b>
<b>Totals</b>		<b>\$47.01</b>	<b>\$0.00</b>	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

### Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to [wellsfargo.com/feefaq](https://wellsfargo.com/feefaq) for a link to these documents, and answers to common monthly service fee questions.

# Wells Fargo Combined Statement of Accounts

March 7, 2023 ■ Page 1 of 9



JOSE M RIVAS  
OFELIA RIVAS  
10006 W CROWN KING RD  
TOLLESON AZ 85353-8432

## Questions?

Available by phone 24 hours a day, 7 days a week:

We accept all relay calls, including 711

**1-800-TO-WELLS** (1-800-869-3557)

En español: 1-877-727-2932

Online: [wellsfargo.com](https://www.wellsfargo.com)

Write: Wells Fargo Bank, N.A. (038)  
P.O. Box 6995  
Portland, OR 97228-6995

## You and Wells Fargo

Don't fall for an IRS imposter scam. Learn to spot scams and help avoid tax fraud at [www.wellsfargo.com/SpotTaxScams](https://www.wellsfargo.com/SpotTaxScams).

## Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to [wellsfargo.com](https://www.wellsfargo.com) or call the number above if you have questions or if you would like to add new services.

- |                    |                                     |                       |                          |
|--------------------|-------------------------------------|-----------------------|--------------------------|
| Online Banking     | <input checked="" type="checkbox"/> | Direct Deposit        | <input type="checkbox"/> |
| Online Bill Pay    | <input checked="" type="checkbox"/> | Auto Transfer/Payment | <input type="checkbox"/> |
| Online Statements  | <input checked="" type="checkbox"/> | Overdraft Protection  | <input type="checkbox"/> |
| Mobile Banking     | <input checked="" type="checkbox"/> | Debit Card            | <input type="checkbox"/> |
| My Spending Report | <input checked="" type="checkbox"/> | Overdraft Service     | <input type="checkbox"/> |

## Summary of accounts

### Checking and Savings

Account	Page	Account number	Ending balance last statement	Ending balance this statement
Wells Fargo Way2Save <sup>®</sup> Checking	2	9162778840	3,918.98	2,065.01
Wells Fargo Way2Save <sup>®</sup> Savings	7	3309282642	79.87	116.88
<b>Total deposit accounts</b>			<b>\$3,998.85</b>	<b>\$2,181.89</b>



## Wells Fargo Way2Save<sup>®</sup> Checking

### Statement period activity summary

Beginning balance on 2/8	\$3,918.98
Deposits/Additions	4,492.99
Withdrawals/Subtractions	- 6,346.96
<b>Ending balance on 3/7</b>	<b>\$2,065.01</b>

Account number: **9162778840**

**JOSE M RIVAS**  
**OFELIA RIVAS**

Arizona account terms and conditions apply

For Direct Deposit use  
Routing Number (RTN): 122105278

### Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

### Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
2/8		Purchase authorized on 02/07 Frys-Food 2626 83Rd Av Phoenix AZ P000000986381032 Card 7345		39.06	
2/8		Purchase authorized on 02/07 McDonald's F31456 Tolleson AZ S303039178018261 Card 7345		13.43	
2/8		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		2.00	3,864.49
2/9		Purchase authorized on 02/06 Amzn Mktp US*He9EI Amzn.Com/Bill WA S463038285798052 Card 6688		19.53	
2/9		Purchase authorized on 02/06 Amazon.Com*Zh0062B Amzn.Com/Bill WA S303038285821476 Card 6688		12.26	
2/9		Purchase authorized on 02/06 Amazon.Com*Pm64A37 Amzn.Com/Bill WA S463038285876059 Card 6688		43.40	
2/9		Purchase authorized on 02/08 Shein 201-299-2012 DE S583039723005546 Card 6688		30.18	
2/9		Purchase authorized on 02/08 Uber Eats Help.Uber.Com CA S463039847771960 Card 6688		77.71	
2/9		Purchase authorized on 02/08 Uber Eats Help.Uber.Com CA S303040026614089 Card 6688		10.10	
2/9		Purchase authorized on 02/08 WM Superc Wal-Mart Sup Phoenix AZ P000000985047382 Card 6688		38.98	
2/9		Purchase authorized on 02/09 Wal-Mart Super Center Phoenix AZ P000000770906840 Card 7345		9.96	
2/9		Purchase authorized on 02/09 Lowe's #1042 Phoenix AZ P463040830025572 Card 7345		9.12	
2/9		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		9.00	3,604.25
2/10		Purchase authorized on 02/08 Raising Cane's 430 Avondale AZ S463039808005330 Card 7345		17.29	
2/10		Purchase authorized on 02/09 Salad and Go #1105 Phoenix AZ S303040842459368 Card 7345		22.22	
2/10		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		2.00	3,562.74
2/13		Zelle From Jaimes Martin on 02/11 Ref # Pp0R22Q9Wg	900.00		
2/13		Zelle From Azael Rivas on 02/11 Ref # Bacqa1Nr0O4Q	60.00		
2/13		Zelle From Surraj Medical Associates Pllc on 02/11 Ref # Pp0R2356NC Ofelia	300.00		
2/13		Purchase authorized on 02/09 Qt 422 Tolleson AZ S583041126639257 Card 7345		8.81	
2/13		Purchase authorized on 02/10 Sundance Animal Ho Tolleson AZ S463042004356121 Card 6688		121.00	



**Transaction history (continued)**

<i>Date</i>	<i>Check Number</i>	<i>Description</i>	<i>Deposits/ Additions</i>	<i>Withdrawals/ Subtractions</i>	<i>Ending daily balance</i>
2/13		Purchase authorized on 02/10 Circle K 08689 Phoenix AZ S383042164813645 Card 7345		69.71	
2/13		Purchase authorized on 02/10 Circle K 08689 2708 W Phoenix AZ P00000071572110 Card 6688		6.67	
2/13		Purchase authorized on 02/11 Circle K 01583 Tucson AZ S583042492524837 Card 7345		23.31	
2/13		Purchase authorized on 02/11 McDonald's F18544 Tempe AZ S303042547078726 Card 6688		65.05	
2/13		Purchase authorized on 02/11 Curacao.Com 213-386-4412 CA S463043063004758 Card 6688		362.45	
2/13		Purchase authorized on 02/12 Remitly* F350 WWW.Remitly.C WA S583043664735525 Card 6688		103.99	
2/13		Purchase authorized on 02/13 Ross Stores #1005 Tolleson AZ P000000972687504 Card 6688		26.75	
2/13		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		9.00	4,026.00
2/14		Purchase authorized on 02/12 Shop-Gocase.Com Amsterdam Nld S383044219742466 Card 7345		34.99	
2/14		Purchase authorized on 02/13 Subway 33719 Tolleson AZ S463044753666788 Card 6688		23.25	
2/14		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		2.00	3,965.76
2/15		ATM Cash Deposit on 02/15 2626 S 83Rd Ave Phoenix AZ 0006898 ATM ID 8995F Card 6688	260.00		
2/15		Purchase authorized on 02/14 Curacao.Com 213-386-4412 CA S463046046517020 Card 6688		46.81	
2/15		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		1.00	4,177.95
2/16		Purchase authorized on 02/15 Synch Phone Paymen 800-292-7508 GA S383046681245472 Card 6688		70.00	
2/16		Purchase authorized on 02/15 City Services Bill 602-262-6251 AZ S383046686749229 Card 6688		178.58	
2/16		Purchase authorized on 02/15 Dairyland 800-334-0090 WI S303046699842004 Card 6688		368.67	
2/16		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		3.00	3,557.70
2/17		Card Final Credit 10213235886	34.99		
2/17		Zelle From Azael Rivas on 02/17 Ref # Bacjlawsofut	13.00		
2/17		Purchase authorized on 02/15 Super Barber Shop Phoenix AZ S583046740599517 Card 6688		20.50	
2/17		Purchase authorized on 02/17 Frys Fuel #7625 6815 W. B Glendale AZ P583048721415906 Card 6688		8.78	
2/17		Purchase authorized on 02/17 Frys Fuel #7625 6815 W. B Glendale AZ P583048722818978 Card 6688		7.15	
2/17		Purchase authorized on 02/17 Glendale Di Glendale AZ P383048757005764 Card 6688		26.00	
2/17		Purchase authorized on 02/17 Mens Wearhouse #2515 Avondale AZ P000000777601808 Card 6688		606.59	
2/17		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		5.00	2,931.67
2/21		Zelle From Surraj Medical Associates Pllc on 02/19 Ref # Pp0R2L3K9H for Ofelia	300.00		
2/21		Purchase authorized on 02/17 McDonald's F31456 Tolleson AZ S463048781206248 Card 6688		10.31	
2/21		Purchase authorized on 02/17 Newport Cleaners Tolleson AZ S303048820638119 Card 6688		9.00	
2/21		Purchase authorized on 02/17 Raising Cane's 430 Avondale AZ S303048862626911 Card 6688		20.65	
2/21		Purchase authorized on 02/17 Jack IN The Box 15 Tolleson AZ S583049222995208 Card 6688		8.76	
2/21		Purchase authorized on 02/18 Ross Stores #1005 Tolleson AZ P000000187165549 Card 6688		15.11	
2/21		Purchase authorized on 02/18 Patron Barber Shop LLC Phoenix AZ P383049729707457 Card 6688		35.65	
2/21		Purchase authorized on 02/18 Irene S Beauty Sal 602-4357089 AZ S303049816749475 Card 6688		109.00	



**Transaction history (continued)**

<i>Date</i>	<i>Check Number</i>	<i>Description</i>	<i>Deposits/ Additions</i>	<i>Withdrawals/ Subtractions</i>	<i>Ending daily balance</i>
2/21		Purchase authorized on 02/18 Gus S Pizza Desert Phoenix AZ S383049822742644 Card 6541		23.06	
2/21		Purchase authorized on 02/19 Salad and Go #1105 Phoenix AZ S383051077279524 Card 6541		15.64	
2/21		Purchase authorized on 02/20 Subway 33719 Tolleson AZ S583051818951139 Card 6541		22.74	
2/21		Purchase authorized on 02/20 Chevron 0354990 Phoenix AZ S303051856566606 Card 6541		2.29	
2/21		Purchase authorized on 02/21 WM Superc Wal-Mart Sup Phoenix AZ P000000879527757 Card 6541		52.30	
2/21		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		12.00	2,895.16
2/22		Purchase authorized on 02/21 McDonald's F31456 Tolleson AZ S383052585385653 Card 6541		19.07	
2/22		Purchase authorized on 02/21 Super Carniceria L Avondale AZ S303053008864534 Card 6688		24.58	
2/22		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		2.00	2,849.51
2/23		Zelle From Areli L Rivas on 02/23 Ref # Jpm999Suen2Q Phone	80.00		
2/23		Purchase authorized on 02/21 Ross Stores #1570 Avondale AZ S383052715133808 Card 6541		46.00	
2/23		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		1.00	2,882.51
2/24		Purchase authorized on 02/23 Frys-Food-Drg #0 10675 IN Avondale AZ P463055115715913 Card 6688		8.64	
2/24		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		1.00	2,872.87
2/27		Zelle From Azael Rivas on 02/25 Ref # Bacj2Nlhd820 Rent	250.00		
2/27		Purchase authorized on 02/24 Popeyes 12259 / 61 Tolleson AZ S303055802713399 Card 6541		11.39	
2/27		Non-WF ATM Withdrawal authorized on 02/25 Casa Ley Pblo Nvo Mexicali Mex 303057055508654 ATM ID 08771770 Card 6688		83.51	
2/27		Non-Wells Fargo ATM Transaction Fee		5.00	
2/27		Purchase authorized on 02/25 Love's #349 Yuma AZ S583057160548216 Card 6541		6.89	
2/27		Purchase authorized on 02/26 WM Superc Wal-Mart Sup Phoenix AZ P000000633352967 Card 6688		7.57	
2/27		Purchase authorized on 02/26 Target T- 9830 W Lower Tolleson AZ P000000286132780 Card 6688		9.76	
2/27		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		4.00	2,994.75
2/28		Recurring Payment authorized on 02/26 Apple.Com/Bill Cupertino CA S303058195745195 Card 6688		32.57	2,962.18
3/1		Purchase authorized on 02/28 Subway 33719 Tolleson AZ S583059802449995 Card 6541		20.64	
3/1		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		1.00	2,940.54
3/2		Recurring Payment authorized on 02/28 Apple.Com/Bill 866-712-7753 CA S303059513270733 Card 6688		1.08	2,939.46
3/3		Zelle From Azael Rivas on 03/03 Ref # Bacp1Jm4Zxqe Phone	130.00		
3/3		Zelle From Azael Rivas on 03/03 Ref # Bacju0Orme3l Mexico	100.00		
3/3		Purchase authorized on 03/01 St Joes Westgate C 602-406-0000 AZ S583060668756633 Card 6541		11.05	
3/3		Purchase authorized on 03/02 Salad and Go #1105 Phoenix AZ S583061724789226 Card 6541		15.64	
3/3		Purchase authorized on 03/02 Shein 201-299-2012 DE S463062040381184 Card 6688		34.91	
3/3		Cash eWithdrawal in Branch/Store 03/03/2023 13:59 Pm 11425 W Buckeye Rd Avondale AZ 6541		2,000.00	
3/3		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		3.00	1,104.86
3/6		Zelle From Daniel Rivas on 03/04 Ref # Bachavsc3N8L	250.00		
3/6		Zelle From Surraj Medical Associates Pllc on 03/04 Ref # Pp0R3Jktj3 for Ofelia Housekeeping	200.00		
3/6		ATM Cash Deposit on 03/06 2626 S 83Rd Ave Phoenix AZ 0000922 ATM ID 8995F Card 6688	1,500.00		
3/6		ATM Cash Deposit on 03/06 2626 S 83Rd Ave Phoenix AZ 0000923 ATM ID 8995F Card 6688	100.00		
3/6		Zelle From Azael Rivas on 03/06 Ref # Bacal4Pysbkc	15.00		



**Transaction history (continued)**

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
3/6		Purchase authorized on 03/03 Popeyes 12259 / 61 Tolleson AZ S583062815236035 Card 6541		11.17	
3/6		Purchase authorized on 03/04 Uber Eats Help.Uber.Com CA S583063585425320 Card 6541		43.40	
3/6		Purchase authorized on 03/04 Uber Dennys9960 Help.Uber.Com CA S303063640451778 Card 6541		7.90	
3/6		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		3.00	3,104.39
3/7		Purchase authorized on 03/06 Curacao.Com 213-386-4412 CA S303065772542184 Card 6688		301.97	
3/7		Purchase authorized on 03/06 Curacao.Com 213-386-4412 CA S383065779274266 Card 6541		50.00	
3/7		Purchase authorized on 03/06 Remitly* K373 WWW.Remitly.C WA S463065780493004 Card 6688		600.00	
3/7		Purchase authorized on 03/06 City Services Bill 602-262-6251 AZ S463065851483652 Card 6688		83.41	
3/7		Save As You Go Transfer Debit to XXXXXXXXXXXX2642		4.00	2,065.01
<b>Ending balance on 3/7</b>					<b>2,065.01</b>
<b>Totals</b>			<b>\$4,492.99</b>	<b>\$6,346.96</b>	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

**Monthly service fee summary**

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wells Fargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 02/08/2023 - 03/07/2023	Standard monthly service fee \$12.00	You paid \$0.00
<b>How to avoid the monthly service fee</b>	Minimum required	This fee period
Have any <b>ONE</b> of the following account requirements		
· Minimum daily balance	\$500.00	\$1,104.86 <input checked="" type="checkbox"/>
· Total amount of qualifying direct deposits	\$500.00	\$0.00 <input type="checkbox"/>

JC/JC

**IMPORTANT ACCOUNT INFORMATION:**

Effective with the fee periods beginning on or after April 24, 2023, the option to avoid the monthly service fee using "qualifying direct deposit" will be enhanced to "qualifying electronic deposit".

Qualifying Electronic Deposit: A qualifying electronic deposit is a deposit of funds, such as your salary, government benefit payment, or other income, that has posted to your account and is (1) a direct deposit made through the Automated Clearing House (ACH) network, (2) an instant payment processed through the RTP® network (real-time payment system) or FedNow SM Service, or (3) an electronic credit from a third party service that facilitates payments to your debit card using the Visa® or Mastercard® network (e.g. an Original Credit Transaction). Transfers from one account to another, mobile deposits, Zelle®, or deposits made at a branch or ATM are not considered a qualifying electronic deposit.



## Wells Fargo Way2Save® Savings

### Statement period activity summary

Beginning balance on 2/8	\$79.87
Deposits/Additions	67.01
Withdrawals/Subtractions	- 30.00
<b>Ending balance on 3/7</b>	<b>\$116.88</b>

Account number: **3309282642**

**JOSE M RIVAS**  
**OFELIA RIVAS**

Arizona account terms and conditions apply

For Direct Deposit use  
Routing Number (RTN): 122105278

### Interest summary

Interest paid this statement	\$0.01
Average collected balance	\$109.19
Annual percentage yield earned	0.12%
Interest earned this statement period	\$0.01
Interest paid this year	\$0.07
Total interest paid in 2022	\$0.07

### Transaction history

Date	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
2/8	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	7.00		86.87
2/9	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	2.00		88.87
2/10	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	9.00		97.87
2/13	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	2.00		99.87
2/14	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	9.00		108.87
2/15	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	2.00		110.87
2/16	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	1.00		111.87
2/17	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	3.00		114.87
2/21	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	5.00		
2/21	Zelle to Rivas Areli on 02/18 Ref #Rp0R2J5M6W		30.00	89.87
2/22	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	12.00		101.87
2/23	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	2.00		103.87
2/24	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	1.00		104.87
2/27	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	1.00		105.87
2/28	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	4.00		109.87
3/2	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	1.00		110.87
3/6	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	3.00		113.87
3/7	Save As You Go Transfer Credit From XXXXXXXXXXXX8840	3.00		
3/7	Interest Payment	0.01		116.88
<b>Ending balance on 3/7</b>				<b>116.88</b>
<b>Totals</b>		<b>\$67.01</b>	<b>\$30.00</b>	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

### Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to [wellsfargo.com/feefaq](https://wellsfargo.com/feefaq) for a link to these documents, and answers to common monthly service fee questions.















P. O. Box 98541  
Las Vegas, NV 89193

Auto Finance

# MONTHLY STATEMENT



3-805-31758-0000268-001-1-000-110-000-000



OFELIA RIVAS  
JOSE RIVAS  
10006 W CROWN KING RD  
TOLLESON AZ 85353-8432



Scan this to quickly register your account within the MB Auto Finance Mobile App



Download on the App Store



GET IT ON Google Play

Office ID Code: 501-001-0051  
Account Number: 47582151001

## Account Summary

Statement Date: January 30, 2023

## Customer Service

TRANSACTION DATE	TRANSACTION DESCRIPTION	TRANSACTION AMOUNT	ENDING PRINCIPAL BALANCE***
1/18/2023	PRINCIPAL PAYMENT	-\$599.61	\$15,907.13
1/18/2023	INTEREST PAYMENT	-\$71.53	

For billing questions, payoffs, or to make a payment, please access our website at [mechanicsbank.com/auto](http://mechanicsbank.com/auto), or call us at (855) 272-2886.

When contacting our office, please have your account number available.

Please refer to the back of this statement for important information.

Payoff Amount Good Through February 9, 2023: \$15,979.20 \*\*

\*\*\*The ending principal balance does not reflect the total amount required to pay your loan in full.  
\*\*The "Payoff Amount" listed above may not include transactions that take place after the statement date.

REV. 1015

Return this portion with your check

Ofelia Rivas  
Jose Rivas

Total Amount Enclosed: \$

### PAYMENT COUPON

Send Payments To:

OFFICE ID CODE:	501-001-0051
ACCOUNT NUMBER:	47582151001
PAYMENT AMOUNT:	\$0.00
PAST DUE AMOUNT:	\$0.00
LATE CHARGES:	\$0.00
OTHER CHARGES:	\$0.00
<b>Total Amount Due:</b>	<b>\$0.00</b>

MECHANICS BANK  
PO BOX 25085  
SANTA ANA, CA 92799-5085

Payment Due Date: 3/19/2023



Check box and make change of address on back

50100100514758215100100000000000000005

# MONTHLY STATEMENT



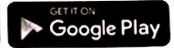
5-805-32157-0000240-001-1-000-010-000-000



OFELIA RIVAS  
JOSE RIVAS  
10006 W CROWN KING RD  
TOLLESON AZ 85353-8432



Scan this to quickly register your account within the MB Auto Finance Mobile App



Office ID Code: 501-001-0051  
Account Number: 47582151001

**Account Summary** **Statement Date: February 27, 2023**

**Customer Service**

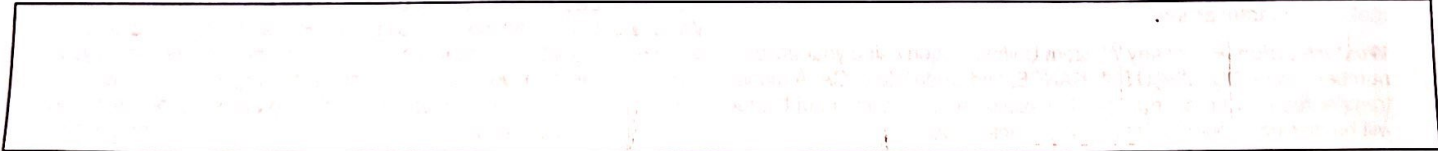
TRANSACTION DATE	TRANSACTION DESCRIPTION	TRANSACTION AMOUNT	ENDING PRINCIPAL BALANCE***
			\$15,907.13

For billing questions, payoffs, or to make a payment, please access our website at [mechanicsbank.com/auto](http://mechanicsbank.com/auto), or call us at (855) 272-2886.

When contacting our office, please have your account number available.

Please refer to the back of this statement for important information.

**Payoff Amount Good Through March 9, 2023: \$16,066.93 \*\***



\*\*\*The ending principal balance does not reflect the total amount required to pay your loan in full.  
\*\*The "Payoff Amount" listed above may not include transactions that take place after the statement date.

REV. 1015

Return this portion with your check

Ofelia Rivas  
Jose Rivas

Total Amount Enclosed: \$

**PAYMENT COUPON**

Send Payments To:

OFFICE ID CODE:	501-001-0051
ACCOUNT NUMBER:	47582151001
PAYMENT AMOUNT:	\$671.14
PAST DUE AMOUNT:	\$0.00
LATE CHARGES:	\$0.00
OTHER CHARGES:	\$0.00
<b>Total Amount Due:</b>	<b>\$671.14</b>

MECHANICS BANK  
PO BOX 25085  
SANTA ANA, CA 92799-5085

**Payment Due Date:** 3/19/2023



Check box and make change of address on back

50100100514758215100100067114000671145

805-2220-0622F



Statement Date February 23, 2023

### ACCOUNT INFORMATION

Account Number 20180401193408  
 Vehicle Description 2018 KIA OPTIMA  
 VIN Number 5XXGT4L31JG195481  
 Loan Term 75 Months  
 Maturity Date September 15, 2024

### Payoff Summary

Payoff Amount \$9,922.30  
 Payoff Good Through March 15, 2023  
 \*See reverse for additional payoff information.

### PAYMENT DETAIL

PAYMENT DUE DATE March 15, 2023  
 Regular Payment Amount \$529.99  
**YOUR TOTAL AMOUNT DUE \$529.99**

### ACTIVITY SINCE LAST STATEMENT

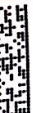
Date	Description	Amount
02/22/2023	Payment Received.	\$29.99
02/21/2023	Payment Received.	\$220.00
02/19/2023	Payment Received - Thank You!	\$280.00
	# of payments made	56
	# of payments remaining	19

## SIGN UP FOR ALERTS

Head over to your account profile where you can sign up for alerts and make updates to your account.



004568 1/1



**Kia Motors Finance is changing its name to Kia Finance America.**

As of March 28, 2022, we have a new name and an updated look, but rest assured, you will still receive the same quality of service you've come to know and expect.

Visit [kiafinance.com](http://kiafinance.com) for more information.

6

See reverse for important information concerning your account. Please make check payable to Kia Finance America. Kindly return this coupon and write your account number on the check.

Page 1 of 2

Account Number 20180401193408  
 Payment Due Date March 15, 2023  
 Total Amount Due \$529.99

Amount Paid \$

AB 01 004568 98548 H 18 B

OFELIA RIVAS  
 10006 W CROWN KING RD  
 TOLLESON AZ 85353-8432

KIA FINANCE AMERICA  
 PO BOX 650805  
 DALLAS TX 75265-0805

Please check box if you have provided any information on the reverse side.

000000529993 201804011934082 000000529993



Statement Date January 26, 2023

**ACCOUNT INFORMATION**

**Account Number** 20180401193408  
**Vehicle Description** 2018 KIA OPTIMA  
**VIN Number** 5XXGT4L31JG195481  
**Loan Term** 75 Months  
**Maturity Date** September 15, 2024

**Payoff Summary**

**Payoff Amount** \$10,391.15  
**Payoff Good Through** February 15, 2023  
*\*See reverse for additional payoff information.*

**PAYMENT DETAIL**

**PAYMENT DUE DATE** February 15, 2023  
**Regular Payment Amount** \$529.99  
**YOUR TOTAL AMOUNT DUE** \$529.99

**ACTIVITY SINCE LAST STATEMENT**

Date	Description	Amount
01/22/2023	Payment Received - Thank You!	\$529.99
	# of payments made	55
	# of payments remaining	20

**PAY ON TIME,  
EVERY TIME**

Stop worrying about making your monthly payments. Sign up for **autopay** and never have to worry about late fees again.



004624 1/1



**Kia Motors Finance is changing its name to Kia Finance America.**

As of March 28, 2022, we have a new name and an updated look, but rest assured, you will still receive the same quality of service you've come to know and expect.

Visit [kiafinance.com](http://kiafinance.com) for more information.

*See reverse for important information concerning your account.*  
 Please make check payable to Kia Finance America. Kindly return this coupon and **write your account number on the check.**

**Account Number** 20180401193408  
**Payment Due Date** February 15, 2023  
**Total Amount Due** \$529.99

**Amount Paid** \$

AB 01 004624 55939 H 17 B

OFELIA RIVAS  
 10006 W CROWN KING RD  
 TOLLESON AZ 85353-8432

KIA FINANCE AMERICA  
 PO BOX 650805  
 DALLAS TX 75265-0805

Please check box if you have provided any information on the reverse side.

000000529993 201804011934082 000000529993



Kia Finance America  
PO Box 20829  
Fountain Valley, CA 92728-0829  
1-877-261-5644  
Hours: M-F 8 a.m. - 9 p.m. ET and Sat-Sun 8 a.m. - 4:30 p.m. ET

MB 01 000496 91302 H 5 B  
OFELIA RIVAS  
10006 W CROWN KING RD  
TOLLESON, AZ 85353-8432

Date: February 18, 2023  
Account: 20180401193408



**Account Past Due Notification**

Dear Ofelia Rivas:

Your payment of **\$529.99** is past due. Late payments may result in late fees. It is very important that you take action to prevent further collection efforts on this account.

**Don't Delay**

Send your payment using the coupon below or call us now at **1-877-261-5644** to see if other arrangements are available. We thank you for your prompt attention.

Sincerely,

Kia Finance America  
Collections Department

**More Payment Options**  
Online Payment [kiafinance.com](http://kiafinance.com)  
Pay by Phone\* call 866-305-8433 to make a payment

*This is an attempt to collect a debt. Any information obtained will be used for that purpose. This notice is provided pursuant to state law.  
\*Please note ACI Payments, Inc., will collect a fee for this service. We may receive a portion of the fee unless prohibited by law.*



Account Number: 20180401193408  
Payment Due Date: **Immediately**  
Total Amount Due: **\$529.99**

Amount Paid: \$

OFELIA RIVAS  
10006 W CROWN KING RD  
TOLLESON, AZ 85353

KIA FINANCE AMERICA  
PO BOX 650805  
DALLAS, TX 75265-0805

000496 1/1







Kia Finance America  
PO Box 20829  
Fountain Valley, CA 92728-0829  
1-877-261-5644  
Hours: M-F 8 a.m. - 9 p.m. ET and Sat-Sun 8 a.m. - 4:30 p.m. ET

MB 01 003179 31654 H 13 A  
OFELIA RIVAS  
10006 W CROWN KING RD  
TOLLESON, AZ 85353-8432

Date: March 18, 2023  
Account: 20180401193408



**Account Past Due Notification**

Dear Ofelia Rivas:

Your payment of **\$299.99** is past due. Late payments may result in late fees. It is very important that you take action to prevent further collection efforts on this account.

**Don't Delay**

Send your payment using the coupon below or call us now at **1-877-261-5644** to see if other arrangements are available. We thank you for your prompt attention.

Sincerely,

Kia Finance America  
Collections Department

More Payment Options	
Online Payment	<a href="http://kiafinance.com">kiafinance.com</a>
Pay by Phone*	call 866-305-8433 to make a payment

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This notice is provided pursuant to state law. Please note ACI Payments, Inc., will collect a fee for this service. We may receive a portion of the fee unless prohibited by law.



Account Number:	20180401193408
Payment Due Date:	<b>Immediately</b>
Total Amount Due:	<b>\$299.99</b>

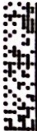
Amount Paid: \$

OFELIA RIVAS  
10006 W CROWN KING RD  
TOLLESON, AZ 85353

KIA FINANCE AMERICA  
PO BOX 650805  
DALLAS, TX 75265-0805

0000000000

003179 1/1







Kia Finance America  
PO Box 20829  
Fountain Valley, CA 92728-0829  
1-877-261-5644  
Hours: M-F 8 a.m. - 9 p.m. ET and Sat-Sun 8 a.m. - 4:30 p.m. ET

MB 01 003179 31654 H 13 A  
OFELIA RIVAS  
10006 W CROWN KING RD  
TOLLESON, AZ 85353-8432

Date: March 18, 2023  
Account: 20180401193408



**Account Past Due Notification**

Dear Ofelia Rivas:

Your payment of **\$299.99** is past due. Late payments may result in late fees. It is very important that you take action to prevent further collection efforts on this account.

**Don't Delay**

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Sincerely,

Kia Finance America  
Collections Department

**More Payment Options**  
Online Payment [kiafinance.com](http://kiafinance.com)  
Pay by Phone\* call 866-305-8433 to make a payment

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This notice is provided pursuant to state law.  
\*Please note ACI Payments, Inc., will collect a fee for this service. We may receive a portion of the fee unless prohibited by law.



Account Number: 20180401193408  
Payment Due Date: **Immediately**  
Total Amount Due: **\$299.99**

Amount Paid: \$

OFELIA RIVAS  
10006 W CROWN KING RD  
TOLLESON, AZ 85353

KIA FINANCE AMERICA  
PO BOX 850805  
DALLAS, TX 75285-0805

000000299992 201804011934082 000000299992

003179 1/1









London Anderson <landerson@azdvs.gov>

### Fwd: Lease Renewal Crown King

2 messages

**jose Rivas** <joferiva@gmail.com>  
To: Miles Monrell <mmorell@azdvs.gov>, Miles Monrell <Mfrf@azdvs.gov>

Wed, Apr 12, 2023 at 9:52 AM

Sent from my iPhone

Begin forwarded message:

**From:** li li <likw888@yahoo.com>  
**Date:** January 17, 2022 at 3:03:45 PM MST  
**To:** joferiva@gmail.com  
**Subject:** Lease Renewal Crown King

Hi Jose,  
Our lease ends 2/28/22. Does your family wish to renewal? The rental market goes up so much. It can be rented more than \$2,000. Since your family has been good tenant, I'll only increase \$200, plus rental tax.

Starting March 1, 2022, the renewal will be \$1700+rental tax = 1742.50. Let me know, if you have any questions.

Thank you!



[Edit](#) [Save](#) [Share](#)

3 bd | 2 ba | 1,661 sqft

10006 W Crown King Rd, Tolleson, AZ 85353

● **Off market** | Zestimate®: **\$364,000** | Rent Zestimate®: **\$2,044**

Est. refi payment: \$1,658/mo [Refinance your loan](#)

[Home value](#) [Owner tools](#) [Home details](#) [Neighborhood details](#)

*Li Li, Realtor*  
*WestUSA Realty*  
*7077 W Marilyn Rd #4-130*  
*Scottsdale, AZ 85254*  
*602-820-5659 (Cell)*  
*602-942-4200 (o)*

<1642456572887blob.jpg>

**Miles Morell** <mmorell@azdvs.gov>  
To: MFRF Administration - VS <mfrf@azdvs.gov>

Wed, Apr 12, 2023 at 1:00 PM

[Quoted text hidden]

--  
--

How are we doing? Let us know at: <http://bit.ly/advsfeedback>

--

Arizona Association of REALTORS

ADDENDUM 2

Document updated:  
June 1993



The pre-printed portion of this form has been drafted by the Arizona Association of REALTORS®. Any change in the pre-printed language of this form must be made in a prominent manner. No representations are made as to the legal validity, adequacy and/or effects of any provision, including tax consequences thereof. If you desire legal, tax or other professional advice, please consult your attorney, tax advisor or professional consultant.



- 1. This is an addendum originated by the:  Seller  Buyer  Landlord  Tenant.
- 2. This is an addendum to the Contract dated \_\_\_\_\_ between the following Parties:  
MO/DA/YR
- 3. Seller/Landlord: Li Li Fei He
- 4. Buyer/Tenant: Jose Rivas Ofelia Rivas
- 5. Premises: 10006 W. Crown King Rd Tolleson

6. The following additional terms and conditions are hereby included as a part of the Contract between Seller and Buyer for the above referenced Premises:  
 7. Landlord and tenant agree to renewal another year lease, March 1, 2022 - February 28,  
 8. 2023. The new monthly rent \$1,700.00, plus 2.5% (\$42.50) rental tax. The new monthly  
 9. rent will be \$1,742.50, starting June March 1, 2022. Other terms and condition remain  
 10. the same as the original rental contract.

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- 41.

42. The undersigned agrees to the additional terms and conditions and acknowledges receipt of a copy hereof.

43. <u>Li Li</u> <u>02/06/22</u>	<u>Fei He</u> <u>02/06/22</u>
44. <input type="checkbox"/> Seller <input type="checkbox"/> Buyer MO/DA/YR	<input type="checkbox"/> Seller <input type="checkbox"/> Buyer MO/DA/YR
45. <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant
46. <u>Jose Rivas</u> <u>02/06/22</u>	<u>Ofelia Rivas</u> <u>02/06/22</u>
47. <input type="checkbox"/> Seller <input type="checkbox"/> Buyer MO/DA/YR	<input type="checkbox"/> Seller <input type="checkbox"/> Buyer MO/DA/YR
48. <input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant

49. **For Broker Use Only:**  
 Brokerage File/Log No. \_\_\_\_\_ Manager's Initials \_\_\_\_\_ Broker's Initials \_\_\_\_\_ Date \_\_\_\_\_  
 MO/DA/YR









**Account:** 465770644-00002

**Invoice:** 9574425902

**Billing period:** Mar 8 - Apr 7, 2023

### Questions about paying your bill?

Go to [go.vzw.com/support/pay-bill-faqs](http://go.vzw.com/support/pay-bill-faqs) to learn more.

### Address change:

Change your address at [go.vzw.com/changeaddress](http://go.vzw.com/changeaddress).

#### Questions about your bill?

[verizon.com/support](http://verizon.com/support)

800-922-0204

### Important Information:

Many billing questions can be resolved easily online or with the My Verizon App. Customer service can also assist you by phone, chat or in a retail store for billing questions or disputes.

All written communication related to billing disputes and checks tendered as payment in full to a billing dispute must be sent to this below address:

Verizon  
Attn: Correspondence Team  
PO Box 15069  
Albany, NY 12212

Select a checkbox that describes how we can help you along with any additional information and include it with your written correspondence.

#### Automatic Payment Enrollment for Account: 465770644-00002 JOSE RIVAS

By signing below, you authorize Verizon to electronically debit your bank account each month for the total balance due on your account. The check you send will be used to setup Automatic Payment. You will be notified each month of the date and amount of the debit 10 days in advance of the payment. You agree to receive all Auto Pay related communications electronically. I understand and accept these terms. This agreement does not alter the terms of your existing Customer Agreement. I agree that Verizon is not liable for erroneous bill statements or incorrect debits to my account. To withdraw your authorization you must call Verizon. Check with your bank for any charges.

**1. Check this box.**

**2. Sign name in box below, as shown on the bill and date.**

**3. Return this slip with your payment. Do not send a voided check.**

---



Please select a checkbox that best describes how we can help you and include details in the box below with any written correspondence.

Payment Verification	Address Change	Name Change	Billing Dispute	Service Change	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information (for example new address or details on your request)



# Your April bill is \$553.48

Due Apr 29


**Account:** 465770644-00002

**Invoice:** 9574425902

**Billing period:** Mar 8 - Apr 7, 2023

## Since your last bill

 Your bill increased by \$7.40.

 You saved \$82.66 with discounts.

### Questions about your bill?

[verizon.com/support](https://verizon.com/support)

800-922-0204

## Review bill details

### My Verizon app

You can check your bill easily with the My Verizon app. Download the app at [govzw.com/mva](https://govzw.com/mva) in both the App Store and Google Play.

### Online

Go to [govzw.com/mybill](https://govzw.com/mybill) and sign in to My Verizon to review your bill.

## Bill summary

One-time charges	\$6.20
Plans	\$302.00
Devices	\$105.54
Apps & add-ons	\$92.77
Surcharges	\$46.97
<b>Total:</b>	<b>\$553.48</b>

**Save up to \$50.00/month when you enroll in Auto Pay & paper-free billing.**

The discount will be effective beginning your next billing cycle after the enrollment.



## 2023-04 B TIP

Assistance Requested: 4/5/2023		
Type	Amount	Total
Rent/TIP	\$10,000.00	<b>\$10,000.00</b>
Car Note	\$202.60	<b>\$2,431.20</b>
Verizon	\$95.07	<b>\$285.21</b>
Auto Insurance	\$126.04	<b>\$378.12</b>
Total	\$10,423.71	<b>\$13,094.53</b>

### Essay Question #2

I have had an anxiety and panic attack disorder since my early 20's when I was in the Navy. This disorder has affected my ability to work at times.



London Anderson &lt;landerson@azdvs.gov&gt;

## ADVS MFRF Grant Request from Cecilia Suzan Sant, Veteran

3 messages

'Jotform' via MFRF Administration - VS &lt;mfrf@azdvs.gov&gt;

Wed, Apr 5, 2023 at 11:18 AM

Reply-To: ccsuzieq@gmail.com

To: mfrf@azdvs.gov



### Arizona Department of Veterans' Services

For Arizona veterans and those who care for them.



#### ADVS MFRF Grant Request

Today's Date	2023-04-05 11:01
Deployment: Did Service Member or Veteran deploy during their military service?	YES
Residency: Click ALL that apply to Service Member or Veteran	- Established residency in Arizona and is able to provide proof of continuous physical presence in Arizona for at least twelve months before submitting an application
Was Service Member's or Veteran's current financial hardship caused by their military service?	YES
Eligibility Score	48
Applicant Name	Cecilia Suzan Sant
Applicant Last4 (SSN)	8501
Applicant Type	Veteran
Applicant Email	<a href="mailto:ccsuzieq@gmail.com">ccsuzieq@gmail.com</a>
Applicant Full Address	Street Address: 3400 Grand Avenue City: Phoenix State: AZ Zip Code: 85017
Applicant Phone	(928) 350-5738
How did you hear about MFRF?	ADVS website
Please select the date range below showing when you deployed.	Before 9/11/2001
Essay Question 1	N/A
Essay Question 2	N//A

Essay Question 3

N/A

0	1	2	3	4
#	Type of Assistance	Amount	Months Requested (If Applicable)	Total Amount
1	TIP/Rent	10000	1	10000
2	Capital One Auto Payment	202.60	12	2431.2
3	Hunter Warfield	250	12	3000
4	Premier Bank Credit Card	128.	6	768
5	Verizon	95	3	285
6	Thee General Auto Insurance	126.04	3	378.12
7				0
8				0
9				0
10				0
11			Grand Total	16862.32

0	1	2
#	Income Source	Amount or Description
1	Salary of Service Member/Veteran	42240
2	- Place of Employment	Epiq Global Business Solutions
3	Salary of Spouse/Significant Other	0
4	- Place of employment	0
5	VA Disability Income	0
6	GI Bill Monthly Stipend	0
7	Social Security Income (SSI or SSDI)	0
8	Child Support (Received)	0
9	Other Household (List)	0
10		
11		
12		
13	Monthly Income Total	42240

0	1	2
---	---	---

#	Essential Expenses	Amount
1	Alimony/Child/Family Support	969.55
2	Childcare	0
3	Electric/Gas	0
4	Water/Sewer/Garbage	0
5	Telephone	95.07
6	Internet	
7	Medical Expenses/Prescriptions	23.00
8	All Rental/Mortgage Expenses	475.00
9	Auto Insurance	128.00
10	Food/Household items	700.00
11	School Expenses	
12	Gas (Auto)	200.00
13		
14		
15		
16		
17	Total Expenses	1621.07

Debt Expenses

0	1	2	3
#	Debt Name	Monthly Payment Amount	Debt Balance
1	Hunter Warfield	250.00	5587.00
2	Capital One Auto Finance	202.60	5856.30
3	The General Auto Insurance	128	128
4	Premier Bank Credit Card	128	529.49
5			
6			
7			
8			
9			
10			
11			
12			
13	Debt Totals	708.6	12100.79

0	1	2	3
#	Name	Age	Relationship
1	Cecilia Suzan Sant	43	Self

2	Thad Dillan Sant	15	Son
3			
4			
5			
6			
7			
8			

[Cecilia Sant DD214.pdf](#)

Did you attach all the required documents?

DD214/Military Orders

Attestation 3 of 3

Accepted

Applicant Signature



Attestation 1 of 3

Accepted

Attestation 2 of 3

Accepted

Environment

BROWSER: Chrome  
OS: Windows  
DEVICE: Desktop  
LANGUAGE: en-US  
RESOLUTION: 1366\*768  
TIMEZONE: GMT -7  
USER AGENT: Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/112.0.0.0 Safari/537.36

---

 **Cecilia Sant DD214.pdf**  
200K

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**London Anderson** <landerson@azdvs.gov>  
To: ccsuzieq@gmail.com  
Cc: MFRF Administration - VS <mfrf@azdvs.gov>

Thu, Apr 6, 2023 at 10:16 AM

Hello,

We have received your application for the MFRF program and are in the process of reviewing everything provided. **Please note that applications will not be reviewed for financial assistance until all required documents are received.**

To ensure your application is processed as quickly as possible, please make sure you have provided all documents listed below. If you have provided these documents via the digital application, your application will be processed in the order they were received. If

you have any questions pertaining to these documents or need assistance with resources to gather these documents please contact us at [mfrf@azdvs.gov](mailto:mfrf@azdvs.gov).

These items are not eligible to be approved:

Hunter Warfield	250	12	3000
Premier Bank Credit Card	128	6	768

### Required Documents

If you could provide an actual verizon bill statement with full account information that would be great!

[Quoted text hidden]

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How are we doing? Let us know at: <http://bit.ly/advsfeedback>

London Anderson

Program Project Specialist II

Arizona Department of Veterans' Services

Email: [landerson@azdvs.gov](mailto:landerson@azdvs.gov)



Arizona Department of Veterans' Services - [www.azdvs.gov](http://www.azdvs.gov)

LEGAL NOTICE: Under Arizona's Public Records Law, all e-mails sent by or to me on this state-owned e-mail account may be subject to public disclosure. This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message. [Click HERE for detailed Notices including HIPAA overview.](#)

London Anderson <[landerson@azdvs.gov](mailto:landerson@azdvs.gov)>

Thu, Apr 6, 2023 at 10:22 AM

4/6/23, 11:45 AM

State of Arizona Mail - ADVS MFRF Grant Request from Cecilia Suzan Sant, Veteran

To: ccsuzieq@gmail.com

Cc: MFRF Administration - VS <mfrf@azdvs.gov>

Could you also provide the actual court order to pay child support?

[Quoted text hidden]

## Essay Question #1

Currently my bills and child support payments are more than my income. For the past eight years, since I was divorced I have dealt with heavy litigation with my ex-husband over our son. While I was married, I was a homemaker. After my divorce, my son and I moved to Oregon to be near family. During the time that we lived in Oregon, my ex-husband and I went to trial four times because he wanted to modify our custody order and bring our son back to Arizona. I went back to college to become a paralegal and was not earning much money and so I accrued debt. I also had a lot of court costs and travel cost to travel to Arizona for court. My ex-husband was also on pay \$175 dollars per month for child support. Unfortunately, in sixth grade my son was suspended twice for fighting and my ex-husband took that as an opportunity to take me back to court. The court ordered that my ex could have primary custody and I have visitation. In March of 2020 I moved back here to be near my son. Unfortunately, the covid-19 pandemic ramped up and the job that I was supposed to start did not start. I eventually ran out of money and was only able to find a job working minimum wage. I still had to pay child support and rent a hotel room to keep a roof over my head. I wasn't making enough money to pay my bills and save money. Eventually, in September of 2021 I got a full time job and earned decent money, however it still wasn't enough for me to get completely caught up on my debts. On top of all of this, I have anxiety disorder and panic attacks. I have had anxiety since my early 20's. I feel that a contributing factor to my anxiety disorder was partly from my military service. I had a lot of fun in the military, but it was also highly stressful. I would be so exhausted during deployments and flight operations that I would fall asleep standing up on the flight deck. I was also sexually harassed by a chief of another department, which also caused anxiety and stress for me.



## Essay Question #2

I have had an anxiety and panic attack disorder since my early 20's when I was in the Navy. This disorder has affected my ability to work at times.

## Essay Question #3

Financial instability causes stress for me. I do work and I enjoy the work that I do, however I have not been able to earn enough to get out of debt. A great weight would be off of my shoulders if I could get help with paying off my bills to be able to achieve my ultimate goal of having a comfortable home for me and my son and daughter. Thank You!

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, First, Middle) MJARES, CECILIA SUZAN		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USNR		3. SOCIAL SECURITY NUMBER 545   71   8501	
--	--	--	--	--	--

4a. GRADE, RATE OR RANK AN	b. PAY GRADE E3	5. DATE OF BIRTH (YYYYMMDD) 79APR16	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 2007APR29		
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7a. PLACE OF ENTRY INTO ACTIVE DUTY SACRAMENTO, CA		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 212 FORREST AVENUE #1 WEAVERVILLE, CA 96093			
---	--	---	--	--	--

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAS NORTH ISLAND, CA			b. STATION WHERE SEPARATED PERSUPP DET, NAS NORTH ISLAND, CA		
--	--	--	---	--	--

9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149				10. SGLI COVERAGE AMOUNT: \$ 250,000.00		NONE	
--	--	--	--	--	--	------	--

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) AN - "0000." X X X X  X X X X  X X X X  X X X X	12. RECORD OF SERVICE			
	a. DATE ENTERED AD THIS PERIOD	99	JUN	09
	b. SEPARATION DATE THIS PERIOD	02	JUN	08
	c. NET ACTIVE SERVICE THIS PERIOD	03	00	00
	d. TOTAL PRIOR ACTIVE SERVICE	00	00	00
	e. TOTAL PRIOR INACTIVE SERVICE	00	00	00
	f. FOREIGN SERVICE	00	00	00
	g. SEA SERVICE	01	05	04
	h. EFFECTIVE DATE OF PAY GRADE	00	DEC	16

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL, GOOD CONDUCT MEDAL, SEA SERVICE DEPLOYMENT RIBBON, ARMED FORCES EXPEDITIONARY MEDAL, BATTLE "E" RIBBON. X X X X X X X X				14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) RECRUIT TRAINING (BMT), 8WKS, AUG99; AIRMAN TRAINING, 2WKS, SEP99. X X  X X X X  X X X X			
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15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM			YES		NO	
b. HIGH SCHOOL GRADUATE OR EQUIVALENT			X YES		NO	

16. DAYS ACCRUED LEAVE PAID NONE.		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES		NO	
					X YES		NO	

18. REMARKS  
"DATE DETACHED SEPARATION ACTIVITY: (2002MAY20). (2 DAYS TRAVEL TIME)."  
DD214-42827-02-7659-RSS.

X X X X X X  
X X X X X X  
X X X X X X

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 15512 ANDORRA WAY SAN DIEGO, CA 92129		b. NEAREST RELATIVE (Name and address - include ZIP Code) CHRYSYAL BELL (MOTHER) P.O. BOX 2494 WEAVERVILLE, CA 96093			
--	--	--	--	--	--

20. MEMBER REQUESTS COPY 6 BE SENT TO		CA DIRECTOR OF VETERANS AFFAIRS		X YES		NO	
---------------------------------------	--	---------------------------------	--	-------	--	----	--

21. SIGNATURE OF MEMBER BEING SEPARATED <i>Cecilia S. Mjares</i>		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) V. V. VANTERPOOL (NC) LCPO BYDIROIC			
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SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION RELACDU AND TRF TO NAVAL RESERVE			24. CHARACTER OF SERVICE (Include upgrades) HONORABLE		
25. SEPARATION AUTHORITY MILPERSMAN 1910-104		26. SEPARATION CODE MBK		27. REENTRY CODE RE-1	
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) TL-NONE				30. MEMBER REQUESTS COPY 4 (Initials) CSM	

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, First, Middle) MIDARES, CECILIA S		2. DEPARTMENT, COMPONENT AND BRANCH 1ST LIEUTENANT / USNR		3. SOCIAL SECURITY NUMBER 545 171 8501	
4a. GRADE, RATE OR RANK AN / E-3	b. PAY GRADE E-3	5. DATE OF BIRTH (YYYYMMDD) 79-04-16	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)		
7a. PLACE OF ENTRY INTO ACTIVE DUTY MEPS STATION SACRAMENTO		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 1ST LIEUTENANT / NASNI			b. STATION WHERE SEPARATED NAS NORTH ISLAND SAN DIEGO		
9. COMMAND TO WHICH TRANSFERRED			10. SGLI COVERAGE		<input type="checkbox"/> NONE
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)  N/A		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)
		a. DATE ENTERED AD THIS PERIOD			
		b. SEPARATION DATE THIS PERIOD			
		c. NET ACTIVE SERVICE THIS PERIOD			
		d. TOTAL PRIOR ACTIVE SERVICE			
		e. TOTAL PRIOR INACTIVE SERVICE			
		f. FOREIGN SERVICE			
		g. SEA SERVICE			
		h. EFFECTIVE DATE OF PAY GRADE			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)  SEA SERVICE HUMANITARIAN NATIONAL DEFENSE BATTLE E ARMED FORCES EXPEDITIONARY			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)  ATD SCHOOL AZ3 EXAM		
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM			<input checked="" type="checkbox"/>	YES	<input type="checkbox"/> NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT			<input checked="" type="checkbox"/>	YES	<input type="checkbox"/> NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
18. REMARKS					
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 15512 ANDORRA WAY SAN DIEGO 92129			b. NEAREST RELATIVE (Name and address - include ZIP Code)		
20. MEMBER REQUESTS COPY 6 BE SENT TO			DIRECTOR OF VETERANS AFFAIRS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21. SIGNATURE OF MEMBER BEING SEPARATED		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION			24. CHARACTER OF SERVICE (Include upgrades)		
25. SEPARATION AUTHORITY		26. SEPARATION CODE		27. REENTRY CODE	
28. NARRATIVE REASON FOR SEPARATION					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)				30. MEMBER REQUESTS COPY 4 (Initials)	



United States Veterans Initiative  
U.S.VETS -Phoenix GPD Program  
3400 NW Grand Ave. Phoenix, AZ 85017

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04/04/2023

U.S. VETS – Phoenix  
3400 NW Grand Ave.  
Phoenix, AZ 85017

On 12/03/2021 Ms. Cecilia Sant entered the TIP Program at U.S. Vets- Phoenix. Ms. Sant Graduated from the TIP Program on 12/01/2023 and is now a Renter at our Facility. Ms. Sant's address has been and is currently 3400 NW Grand Ave Apt 136, Phoenix AZ, 85017, since 12/03/2021

Sincerely,

Michael Kruk  
TIP Program Coordinator  
(480)244-6792

[mkruk@usvets.org](mailto:mkruk@usvets.org)

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# EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) <b>MIJARES, CECILIA</b>				2. Rate <b>AN</b>	3. Desig	4. SSN <b>545-71-8501</b>	
5. ACT	TAR	INACT	AT/ADSW 265	6. UIC <b>00246</b>	7. Ship/Station <b>NAVALBASECORONADO</b>	8. Promotion Status <b>REGULAR</b>	9. Date Reported <b>01MAR22</b>

Occasion for Report			Period of Report			
10. Periodic	11. Detachment of Individual <input checked="" type="checkbox"/>	12. Promotion/Frothing <input type="checkbox"/>	13. Special <input type="checkbox"/>	14. From: <b>01JUN16</b>	15. To: <b>02JUN08</b>	
16. Not Observed Report <input type="checkbox"/>	Type of Report		18. Concurrent <input type="checkbox"/>	19. <input type="checkbox"/>	20. Physical Readiness <b>P/WS</b>	21. Billet Subcategory (if any) <b>NA</b>
17. Regular <input checked="" type="checkbox"/>						

22. Reporting Senior (Last, FI MI) <b>MORENO, ALEX</b>	23. Grade <b>ABHCS</b>	24. Desig <b>AW</b>	25. Title <b>DIV OFFICER</b>	26. UIC <b>00246</b>	27. SSN <b>585-11-2084</b>
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28. Command employment and command achievements.  
To arm, repair, provision, service and support the U.S. Pacific Fleet and other operating forces.

29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.)  
**1ST LT CREWMBR PRI: Assigned to Public Works Department, First Lieutenant Division-11. Performs maintenance and clean-up contributing to base beautification of Naval Base Coronado and NAB Coronado. WATCH: Duty Driver-3**

For Mid-term Counseling Use. (When completing EVAL, enter 30 and 31 from counseling record, sign 32.)	30. Date Counseled <b>24JAN02</b>	31. Counselor <b>BM1 (SW) WILLIAMS</b>	32. Signature of Individual Counseled <i>Cecilia S. Mijares</i>
---	--------------------------------------	---	--

PERFORMANCE TRAITS: 1.0 - Below standards/not progressing or UNSAT in any one standard; 2.0 - Does not yet meet all 3.0 standards; 3.0 - Meets all 3.0 standards; 4.0 - Exceeds most 3.0 standards; 5.0 - Meets overall criteria and most of the specific standards for 5.0. Standards are not all inclusive.

PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards	4.0 Above Standards	5.0* Greatly Exceeds Standards
33. PROFESSIONAL KNOWLEDGE: Technical knowledge and practical application. NOB <input type="checkbox"/>	-Marginal knowledge of rating, specialty or job. -Unable to apply knowledge to solve routine problems. -Fails to meet advancement/PQS requirements.		-Strong working knowledge of rating, specialty and job. -Reliably applies knowledge to accomplish tasks. -Meets advancement/PQS requirements on time.	<input checked="" type="checkbox"/>	-Recognized expert, sought out by all for technical knowledge. -Uses knowledge to solve complex technical problems. -Meets advancement/PQS requirements early/with distinction.
34. QUALITY OF WORK: Standard of work; value of end product. NOB <input type="checkbox"/>	-Needs excessive supervision. -Product frequently needs rework. -Wasteful of resources.		-Needs little supervision. -Produces quality work. Few errors and resulting rework. -Uses resources efficiently.	<input checked="" type="checkbox"/>	-Needs no supervision. -Always produces exceptional work. No rework required. -Maximizes resources.
35. EQUAL OPPORTUNITY: Fairness, respect for human worth. NOB <input type="checkbox"/>	-Displays personal bias or engages in harassment. -Tolerates bias, unfairness or harassment in subordinates. -Lacks respect for EO objectives. -Interferes with order and discipline by disregarding rights of others.		-Always treats others with fairness and respect. -Does not condone bias or harassment in or outside of workplace. -Supports Navy EO objectives. -Contributes to unit cohesiveness and morale.	<input checked="" type="checkbox"/>	-Admired for fairness and human respect. -Ensures a climate of fairness and respect for human worth. -Pro-active EO leader, achieves concrete EO objectives. -Leader and model contributor to unit cohesiveness and morale.
36. MILITARY BEARING/CHARACTER: Appearance, conduct, physical fitness, adherence to Navy Core Values. NOB <input type="checkbox"/>	-Consistently unsat appearance. -Unsatisfactory demeanor/conduct. -Unable to meet one or more physical readiness standards. -Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT.		-Excellent personal appearance. -Excellent demeanor or conduct. -Complies with physical readiness program, within all standards. -Always lives up to Navy Core Values: HONOR, COURAGE, COMMITMENT.	<input checked="" type="checkbox"/>	-Exemplary personal appearance. -Exemplary representative of Navy. -Excellent or outstanding PRT. A leader in physical readiness. -Exemplifies Navy Core Values: HONOR, COURAGE, COMMITMENT.
37. PERSONAL JOB ACCOMPLISHMENT/INITIATIVE: Responsibility, quantity of work. NOB <input type="checkbox"/>	-Needs prodding to attain qualification or finish job. -Prioritizes poorly -Avoids responsibility.		-Productive and motivated. Completes tasks and qualifications fully and on time. -Plans/prioritizes effectively. -Reliable, dependable, willingly accepts responsibility		-Energetic self-starter. Completes tasks or qualifications early, far better than expected. -Plans/prioritizes with exceptional skill and foresight. -Seeks extra responsibility and takes on the hardest jobs

PERFORMANCE TRAITS	1.0 Below Standards	2.0 Progressing	3.0 Meets Standards	4.0 Above Standards	5.0* Greatly Exceeds Standards
38. TEAMWORK: Contributions to team building and team results NOB	-Creates conflict, unwilling to work with others, puts self above team. -Fails to understand team goals or teamwork techniques -Does not take direction well		-Reinforces others' efforts, meets commitments to team -Understands goals, employs good teamwork techniques. -Accepts and offers team direction.	X	-Team builder, inspires cooperation and progress. -Focuses goals and techniques for teams. -The best at accepting and offering team direction
39. LEADERSHIP: (Optional for E1-E3) Organizing, motivating and developing others to accomplish goals NOB X	-Fails to motivate, train or develop subordinates. -Fails to organize, creates problems for subordinates. -Does not set or achieve goals relevant to command mission. -Lacks ability to cope with or tolerate stress. -Inadequate communicator. -Tolerates hazards or unsafe practices. -Does not attend to welfare of subordinates		-Effectively motivates, trains and develops subordinates. -Organizes successfully, solves problems as they occur. -Sets/achieves useful, realistic goals which support command mission. -Performs and leads effectively in stressful situations. -Clear, timely communicator. -Ensures safety of personnel and equipment. -Routinely considers subordinates' personal and professional welfare.		-Inspiring motivator and trainer, consistently builds winners. -Superb organizer, great foresight, gets ahead of problems. -Leadership achievements significantly furthers command mission. -Perseveres through the toughest challenges and inspires others. -Exceptional communicator. -Makes subordinates safety-conscious, has top safety record. -Constantly improves the personal and professional lives of others.

40. Individual Trait Avg. total of trait scores divided by number of graded traits  3.50	41. I recommend this individual for (maximum of two) Assignment in Rating, Sea Special Programs, Shore Special Programs, Commissioning Programs, Special Warfare Programs, Rating Instructor Duty, Other (Be specific)  "A SCHOOL" ASSIGNMENT IN RATE	42. Signature of Rater (Typed Name & Rate) I have evaluated this member against the above performance standards and have forwarded written explanation of marks 1.0 and 5.0  BM1 (SW) WILLIAMS Date:
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43. COMMENTS ON PERFORMANCE: \* All 5.0 and 1.0 marks must be specifically substantiated in comments. Comments must be verifiable. Bold, underlined, italic, or other highlighted type is prohibited. Font must be 10 or 12 Pitch (10 or 12 point) only. Use upper and lower case.

Evaluation is being submitted on the occasion of the service member being discharged from Naval Service.

Airman Mijares is a strong-minded, motivated individual. She carries out responsibilities of demanding positions in a highly capable and professional manner.

- Participant in Naval Base Coronado Honor and Color Guard detail involving morning and evening colors and Retirement Ceremonies.
- Assisted in the Set-up and break down for the Semi-Annual Navy Wide Advancement Exams, Retirement Ceremonies, and Change of Commands held on board Naval Base Coronado.
- A key player, on beautification of Naval Base Coronado, silver strand and Delta Beach.

Airman Mijares is a competent sailor who's loyal enthusiasm has earned her a reputation as an outstanding sailor and has significantly contributed to overall success of the command.

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.  
Leather Neck Charities and Meals on Wheels, Coronado Arbor Day

Promotion Recommendation	NOB	Significant Problems	Progressing	Promotable	Must Promote	Early Promote	47. Retention: Not Recommended <input type="checkbox"/> Recommended <input checked="" type="checkbox"/>
45. INDIVIDUAL					X		48. Reporting Senior Address COMMANDING OFFICER NAVAL BASE CORONADO SAN DIEGO, CA 92135
46. SUMMARY		0	0	0	1	0	

49. Signature of Senior Rater (Typed Name & Grade Rate) I have reviewed the evaluation of this member against these performance standards and have provided written explanation to support the marks of 1.0 and 5.0  NONE Date:	50. Signature of Reporting Senior  <i>Alex Moreno</i> Date: 05/13/02
51. Signature of Individual Evaluated "I have seen this report, been apprised of my performance, and understand my right to submit a statement." I intend to submit a statement. I do not intend to submit a statement.  <i>Cecilia E. Mijares</i> Date: 05/13/02	52. Type name, grade, command, UIC, and signature of regular Reporting Senior on Concurrent Report MORENO, ALEX ABHCS Date:

Pgm: VUFFFD01  
Date: Mar 13, 23

ATLAS II: ARIZONA IV-D PROGRAM  
FINANCIAL SUMMARY AS OF 03/13/23

User: PAH2 / NLZ

Page: 1  
Time: 11:40 AM

Case: 0011552732-01  
CP Name: SANT, WILFORD J.  
NCP Name: SANT, CECILIA S.

Status: Active as of: 03/02/2022

----Obligations----

---- Debt ----

Nbr	Stat	Type	Obligation Type	Accrue	Monthly Accrual	Begin Date	Principal	Interest	Order Number
01	A	IDI	CCH CURRENT CHILD SUPPORT	Y	838.00	07/01/21	7,863.41	969.55	FC2014-001017
02	A	IDI	PSJ PAST SUPPORT JUDGMENT	N	0.00	06/01/18	9,949.61	0.00	FC2014-001017
03	A	CHF	NCF NCP FEES	Y	8.00	07/01/21	160.00	0.00	FC2014-001017
Subtotal:							17,973.02	969.55	

GRAND TOTAL DUE: 18,942.57

Pgm: VUFFFD01  
Date: Mar 13,23

ATLAS II: ARIZONA IV-D PROGRAM  
FINANCIAL SUMMARY AS OF 03/13/23

User: PAH2 / NLZ

Page: 2  
Time: 11:40 AM

Case: 0011552732-01  
CP Name: SANT, WILFORD J.  
NCP Name: SANT, CECILIA S.

Status: Active as of: 03/02/2022

----- Payments -----

Posting Date	Payment Amount	SRD	Case Alloc Amt	Amount	Amt Suspense	Amt Refund	Other
03/06/2023	160.24	03/03/2023	160.24	160.24			
02/21/2023	516.59	02/17/2023	516.59	321.41			
				195.18			
02/06/2023	516.59	02/03/2023	516.59	516.59			
01/23/2023	516.59	01/20/2023	516.59	321.41			
				195.18			
01/09/2023	516.59	01/06/2023	516.59	516.59			
2023 Sub-Totals:			2,226.60				
			=====				
12/27/2022	516.59	12/23/2022	516.59	321.41			
				195.18			
12/12/2022	516.59	12/09/2022	516.59	516.59			
11/29/2022	516.59	11/28/2022	516.59	321.41			
				195.18			
11/14/2022	516.59	11/10/2022	516.59	516.59			
10/31/2022	516.59	10/28/2022	516.59	321.41			
				195.18			
10/17/2022	516.59	10/14/2022	516.59	481.59			
				35.00			
10/03/2022	516.59	09/30/2022	516.59	516.59			
09/19/2022	516.59	09/16/2022	516.59	321.41			
				195.18			
09/06/2022	516.59	09/02/2022	516.59	516.59			
08/22/2022	516.59	08/19/2022	516.59	321.41			
				195.18			
08/08/2022	516.59	08/05/2022	516.59	516.59			
07/25/2022	516.59	07/22/2022	516.59	321.41			
				195.18			
07/11/2022	516.59	07/08/2022	516.59	516.59			
06/27/2022	516.59	06/24/2022	516.59	321.41			
				195.18			
06/13/2022	516.59	06/10/2022	516.59	516.59			
05/31/2022	516.59	05/27/2022	516.59	321.41			
				195.18			
05/16/2022	516.59	05/13/2022	516.59	481.59			
				35.00			
05/02/2022	516.59	04/29/2022	516.59	516.59			



Pgm: VUFFFD01  
Date: Mar 13,23

ATLAS II: ARIZONA IV-D PROGRAM  
FINANCIAL SUMMARY AS OF 03/13/23

User: PAH2 / NLZ

Page: 3  
Time: 11:40 AM

Case: 0011552732-01  
CP Name: SANT, WILFORD J.  
NCP Name: SANT, CECILIA S.

Status: Active as of: 03/02/2022

----- Payments -----

Posting Date	Payment Amount	SRD	Case Alloc Amt	Amount	Amt Suspense	Amt Refund	Other
2022 Sub-Totals:			9,298.62				
			TOTAL AMT PAID:	11,525.22			

\*\*\*\* END-OF-DATA \*\*\*\*

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY  
HONORABLE KEVIN WEIN**

**Sant and Sant**

Case Number: **FC2014-001017**

**Wilford Joesph Sant**  
(Petitioner)

**Case Number: FC2014-001017**  
**Atlas Number:**

AND

**Cecilia S Sant**  
(Respondent)

**CHILD SUPPORT ORDER**

**THE COURT FINDS that:**

1. Wilford Sant and Cecilia Sant owe a duty to support the following child:

<b>Child Name</b>	<b>Date of Birth</b>
Thad Sant	01/15/2008

2. **Child Support Guidelines:** The required financial factors and any discretionary adjustments pursuant to the Arizona Child Support Guidelines are as set forth in the Child Support Worksheet, attached and incorporated herein by reference.
3. **Child Support:** Cecilia Sant is obligated to pay child support to Wilford Sant pursuant to the Arizona Child Support Guidelines in the amount of \$838.00 per month.
4. **Support Arrears:** Arrears not addressed.
5. **Past Support:** It is appropriate to award Wilford Sant an additional judgment for past support in the amount of \$12,418.00 for appropriate past support from the date of filing of the current petition until today.

**IT IS ORDERED that:**

1. **Child Support:** Cecilia Sant shall pay child support to Wilford Sant in the sum of \$838.00 per month, payable on the 1st day of each month commencing 07/01/2021 by income withholding order.
2. **Arrearage Judgment:** No additional judgment for child support arrears is entered.
3. **Past Support:** Wilford Sant is also granted judgment against Cecilia Sant in the additional amount of \$12,418.00. Cecilia Sant shall pay the additional sum of \$50.00 per month towards this judgment, payable on the first (1st) day of each month beginning 07/01/2021 until paid in full
4. **Total Monthly Payments:** Cecilia Sant shall make total monthly payments to Wilford Sant of \$896.00 per month payable on the 1st day of each month commencing 07/01/2021 as follows:

Current Child Support payment as ordered above:	\$838.00
Child Support Arrearage payments:	\$50.00
Current Spousal Maintenance payment:	\$0.00
Past Due Spousal Maintenance payment:	
Clearinghouse Handling Fee:	\$8.00
Total Monthly Payment:	\$896.00



**SUPERIOR COURT OF ARIZONA**  
**MARICOPA COUNTY**  
**HONORABLE KEVIN WEIN**

**Sant and Sant**

Case Number: **FC2014-001017**

13. **Emancipation:** Generally the obligation to pay child support in the full amount ordered herein continues until the court formally modifies this order with a new order upon request of one of the parties or when the youngest child is emancipated. A child is emancipated:
- On the date of the child's marriage.
  - On the child's 18th birthday and graduation from high school or age 19 (whichever comes first).
  - When the child is adopted.
  - When the child dies.
14. Even though there are orders regarding medical insurance and the allocation of the right to claim a child as a dependent for the purposes of federal taxes contained in this judgment, this is not binding on the IRS. Under the Affordable Care Act, the parent who claims the child as a dependent on a federal tax return has the obligation to ensure that the child is covered by medical insurance and may be penalized by the IRS for failing to do so.

Dated: 06/30/2021



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Judge Kevin Wein

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY  
HONORABLE KEVIN WEIN**

**CHILD SUPPORT WORKSHEET**

**Petitioner:** Wilford Joesph Sant

**Case No:** FC2014-001017

**Respondent:** Cecilia S Sant

**ATLAS No:**

**Total Number of Children:** 1

**Presumptive Termination Date:** 5/31/2026

	Wilford Sant	Cecilia Sant
<b>GROSS MONTHLY INCOME:</b>	<b>\$3,640.00</b>	<b>\$3,986.67</b>
Spousal Maintenance (Paid/Rec'vd):		
Court Ordered Child Support of Other Relationships (Paid):		
Custodian of Other Child Subject of Order:		
Support of Other Natural or Adopted Children NOT Ordered: <i>Wilford Sant: 2 other child(ren)</i>	(\$1,026.00)	\$0.00
<b>ADJUSTED GROSS INCOME:</b>	<b>\$2,614.00</b>	<b>\$3,986.67</b>
<b>Combined Adjusted Gross Income:</b>		\$6,600.67

**Primary Residential Parent is:** Wilford Joesph Sant

<b>BASIC CHILD SUPPORT OBLIGATION FOR 1 CHILD</b>		<b>\$982.00</b>
<b>Plus Costs for:</b>		
Adjustment for 1 child over age 12 at (10.00)%:		\$98.20
Medical, Dental, and Vision Insurance:	\$387.76	
Monthly childcare costs for 0 child:		
<i>Less Federal Tax Credit to Custodian of (25.00)%:</i>	\$0.00	\$0.00
Extra Education Expenses:		
Extraordinary (Gifted or Handicapped) Child Expenses:		
<b>TOTAL CHILD SUPPORT OBLIGATION</b>		<b>\$1,467.96</b>
Each Parent's Proportionate Percentage of Combined Income:	39.60%	60.40%
Each Parent's Proportionate Share of the Total Support Obligation:	<b>\$581.34</b>	<b>\$886.62</b>
Parenting Time Costs Adjustment for: Cecilia Sant		
<i>Parenting Time Table (A) for (52) days at (5.00)%:</i>		<b>\$49.10</b>
<b>Total Additions to Child Support Obligation paid by each parent:</b>	<b>(\$387.76)</b>	<b>\$0.00</b>
<b>PRELIMINARY CHILD SUPPORT OBLIGATION:</b>	<b>\$193.58</b>	<b>\$837.52</b>

<b>SELF SUPPORT RESERVE TEST</b>	
Cecilia Sant Adjusted Gross Income:	\$3,986.67
Less Paid Arrearages Allowed:	
Less Self Support Reserved Amount:	\$1,684.80
Discretionary Income:	\$2,301.87

**FINAL CHILD SUPPORT OBLIGATION PAYABLE BY Cecilia Sant:** **\$838.00**

**ENDORSEMENT PAGE**

CASE NUMBER: FC2014-001017

SIGNATURE DATE: 6/30/2021

E-FILING ID #: 13075282

FILED DATE: 7/2/2021 8:00:00 AM

BRYAN JAMES BLEHM

ERIN E RICHARDSON

PHILLIP D HINEMAN JR.

LYNDA GORDON  
NO ADDRESS ON RECORD

DOCKET-FAMILY COURT CCC

FAMILY SUPPORT SERVICES-CCC





Epiq Global Business Transformation Solutions, LLC 11880 College Blvd Suite 200 Overland Park, KS 66210  
 Cecilia Sant 2627 W. El Alba Way Chandler, AZ 85224

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Cecilia Sant	Epiq Global Business Transformation Solu	632895	01/15/2023	01/28/2023	02/03/2023	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	71.50	1,758.54	0.00	192.20	1,098.65	467.69
YTD	192.50	5,908.81	0.00	712.43	3,295.93	1,900.45

Earnings							Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	Description	Amount	YTD
Holiday	01/15/2023 - 01/28/2023	8	22.12	176.96	24	530.88	OASDI	109.03	366.35
OT			0		1.5	49.77	Medicare	25.50	85.68
Regular	01/15/2023 - 01/28/2023	71.5	22.12	1,581.58	171.25	3,788.05	Federal Withholding	26.02	154.05
Sick			0		40	884.80	State Tax - AZ	31.65	106.35
Worked Client Holid			0		19.75	655.31			
<b>Earnings</b>				<b>1,758.54</b>		<b>5,908.81</b>	<b>Employee Taxes</b>	<b>192.20</b>	<b>712.43</b>

Post Tax Deductions		
Description	Amount	YTD
PayActiv Loan	501.98	1,505.92
Whole Life	80.08	240.24
Support (001155273201)	516.59	1,549.77
<b>Post Tax Deductions</b>	<b>1,098.65</b>	<b>3,295.93</b>

Employer Paid Benefits				Taxable Wages			
Description	Amount	YTD		Description	Amount	YTD	
Basic Life & ADD ER	1.67	5.01		OASDI - Taxable Wages	1,758.54	5,908.81	
Basic STD	3.36	10.08		Medicare - Taxable Wages	1,758.54	5,908.81	
FMLA ER	0.59	1.77		Federal Withholding - Taxable Wages	1,758.54	5,908.81	
<b>Employer Paid Benefits</b>	<b>5.62</b>	<b>16.86</b>		<b>State Tax Taxable Wages - AZ</b>	<b>1,758.54</b>	<b>5,908.81</b>	

	Federal	State
Marital Status	Head of Household	
Allowances	0	0
Additional Withholding	0	0

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
U.S. Bank	U.S. Bank	*****5895		467.69 USD



Epiq Global Business Transformation Solutions, LLC 11880 College Blvd Suite 200 Overland Park, KS 66210  
 Cecilia Sant 2627 W. El Alba Way Chandler, AZ 85224

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Cecilia Sant	Epiq Global Business Transformation Solu	632895	01/29/2023	02/11/2023	02/17/2023	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	70.75	1,741.95	0.00	188.65	1,098.63	454.67
YTD	263.25	7,650.76	0.00	901.08	4,394.56	2,355.12

Earnings							Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	Description	Amount	YTD
Holiday			0		24	530.88	OASDI	108.00	474.35
OT			0		1.5	49.77	Medicare	25.26	110.94
Regular	01/29/2023 - 02/11/2023	70.75	22.12	1,564.99	242	5,353.04	Federal Withholding	24.03	178.08
Sick			0		40	884.80	State Tax - AZ	31.36	137.71
Vacation	01/29/2023 - 02/11/2023	8	22.12	176.96	8	176.96			
Worked Client Holid			0		19.75	655.31			
<b>Earnings</b>				<b>1,741.95</b>		<b>7,650.76</b>	<b>Employee Taxes</b>	<b>188.65</b>	<b>901.08</b>

Post Tax Deductions		
Description	Amount	YTD
PayActiv Loan	501.96	2,007.88
Whole Life	80.08	320.32
Support (001155273201)	516.59	2,066.36
<b>Post Tax Deductions</b>	<b>1,098.63</b>	<b>4,394.56</b>

Employer Paid Benefits			Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
Basic Life & ADD ER	1.67	6.68	OASDI - Taxable Wages	1,741.95	7,650.76
Basic STD	3.36	13.44	Medicare - Taxable Wages	1,741.95	7,650.76
FMLA ER	0.59	2.36	Federal Withholding - Taxable Wages	1,741.95	7,650.76
<b>Employer Paid Benefits</b>	<b>5.62</b>	<b>22.48</b>	State Tax Taxable Wages - AZ	1,741.95	7,650.76

	Federal	State
Marital Status	Head of Household	
Allowances	0	0
Additional Withholding	0	0

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
U.S. Bank	U.S. Bank	*****5895		454.67 USD



Epiq Global Business Transformation Solutions, LLC 11880 College Blvd Suite 200 Overland Park, KS 66210  
 Cecilia Sant 2627 W. El Alba Way Chandler, AZ 85224

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Cecilia Sant	Epiq Global Business Transformation Solu	632895	02/12/2023	02/25/2023	03/03/2023	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	16.00	353.92	0.00	33.44	320.48	0.00
YTD	279.25	8,004.68	0.00	934.52	4,715.04	2,355.12

Earnings							Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	Description	Amount	YTD
Holiday		0			24	530.88	OASDI	21.94	496.29
OT		0			1.5	49.77	Medicare	5.13	116.07
Regular	02/12/2023 - 02/17/2023	16	22.12	353.92	258	5,706.96	Federal Withholding	0.00	178.08
Sick		0			40	884.80	State Tax - AZ	6.37	144.08
Vacation		0			8	176.96			
Worked Client Holid		0			19.75	655.31			
<b>Earnings</b>				<b>353.92</b>		<b>8,004.68</b>	<b>Employee Taxes</b>	<b>33.44</b>	<b>934.52</b>

Post Tax Deductions		
Description	Amount	YTD
PayActiv Loan	80.16	2,088.04
Whole Life	80.08	400.40
Support (001155273201)	160.24	2,226.60
<b>Post Tax Deductions</b>	<b>320.48</b>	<b>4,715.04</b>

Employer Paid Benefits			Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
Basic Life & ADD ER	0.84	7.52	OASDI - Taxable Wages	353.92	8,004.68
Basic STD	1.68	15.12	Medicare - Taxable Wages	353.92	8,004.68
FMLA ER	0.30	2.66	Federal Withholding - Taxable Wages	353.92	8,004.68
<b>Employer Paid Benefits</b>	<b>2.82</b>	<b>25.30</b>	State Tax Taxable Wages - AZ	353.92	8,004.68

	Federal	State
Marital Status	Head of Household	
Allowances	0	0
Additional Withholding	0	0

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
U.S. Bank	U.S. Bank	*****5895		0.00 USD





P.O. Box 1800  
Saint Paul, Minnesota 55101-0800

4957 TRN S X ST01

Account Number:  
1 517 0845 5895  
Statement Period:  
Jan 28, 2023  
through  
Feb 27, 2023



000027326 00 SP 106481678078307 E  
CECILIA SANT  
3400 GRAND AVE # 136  
PHOENIX AZ 85017-4507



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U.S. Bank National Association

**Member FDIC**

**Account Number 1-517-0845-5895**

**Account Summary**

Beginning Balance on Jan 28	\$	128.98-	Number of Days in Statement Period	31
Deposits / Credits		1,605.16	Customer Segment	Military
Card Withdrawals		820.93-		
Other Withdrawals		944.30-		
<b>Ending Balance on Feb 27, 2023</b>	<b>\$</b>	<b>289.05-</b>		

**Deposits / Credits**

<i>Date</i>	<i>Description of Transaction</i>	<i>Ref Number</i>	<i>Amount</i>
Jan 30	Reversed Fee	ATM Withdrawal At Other Network	\$ 2.50
Jan 30	Reversed Fee	ATM Withdrawal At Other Network	2.50
Jan 31	Returned Withdrawal	Electronic	202.60
Feb 3	Reversed Fee	Non-US Bank ATM Denied Transaction	2.50
Feb 3	Electronic Deposit	From EPIQ GLOBAL BUSI	467.69
	REF=230320091612560N00	PAYROLL 8360209244	
Feb 6	Reversed ATM Fee	Balance Inquiry At Other Network	2.50
Feb 6	Reversed Fee	ATM Withdrawal At Other Network	2.50
Feb 13	Reversed Fee	Non-US Bank ATM Denied Transaction	2.50
Feb 17	Reversed Fee	ATM Withdrawal At Other Network	2.50
Feb 17	Electronic Deposit	From EPIQ GLOBAL BUSI	454.67
	REF=230460044298940N00	PAYROLL 8360209244	
Feb 21	Reversed Fee	ATM Withdrawal At Other Network	2.50
Feb 21	Zelle Instant	PMT From AMY BATTEN	50.00
	On 02/18/23	PMT ID=WFCT0R2HYY6S	
Feb 22	Returned Withdrawal	Electronic	405.20
Feb 27	Reversed Fee	Non-US Bank ATM Denied Transaction	2.50
Feb 27	Reversed Fee	Non-US Bank ATM Denied Transaction	2.50
<b>Total Deposits / Credits</b>			<b>\$ 1,605.16</b>

**Card Withdrawals**

<i>Date</i>	<i>Description of Transaction</i>	<i>Ref Number</i>	<i>Amount</i>
Jan 30	Fee	ATM Withdrawal At Other Network	\$ 2.50-
Jan 30	Fee	ATM Withdrawal At Other Network	2.50-
Feb 6	Fee	ATM Withdrawal At Other Network	2.50-
Feb 17	Fee	ATM Withdrawal At Other Network	2.50-





CECILIA SANT  
3400 GRAND AVE # 136  
PHOENIX AZ 85017-4507

**Uni-Statement**  
Account Number:  
1 517 0845 5895  
Statement Period:  
Jan 28, 2023  
through  
Feb 27, 2023  
Page 2 of 3



**U.S. BANK PLATINUM CHECKING**

**(CONTINUED)**

U.S. Bank National Association

**Account Number 1-517-0845-5895**

**Card Withdrawals (continued)**

Date	Description of Transaction	Ref Number	Amount
Feb 21	Fee ATM Withdrawal At Other Network	2100002773	2.50-
Card Number: xxxx-xxxx-xxxx-8089			
Date	Description of Transaction	Ref Number	Amount
Jan 30	Debit Purchase - VISA FILIBERTOS (BASE	On 012623 PHOENIX AZ REF # 24801973027091026001252	13.23-
Jan 30	ATM Withdrawal 13024 W INDIAN S LITCHFIELD AZ	Serial No. 474354165119PLUSTERM	43.75-
Jan 30	ATM Withdrawal 2111 W. UNIVERSI TEMPE AZ	Serial No. 009874224454ACMPTERM	60.00-
Feb 6	Debit Purchase - VISA UBER TRIP	On 020323 HELP.UBER.CO CA REF # 24492153034719785727659	5.00-
Feb 6	Debit Purchase 330441	FAMILY DOLLAR # PHOENIX AZ On 020423 MAESTERM REF 330441	7.76-
Feb 6	Debit Purchase - VISA UBER TRIP	On 020323 HELP.UBER.CO CA REF # 24492153034719785532109	19.26-
Feb 6	ATM Withdrawal 3906 W NEW RIVER NEW RIVER AZ	Serial No. 154024163011PLUSTERM	43.00-
Feb 6	ATM Withdrawal USB PHOENIX METR PHOENIX AZ	Serial No. 004422125210SUS4U638	60.00-
Feb 6	Debit Purchase 402184	DISCOUNT-TIRE-CO PHOENIX AZ On 020323 ILNKILNK REF 303422402184	81.24-
Feb 6	ATM Withdrawal US BANK TEMPE MA TEMPE AZ	Serial No. 003340152211SUS4U680	140.00-
Feb 17	ATM Withdrawal 4040 N 19TH AVE PHOENIX AZ	Serial No. 508027120443PLUSTERM	63.00-
Feb 21	Debit Purchase - VISA SCOOTER'S COFFEE	On 021723 PHOENIX AZ REF # 24765013049706000874092	11.08-
Feb 21	Debit Purchase 472518	SAFWAY #1584 WICKENBURG AZ On 021823 ILNKILNK REF 304919472518	22.99-
Feb 21	Debit Purchase 274340	QT 456 INSIDE GLENDALE AZ On 021823 ILNKILNK REF 304918274340	24.62-
Feb 21	Debit Purchase 033515	FRYS MARK 13830 LITCHFIELD PAZ On 021723 MAESTERM REF 033515	30.00-
Feb 21	ATM Withdrawal US BANK BILTMORE PHOENIX AZ	Serial No. 005562191441SUS4U691	40.00-
Feb 21	ATM Withdrawal USB PHOENIX METR PHOENIX AZ	Serial No. 006800114319SUS4U638	40.00-
Feb 21	ATM Withdrawal 800 W WICKENBURG WICKENBURG AZ	Serial No. 313396195725PLUSTERM	103.50-
<b>Card 8089 Withdrawals Subtotal</b>			<b>\$ 808.43-</b>
<b>Total Card Withdrawals</b>			<b>\$ 820.93-</b>

**Other Withdrawals**

Date	Description of Transaction	Ref Number	Amount
Jan 30	Electronic Withdrawal REF=230300111389720N00	To CAPITAL ONE AUTO DIRECTPAY 9541719802	\$ 202.60-
Jan 31	Overdraft Paid Fee		36.00-
Jan 31	Overdraft Paid Fee	7091026001	36.00-
Jan 31	Overdraft Paid Fee		36.00-
Feb 3	Fee	Non-US Bank ATM Denied Transaction	0300000001 2.50-
Feb 6	ATM Fee	Balance Inquiry At Other Network	0600000001 2.50-
Feb 7	Overdraft Paid Fee		36.00-
Feb 7	Overdraft Paid Fee		36.00-
Feb 7	Overdraft Paid Fee		36.00-
Feb 13	Fee	Non-US Bank ATM Denied Transaction	1300000001 2.50-





CECILIA SANT  
 3400 GRAND AVE # 136  
 PHOENIX AZ 85017-4507

**Uni-Statement**  
 Account Number:  
 1 517 0845 5895  
 Statement Period:  
 Jan 28, 2023  
 through  
 Feb 27, 2023  
 Page 3 of 3

**U.S. BANK PLATINUM CHECKING**

**(CONTINUED)**

U.S. Bank National Association

**Account Number 1-517-0845-5895**

**Other Withdrawals (continued)**

<i>Date</i>	<i>Description of Transaction</i>	<i>Ref Number</i>	<i>Amount</i>
Feb 21	Electronic Withdrawal REF=230480153713540N00	To CAPITAL ONE AUTO CARPAY 9541719806	405.20-
Feb 22	Overdraft Paid Fee		36.00-
Feb 22	Overdraft Paid Fee		36.00-
Feb 22	Overdraft Paid Fee		36.00-
Feb 27	Fee	Non-US Bank ATM Denied Transaction 2700000001	2.50-
Feb 27	Fee	Non-US Bank ATM Denied Transaction 2700000001	2.50-
<b>Total Other Withdrawals</b>			<b>\$ 944.30-</b>

	Total for Statement Period	Total Year to Date
Total Returned Item Fees	\$ 0.00	\$ 0.00
Total Overdraft Fees	\$ 324.00	\$ 432.00
<b>TOTAL</b>	<b>\$ 324.00</b>	<b>\$ 432.00</b>

**Balance Summary**

<i>Date</i>	<i>Ending Balance</i>	<i>Date</i>	<i>Ending Balance</i>	<i>Date</i>	<i>Ending Balance</i>
Jan 30	448.56-	Feb 7	350.53-	Feb 21	586.25-
Jan 31	353.96-	Feb 13	350.53-	Feb 22	289.05-
Feb 3	113.73	Feb 17	41.14	Feb 27	289.05-
Feb 6	242.53-				

Balances only appear for days reflecting change.



P.O. Box 1800  
Saint Paul, Minnesota 55101-0800

4957 TRN S X ST01

Account Number:  
1 517 0845 5895  
Statement Period:  
Feb 28, 2023  
through  
Mar 24, 2023



000029394 00 SP 106481699214682 E  
CECILIA SANT  
3400 GRAND AVE # 136  
PHOENIX AZ 85017-4507



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**U.S. BANK PLATINUM CHECKING**

U.S. Bank National Association

**Member FDIC**

**Account Number 1-517-0845-5895**

**Account Summary**

Beginning Balance on Feb 28	\$	289.05-	Number of Days in Statement Period	25
Deposits / Credits		1,605.83	Customer Segment	Military
Card Withdrawals		903.78-		
Other Withdrawals		646.30-		
<b>Ending Balance on Mar 24, 2023</b>	<b>\$</b>	<b>233.30-</b>		

**Deposits / Credits**

<i>Date</i>	<i>Description of Transaction</i>	<i>Ref Number</i>	<i>Amount</i>
Mar 17	Returned Withdrawal	Electronic	\$ 607.80
Mar 20	Reversed Fee	Non-US Bank ATM Denied Transaction	2.50
Mar 20	Overdraft Paid Fee	Refund	18.00
Mar 20	Overdraft Paid Fee	Refund	36.00
Mar 20	Overdraft Paid Fee	Refund	36.00
Mar 20	Electronic Deposit	From MAJORS LAW GROUP	100.03
	REF=230760119991220N00	DIRECT DEP9111111101	
Mar 20	Deposit	8016325343	600.00
Mar 22	Reversed Fee	ATM Withdrawal At Other Network	2.50
Mar 22	ATM Deposit	US BANK BILTMORE PHOENIX AZ	203.00
		Serial No. 001395170848SUS4U691	
<b>Total Deposits / Credits</b>			<b>\$ 1,605.83</b>

**Card Withdrawals**

<i>Date</i>	<i>Description of Transaction</i>	<i>Ref Number</i>	<i>Amount</i>
Mar 22	Fee	ATM Withdrawal At Other Network	\$ 2.50-
Card Number: xxxx-xxxx-xxxx-8089			
<i>Date</i>	<i>Description of Transaction</i>	<i>Ref Number</i>	<i>Amount</i>
Mar 21	Debit Purchase	CVS/PHARMACY #05 Phoenix AZ	\$ 2.79-
	009930	On 032123 ILNKILNK REF 308021009930	
Mar 21	Debit Purchase	SAFEWAY #2821 GLENDALE AZ	4.92-
	628162	On 032023 ILK1TERM REF 307918628162	
Mar 21	Debit Purchase	FRYS # 00 26390 PHOENIX AZ	25.60-
	015892	On 032023 MAESTERM REF 015892	
Mar 21	Debit Purchase	TNT PAWN & JEWEL PHOENIX AZ	130.00-
	143613	On 032123 ILNKILNK REF 308014143613	







CECILIA SANT  
 3400 GRAND AVE # 136  
 PHOENIX AZ 85017-4507

**Uni-Statement**  
 Account Number:  
 1 517 0845 5895  
 Statement Period:  
 Feb 28, 2023  
 through  
 Mar 24, 2023  
 Page 2 of 2



**U.S. BANK PLATINUM CHECKING**

**(CONTINUED)**

U.S. Bank National Association

**Account Number 1-517-0845-5895**

**Card Withdrawals (continued)**

Card Number: xxxx-xxxx-xxxx-8089

Date	Description of Transaction	Ref Number	Amount
Mar 22	Debit Purchase - VISA APPLE.COM/BILL	On 032123 866-712-7753 CA REF # 24692163080108309771536	0108309771 4.33-
Mar 22	Debit Purchase - VISA APPLE.COM/BILL	On 032123 866-712-7753 CA REF # 24692163080108309804279	0108309804 4.33-
Mar 22	Recurring Debit Purchase APPLE.COM/BILL	On 032123 866-712-7753 CA REF # 24692163080108310772 US1	0108310772 9.76-
Mar 22	Debit Purchase 472581	QT 440 INSIDE PHOENIX AZ On 032223 ILNKILNK REF 308111472581	8103221043 20.50-
Mar 22	ATM Withdrawal	8369 W BELL RD PEORIA AZ Serial No. 593143130933PLUSTERM	1700526035 103.50-
Mar 23	Recurring Debit Purchase ADOBE ACROPRO TR	On 032123 408-536-6000 CA REF # 24943003081700526035 US1	2002477078 21.71-
Mar 23	ATM Withdrawal	US BANK BILTMORE PHOENIX AZ Serial No. 001573163656SUS4U691	1170064522 200.00-
Mar 24	Debit Purchase - VISA MUSE APPAREL	On 032223 PHOENIX AZ REF # 24013393082002477078217	2002477078 73.84-
Mar 24	Debit Purchase - VISA COF MERCHNT BIL	On 032223 800-9460332 TX REF # 24906413081170064522389	1170064522 300.00-
<b>Card 8089 Withdrawals Subtotal</b>			<b>\$ 901.28-</b>
<b>Total Card Withdrawals</b>			<b>\$ 903.78-</b>

**Other Withdrawals**

Date	Description of Transaction	Ref Number	Amount
Mar 16	Electronic Withdrawal REF=230740127991280N00	To CAPITAL ONE AUTO 9541719806CARPAY 006207345194490	\$ 607.80-
Mar 20	Fee	Non-US Bank ATM Denied Transaction	2000000001 2.50-
Mar 24	Overdraft Paid Fee		36.00-
<b>Total Other Withdrawals</b>			<b>\$ 646.30-</b>

	Total for Statement Period	Total Year to Date
Total Returned Item Fees	\$ 0.00	\$ 0.00
Total Overdraft Fees	\$ 36.00	\$ 468.00
Less: Refunds*		\$ 90.00-
<b>TOTAL</b>	<b>\$ 36.00</b>	<b>\$ 378.00</b>

A "refund" is a non-automated credit applied to your account at any time.

\*Refunds are only reported under "Year To Date" because refunds that are processed in the current period may be related to fees originally assessed in a prior period.

**Balance Summary**

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Mar 16	896.85-	Mar 21	337.67	Mar 23	176.54
Mar 17	289.05-	Mar 22	398.25	Mar 24	233.30-
Mar 20	500.98				

Balances only appear for days reflecting change.



## Transaction History

**Cecilia Sant**  
 3400 Grand Ave  
 Phoenix AZ 85017

Statement Period: Jan 01, 2023 to Mar 10, 2023  
 Account Number: 412421\*\*\*\*\*5935  
 Currency: USD

**Account Summary:**

Beginning Balance: \$0.22  
 Ending Balance: \$0.20  
 Total Credits: \$1682.00  
 Total Debits: \$1682.02

**Fee Summary:**

Total Year-to-Date Fees: \$6.40

Date (yyyy-mm-dd HH:mm:ss)	Description	Debits (\$)	Credits (\$)
2023-01-05 17:55:57	PayActiv Load USA		222.00
2023-01-05 19:34:19	POS PIN Purchase WAL-MART #5768 , TEMPE , AZ , USA	61.43	
2023-01-05 21:41:36	POS PIN Purchase QT 1408 INSIDE , PHOENIX , AZ , USA	22.98	
2023-01-05 21:43:39	POS PIN Purchase AZ LOT QUIKTRIP 2250 E TH , PHOENIX , AZ , USA	45.00	
2023-01-06 01:00:24	POS Signature Purchase MICRO MARKET VEND , PHOENIX , AZ , USA	1.59	
2023-01-06 01:00:24	POS Signature Purchase MICRO MARKET VEND , PHOENIX , AZ , USA	10.10	
2023-01-06 08:08:25	PayActiv Load USA		218.00
2023-01-06 11:35:43	POS PIN Purchase CHEVRON/CS 99TH AVENUE, , PHOENIX , AZ , USA	30.17	
2023-01-06 11:39:19	POS PIN Purchase SUPER STAR CAR W 2006 BLU , ALPHARETTA , GA , USA	30.00	
2023-01-06 11:47:49	POS Signature Purchase CHEVRON/CS 99TH AVENUE, , PHOENIX , AZ , USA	25.50	
2023-01-06 13:25:27	POS PIN Purchase MARSHALL'S #673 , PHOENIX , AZ , USA	48.95	
2023-01-06 13:45:57	Domestic ATM Cash Withdrawal U.S. BANK , PHOENIX , AZ , USA	100.00	
2023-01-07 02:24:46	POS Signature Purchase CHIPOTLE 3399 , PHOENIX , AZ , USA	29.38	
2023-01-07 18:18:42	POS Signature Purchase SUPERSTARCARWASH-99TH AV , PHOENIX , AZ , USA	15.00	
2023-01-07 18:30:24	POS PIN Purchase AZ LOT QUIKTRIP 2535 W CA , PHOENIX , AZ , USA	6.00	
2023-01-08 02:37:25	POS Signature Purchase LJS #7857 , PHOENIX , AZ , USA	10.85	

Date (yyyy-mm-dd HH:mm:ss)	Description	Debits (\$)	Credits (\$)
2023-01-10 17:12:51	PayActiv Load USA		56.00
2023-01-10 17:46:22	Domestic ATM Cash Withdrawal. Surcharge: -3.00 CVS STORE 05778 , PHOENIX , AZ , USA	33.00	
2023-01-10 17:46:22	Fee of Domestic ATM Cash Withdrawal. Surcharge: -3.00 CVS STORE 05778 , PHOENIX , AZ , USA	2.95	
2023-01-11 18:38:28	POS Signature Purchase APPLE.COM/BILL , 866-712-7753 , CA , USA	4.33	
2023-01-11 18:38:28	POS Signature Purchase APPLE.COM/BILL , 866-712-7753 , CA , USA	17.37	
2023-01-19 07:22:43	PayActiv Load USA		442.00
2023-01-19 07:39:00	Domestic ATM Cash Withdrawal TRANSFUND , PHOENIX , AZ , USA	200.00	
2023-01-19 09:15:49	POS Signature Purchase SHELL SERVICE STATION , PEORIA , AZ , USA	28.97	
2023-01-19 11:19:57	POS PIN Purchase TARGET T-0825 , Peoria , AZ , USA	118.31	
2023-01-21 09:06:18	POS Signature Purchase TACO BELL 037565 , PHOENIX , AZ , USA	26.47	
2023-01-21 15:24:09	PayActiv Load USA		56.00
2023-01-21 17:52:17	POS PIN Purchase FRYS # 0096 , PHOENIX , AZ , USA	88.44	
2023-01-22 08:28:16	POS Signature Purchase QT 435 , PHOENIX , AZ , USA	2.29	
2023-01-23 17:33:54	POS PIN Purchase QT 440 INSIDE , PHOENIX , AZ , USA	16.84	
2023-01-24 03:44:02	POS Signature Purchase BURGER KING #25016 , PHOENIX , AZ , USA	13.54	
2023-02-02 11:13:45	PayActiv Load USA		259.00
2023-02-02 12:19:48	POS PIN Purchase LOS ALTOS RANCH 3223 W IN , PHOENIX , AZ , USA	48.88	
2023-02-03 10:44:12	POS PIN Purchase PEPBOYS STORE # , GOODYEAR , AZ , USA	120.36	
2023-02-03 12:34:39	POS PIN Purchase SHELL SERVICE STATION , PEORIA , AZ , USA	14.35	
2023-02-03 13:33:08	POS PIN Purchase SHELL SERVICE STATION , PEORIA , AZ , USA	2.37	
2023-02-03 14:54:09	POS PIN Purchase - Partial Amount DISCOUNT-TIRE-CO 2240 W C , PHOENIX , AZ , USA	55.22	
2023-02-03 14:59:53	PayActiv Load USA		87.00
2023-02-03 15:36:29	POS Signature Purchase using Token Prime Video *EV2862WR3 , 888-802-3080 , WA , USA	4.33	
2023-02-03 17:28:39	POS Signature Purchase QT 497 OUTSIDE , PHOENIX , AZ , USA	29.33	
2023-02-03 18:41:48	POS Signature Purchase APPLE.COM/BILL , 866-712-7753 , CA , USA	3.25	
2023-02-03 19:18:27	POS PIN Purchase SHELL SERVICE STATION , PHOENIX , AZ , USA	26.08	
2023-02-04 02:32:37	POS Signature Purchase POPEYES 12381 / 618 , PHOENIX , AZ , USA	11.17	
2023-02-04 03:18:58	POS Signature Purchase KFC D212067 , PHOENIX , AZ , USA	13.65	



Date (yyyy-mm-dd HH:mm:ss)	Description	Debits (\$)	Credits (\$)
2023-02-04 21:28:17	POS Signature Purchase JACKSONS CARWASH 8101 , PEORIA , AZ , USA	15.00	
2023-02-05 21:31:54	POS PIN Purchase AZ LOT QUIKTRIP 4725 E BA , PHOENIX , AZ , USA	5.00	
2023-02-07 10:45:34	PayActiv Load USA		109.00
2023-02-07 11:32:44	POS PIN Purchase SAFEWAY #2042 , PHOENIX , AZ , USA	35.33	
2023-02-07 23:26:26	POS Signature Purchase CHICAGO HAMBURGER COMPANY , PHOENIX , AZ , USA	11.56	
2023-02-07 23:26:26	POS Signature Purchase APPLE.COM/BILL , 866-712-7753 , CA , USA	9.76	
2023-02-08 12:06:17	POS PIN Purchase Wal-Mart Super C , PHOENIX , AZ , USA	50.10	
2023-02-09 09:32:56	PayActiv Load USA		39.00
2023-02-09 09:35:09	POS PIN Purchase SHELL SERVICE STATION , PHOENIX , AZ , USA	14.65	
2023-02-10 01:30:55	POS Signature Purchase AZ LOTTERY - PHOENIX , PHOENIX , AZ , USA	20.00	
2023-02-11 06:06:50	POS Signature Purchase KRISPY KREME #8790 , PHOENIX , AZ , USA	5.84	
2023-02-16 08:02:43	PayActiv Load USA		120.00
2023-02-16 08:10:00	POS Signature Purchase QT 440 OUTSIDE , PHOENIX , AZ , USA	14.96	
2023-02-16 08:28:58	POS PIN Purchase CVS STORE 5778 4040 NORTH , PHOENIX , AZ , USA	55.00	
2023-02-16 13:29:43	POS PIN Purchase SHELL SERVICE STATION , TEMPE , AZ , USA	13.74	
2023-02-16 16:30:10	PayActiv Load USA		74.00
2023-02-16 16:34:28	Domestic ATM Cash Withdrawal U.S. BANK , SCOTTSDALE , AZ , USA	40.00	
2023-02-16 17:07:49	Domestic ATM Cash Withdrawal. Surcharge: -2.00 Everi , SCOTTSDALE , AZ , USA	42.00	
2023-02-16 17:07:49	Fee of Domestic ATM Cash Withdrawal. Surcharge: -2.00 Everi , SCOTTSDALE , AZ , USA	2.95	
2023-02-17 05:22:09	POS Signature Purchase CVS/PHARMACY #05778 , PHOENIX , AZ , USA	10.19	
2023-02-17 23:24:07	POS Signature Purchase BURGER KING #23670 , PHOENIX , AZ , USA	13.33	
2023-02-22 12:23:57	POS PIN Purchase FOOD CITY #095 , PHOENIX , AZ , USA	3.66	
2023-02-25 17:45:06	Fee of Domestic ATM Withdrawal Decline - Insufficient Funds (Insufficient Funds [0.7]) TRANSFUND , PHOENIX , AZ , USA	0.50	

In Case of Errors or Questions About Your Electronic Transfers Telephone us at (877-747-5862) or Write us at (PayActiv, PO Box 124, Dell Rapids, SD 57022) as soon as you can, if you think an error has occurred in your card account or if you need more information about a transaction. We must allow you to report an error until 60 days after the earlier of the date you electronically access your account, if the error could be viewed in your electronic history, or the date we sent the FIRST written history on which the error appeared.

- (1) Tell us your name and account number.
- (2) Describe the error or the transaction you are unsure about, when it occurred, and why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will provisionally credit your Card Account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation. However, if we ask you to put your complaint or question in writing and you do not provide it within ten (10) business days, we may not provisionally credit your Card Account.

The PayActiv Visa Card is issued by Central Bank of Kansas City, Member FDIC, pursuant to a license from Visa U.S.A. Inc. Certain fees, terms, and conditions are associated with the approval, maintenance, and use of the Card. You should consult your Cardholder Agreement and the Fee Schedule at PayActiv.com. If you have questions regarding the Card or such fees, terms, and conditions, you can contact us toll-free at 877-747-5862, 24 hours a day.

Capital One Auto Finance  
7933 Preston Road  
Plano, TX 75024  
1-800-946-0332

## YOUR ACCOUNT STATUS

Account Number:	6207345194490
Vehicle:	15 CHEVROLE SPARK
VIN:	KL8CA6S91FC797741

Dear CECILIA S SANT and/or CHRISTLE J BELL,

Thank you for recently contacting us to validate your account status. Below is the account information you requested, which is valid as of 4/5/2023. Please note, should any transactions post to your account or the status of your account change, this notice may no longer be valid.

- **Account Status:**
  - Days Past Due: 67
  - Past Due Amount: \$510.40
  - Late Fees: \$81.04
  - Total Due: \$591.44
- **Due Date:** 01/28/2023
- **Payment Amount:** \$202.60
- **Interest Rate:** 12.09%
- **Account Balance:** \$5,856.30
- **10 Day Payoff:** \$5,983.89
- **Interest Year to Date:** \$165.06
- **Interest Life to Date:** \$3,967.15
- **Interest Paid Last Year:** \$872.13
- **Maturity Date:** 07/28/2025

If you have any questions, please contact us at **1-800-946-0332**, Monday through Friday, from 9:00 a.m. to 8:00 p.m. Eastern Time.

Sincerely,

Capital One Auto Finance

#### HOW TO MAKE A PAYMENT



**PAY ONLINE**  
[www.capitalone.com](http://www.capitalone.com)



**PAY BY PHONE**  
1-800-946-0332



**PAY BY MAIL**  
Capital One Auto Finance  
PO Box 60511, City of Industry, CA 91716-0511

**\*CALIFORNIA PURCHASERS:** If you purchased a GAP product in the state of California, we are required to inform you of the following: *You may be entitled to a refund of the unearned portion of the GAP product. You should contact the Dealership where you purchased the vehicle for identification of the amount.*

This communication is from a debt collector and is an attempt to collect a debt; any information obtained will be used for that purpose.

Capital One Auto Finance is a division of Capital One, National Association; successor to Onyx Acceptance Corporation and NFB Funding, Inc.





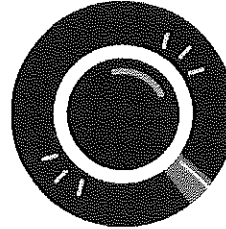
Account Number: 6207345194490  
 Vehicle: 15 CHEVROLE SPARK  
 ACCOUNT STATUS PAST DUE

# YOUR MONTHLY AUTO STATEMENT

Statement Date: 03/07/2023

CECILIA S SANT  
 3400 GRAND AVE # 136  
 PHOENIX, AZ 85017-4507

000010633  
 R202



Get caught up fast by setting up a payment plan today.

We can help you get your account back on track and help avoid potential late fees. Call us at 1-800-946-0332 to set up a plan that works for you.

## STATEMENT INFO

Current Payment Due: \$202.60  
 Past Due: \$607.80  
 Late Fees: \$70.91

**Total Due: \$881.31**  
 Payment Due Date: 03/28/2023

## ACCOUNT INFO

Principal Balance: \$5,932.29  
 Payoff Amount: \$6,217.38  
 Payoff Good Through: 03/17/2023

## TRANSACTION HISTORY

Transactions between 02/07/2023 - 03/06/2023

Date	Description	Principal	Interest	Late Fees	Total
02/17/2023	Payment Received	-\$246.03	-\$159.17	\$0.00 =	-\$405.20
02/17/2023	Payment Returned	\$246.03	\$159.17	\$0.00 =	\$405.20
02/07/2023	Late Fees Assessed	\$0.00	\$0.00	\$10.13 =	\$10.13
					\$10.13

Please detach and return the portion below with your payment.

### PAYMENT OPTIONS

Pay or manage your account using our mobile app or online at [www.capitalone.com](http://www.capitalone.com) | Pay by phone 1-800-946-0332

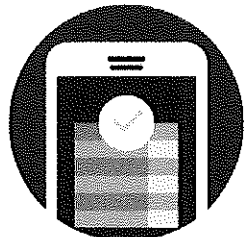


- Make checks payable to Capital One Auto Finance. Include your account number on check. **Don't send cash.**
- Send your check with payment coupon in envelope provided.
- Don't staple or paper clip your check to payment coupon.

CECILIA S SANT  
 3400 GRAND AVE # 136  
 PHOENIX, AZ 85017-4507

Account Number: 6207345194490  
 Total Due: \$881.31  
 Due Date: 03/28/2023

Amount Enclosed: \$



### PAY ON THE GO.

Pay your bill securely and review transactions online or with the Capital One® mobile app.

Text ONE to 80101 to download the app.  
 Messaging & Data rates may apply.



Capital One Auto Finance  
 PO Box 60511  
 City of Industry, CA 91716-0511

1 62073408005194490100100008813143

8/18/2021

PAYMENT VOUCHER TO BE RETURNED WITH YOUR PAYMENT

YOUR POLICY NUMBER	CURRENT AMOUNT DUE	AMOUNT PAID
AZ5647489	\$126.04	

To pay by credit card, complete the following:

Credit Card #: \_\_\_\_\_  Visa  MC  Discover  American Express

Expiration Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

a6b0309a-375a-4e3b-ba96-a30ec6864604

32056474890126041

CECILIA S SANT  
2627 W EL ALBA WAY  
CHANDLER AZ 85224-1652

PGAC  
PO BOX 305076  
NASHVILLE, TN 37230-5076

*Please write your policy number on your check or money order.  
Make payable to: Permanent General Companies, Inc.*

-----  
Return the portion above with your payment

8/18/2021

PERMANENT GENERAL COMPANIES

COLLECTION DEPARTMENT

Policy Number: AZ5647489  
Current Amount Due: \$126.04

Dear Policyholder:

Your automobile insurance policy with Permanent General has lapsed or expired. After we credit any return premium to your policy balance, you still owe Permanent General the amount indicated above. Please send this amount immediately to Permanent General using the enclosed return envelope. Include the payment stub above with your check or money order.

If you believe the amount we state you owe is incorrect, you should contact Permanent General Customer Service at 800-280-1466. If you do not pay the amount owed or contact us within 10 days of the date of this letter, we then have no recourse other than to turn this debt over to a collection agency, which could negatively impact your credit rating.

To make payment over the phone 24 hours a day - by check, debit or credit card, please call right away at 615-242-1961 or 800-280-1466.

-----**PLEASE READ**-----

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payments, and you will not receive your check back from your financial institution.

L1110ALL



PO BOX 489  
NEWARK, NJ 07101-0489

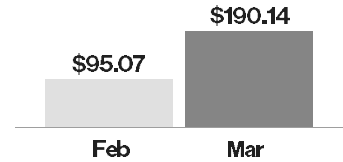
KEYLINE



CECILIA SANT  
701 MILLER VALLEY RD  
PRESCOTT, AZ 86301-1813

Pay your bill online, fast and easy

For convenience and peace of mind you can pay your bill online or enroll in Auto Pay and Paper-free Billing. Visit [go.vzw.com/paybill](http://go.vzw.com/paybill)



Your March bill is \$95.07 higher than last month's. You can see a full breakdown of all this month's charges on [go.vzw.com/mybill](http://go.vzw.com/mybill).

# Your March bill is \$190.14

Your Mar bill of \$190.14 is due on Mar 28, 2023. The total includes: past due amount of \$95.07.

Unpaid balance	\$95.07
Account charges	-\$10.00
<b>Cecilia Sant</b> 928-350-5738	<b>\$105.07</b>
	<b>\$190.14</b>

Due immediately: \$95.07  
Due Mar 28, 2023: \$95.07

## Unpaid balance from last bill

Previous balance (through Feb 5)	\$95.07
No payment received	\$0.00
<b>Total unpaid balance</b>	<b>\$95.07</b>

## Good to know

### Check your online bill for all surcharges

The total amount due for this month includes surcharges of \$5.07. For an itemized list of surcharges visit [go.vzw.com/mybill](http://go.vzw.com/mybill).



## 2023-04 E TIP

Assistance Requested: 3/30/2023		
Type	Amount	Total
Rent/TIP	\$10,000.00	<b>\$10,000.00</b>
<b>Total</b>	<b>\$10,000.00</b>	<b>\$10,000.00</b>

### Essay Question 2

During my time with Randstad, I had difficulty concentrating on my work. The demand of the job also caused eye strain which made it difficult to meet my production quota. This led to my termination with Randstad.



London Anderson &lt;landerson@azdvs.gov&gt;

## ADVS MFRF Grant Request from Harold Duane Smith, Veteran

1 message

'Jotform' via MFRF Administration - VS &lt;mfrf@azdvs.gov&gt;

Fri, Apr 7, 2023 at 5:32 PM

Reply-To: smith8868.hd@gmail.com

To: mfrf@azdvs.gov



### Arizona Department of Veterans' Services

For Arizona veterans and those who care for them.



#### ADVS MFRF Grant Request

Today's Date	2023-04-07 17:21
Deployment: Did Service Member or Veteran deploy during their military service?	YES
Residency: Click ALL that apply to Service Member or Veteran	- Established residency in Arizona and is able to provide proof of continuous physical presence in Arizona for at least twelve months before submitting an application
Was Service Member's or Veteran's current financial hardship caused by their military service?	YES
Eligibility Score	48
Applicant Name	Harold Duane Smith
Applicant Last4 (SSN)	4422
Applicant Type	Veteran
Applicant Email	<a href="mailto:smith8868.hd@gmail.com">smith8868.hd@gmail.com</a>
Applicant Full Address	Street Address: <a href="#">10750 W El Dorado Dr</a> City: Sun City State: AZ Zip Code: 85351
Applicant Phone	(623) 231-9382
How did you hear about MFRF?	Word of Mouth/Friend/Family
Please select the date range below showing when you deployed.	Before 9/11/2001
Essay Question 1	On December 30th of last year, I received a call from Luz Sanchez-Valenzuela, the recruiter/supervisor for Randstad Staffing. She called to inform me that my

contract with Corning would not be renewed. She connected me with another Randstad recruiter for a position with different company which I declined due to the number of hours of work required, and the need to work mandatory Saturdays. On January 19, 2023, I applied for unemployment compensation benefits through the state. While waiting for approval of those benefits, I conducted my weekly job searches, but never received a letter, email, or any kind of notification of the status of my application. I started working for DoorDash during the week of January 23rd to the 29th while continuing my search for a more stable employment through Indeed.com, but had a difficult time finding a position that was suitable for me. My income through DoorDash was not sufficient to cover my rent or utilities. I went to a few interviews with no job offers. I applied to a staffing agency called Staff Force around March 16th, I filled out the necessary paperwork for employment and interviewed with a recruiter on March 17th, and started working with TYR Tactical on the March 20th. From January 1st until my employment with TYR Tactical, I have not found employment, nor receive a substantial income to cover my household expenses.

Essay Question 2

During my time with Randstad, I had difficulty concentrating on my work. The demand of the job also caused eye strain which made it difficult to meet my production quota. This led to my termination with Randstad.

Essay Question 3

The need for rental assistance is important in order to get back on track. Since I have worked for Staff Force for three weeks now, I know that it will be possible maintain my finances after receiving assistance.

0	1	2	3	4
#	Type of Assistance	Amount	Months Requested (If Applicable)	Total Amount
1	Rental Assistance	870.00	3	2610
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11			Grand Total	2610

0	1	2
#	Income Source	Amount or Description



1	Salary of Service Member/Veteran	2580.00 896.41
2	- Place of Employment	TYR TACTICAL (through Staff Force) <a href="#">9330 N 91st Ave</a> Peoria, AZ 85345
3	Salary of Spouse/Significant Other	
4	- Place of employment	
5	VA Disability Income	165.92
6	GI Bill Monthly Stipend	0
7	Social Security Income (SSI or SSDI)	0
8	Child Support (Received)	0
9	Other Household (List)	0
10		
11		
12		
13	Monthly Income Total	2745.92

0	1	2
#	Essential Expenses	Amount
1	Alimony/Child/Family Support	0
2	Childcare	0
3	Electric/Gas	150.00 45.00
4	Water/Sewer/Garbage	110.00
5	Telephone	65.00
6	Internet	50.00
7	Medical Expenses/Prescriptions	0
8	All Rental/Mortgage Expenses	870.00
9	Auto Insurance	91.27
10	Food/Household items	350.00
11	School Expenses	0
12	Gas (Auto)	160.00
13		
14		
15		
16		
17	Total Expenses	1846.27

Debt Expenses

0	1	2	3
#	Debt Name	Monthly Payment Amount	Debt Balance

1			0
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13	Debt Totals	0	0

0	1	2	3
#	Name	Age	Relationship
1	NONE		
2			
3			
4			
5			
6			
7			
8			

- [Bank Statement1.pdf](#)
- [Bank Statement2.pdf](#)
- [Bank Statement3.pdf](#)
- [Benefit Verification Letter.pdf](#)
- [DD-214.jpg](#)
- [Door Dash1.jpg](#)
- [Door Dash10.jpg](#)
- [Door Dash11.jpg](#)
- [Door Dash12.jpg](#)
- [Door Dash13.jpg](#)
- [Door Dash2.jpg](#)
- [Door Dash3.jpg](#)
- [Door Dash4.jpg](#)
- [Door Dash5.jpg](#)
- [Door Dash6.jpg](#)
- [Door Dash7.jpg](#)
- [Door Dash8.jpg](#)
- [Door Dash9.jpg](#)
- [Earnings Statement \(1\).pdf](#)
- [Earnings Statement.pdf](#)
- [Rental Agreement.jpg](#)
- [Rental Agreement2.jpg](#)
- [Rental Agreement3.jpg](#)
- [img20230407\\_07594674.pdf](#)



CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

28 ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID 2

### CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>SMITH HAROLD DUANE</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY/RA</b>		3. SOCIAL SECURITY NO. <b>114 58 4422</b>	
4.a. GRADE, RATE OR RANK <b>SP4</b>		4.b. PAY GRADE <b>E4</b>		5. DATE OF BIRTH (YYMMDD) <b>681208</b>	
6. RESERVE OBLIG. TERM. DATE Year <b>95</b> Month <b>05</b> Day <b>25</b>			7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>NEW YORK NY</b>		
7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>778 PARK AVE UNIONDALE NY 11553</b>			8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>0017RFA BN 02 BTRY C 155 SF FORSCOM FC</b>		
8.b. STATION WHERE SEPARATED <b>FORT SILL, OK</b>			9. COMMAND TO WHICH TRANSFERRED <b>USAR CTRLGP (REINF) ARPERCEN, 9700 PAGE BLVD ST LOUIS, MO 63132</b>		
10. SGLI COVERAGE None <input type="checkbox"/> Amount: \$ <b>200000</b>			11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) <b>13B10 CANNON CREWMEMBER--5 YRS-8 MOS-- //NOTHING FOLLOWS</b>		
12. RECORD OF SERVICE			Year(s)		
a. Date Entered AD This Period			07 08 27		
b. Separation Date This Period			93 08 24		
c. Net Active Service This Period			05 11 28		
d. Total Prior Active Service			00 00 00		
e. Total Prior Inactive Service			00 00 00		
f. Foreign Service			03 02 24		
g. Sea Service			00 00 00		
h. Effective Date of Pay Grade			89 06 01		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>ARMY COMMENDATION MEDAL//ARMY ACHIEVEMENT MEDAL 4TH AWD//ARMY GOOD CONDUCT MEDAL 2ND AWD//SOUTHWEST ASIA SERVICE MEDAL W/IBSS//NATIONAL DEFENSE SERVICE MEDAL//NCO PROFESSIONAL DEVELOPMENT RIBBON//CON'T IN BLOCK 18</b>					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) <b>GERMAN HEADSTART 1 WK (88)/ /PRIMARY LEADERSHIP DEVELOPMENT COURSE 4 WKS (SEPT 91)//NOTHING FOLLOWS</b>					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes No		15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
		<input checked="" type="checkbox"/> <input type="checkbox"/>		Yes No	
		<input type="checkbox"/> <input checked="" type="checkbox"/>		16. DAYS ACCRUED LEAVE PAID <b>33.0</b>	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
18. REMARKS <b>BLOCK 13: ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//KUWAIT LIBERATION MEDAL//RIFLE M-16 (SHARPSHOOTER)//HAND GRENADE (EXPERT)//DRIVER BADGE//PERIOD OF DEP: 870524-870827//DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN THE DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//NOTHING FOLLOWS</b>					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>.1330 NW TAFT AVE LAWTON OK 73507</b>			19.b. NEAREST RELATIVE (Name and address, include Zip Code) <b>UNA M SMITH ADDRESS SAME AS BLOCK 19a</b>		
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <b>ROBERT M. DAVY GS9 C TRANSITION P</b>		
21. SIGNATURE OF MEMBER BEING SEPARATED <i>[Signature]</i>					
<b>SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)</b>					
23. TYPE OF SEPARATION <b>RELEASE FROM ACTIVE DUTY</b>			24. CHARACTER OF SERVICE (Include upgrades) <b>HONORABLE A</b>		
25. SEPARATION AUTHORITY <b>AR 635-200, CHAPTER 4</b>			26. SEPARATION CODE <b>LBK</b>		27. REENTRY CODE <b>RE-3A</b>
28. NARRATIVE REASON FOR SEPARATION <b>EXPIRATION TERM OF SERVICE</b>					
29. DATES OF TIME LOST DURING THIS PERIOD <b>NONE</b>			30. MEMBER REQUESTS COPY 4 Initials		





## DEPARTMENT OF VETERANS AFFAIRS

April 07, 2023

Harold Duane Smith  
10750 W El Dorado Dr  
Sun City, AZ 85351

In Reply Refer to:  
xxx-xx-4422  
27/eBenefits

Dear Mr. Smith:

This letter certifies that Harold Duane Smith is receiving service-connected disability compensation from the Department of Veterans Affairs.

The current benefit paid is as follows:

<b>Gross Benefit Amount</b>	\$165.92
<b>Net Amount Paid</b>	\$165.92
<b>Effective Date</b>	December 1, 2022
<b>Combined Evaluation</b>	10 percent

### How You Can Contact Us

- If you need general information about benefits and eligibility, please visit us at <https://www.ebenefits.va.gov> or <http://www.va.gov>.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Ask a question on the Internet at <https://www.va.gov/contact-us>.

Sincerely Yours,

**Regional Office Director**

TENANTS  
COPY

ADDENDUM TO LEASE AGREEMENT

PROPERTY ADDRESS: 10750 W. EL DORADO DRIVE  
SUN CITY, AZ 85351

LEASE DATED: 1-22-20

CHANGES TO LEASE: THE LEASE IS EXTENDED FOR 1 YEAR  
TO 1-31-22 AT THE SAME RATE \$795<sup>00</sup> PER MONTH.

Harold D Smith Harold D Smith 22 Dec 2020  
TENANT (please print) TENANT SIGNATURE DATE

TENANT (please print) TENANT SIGNATURE DATE

Dave M Daniel 12-14-20  
DAVE MCDANIEL, BROKER DATE  
SUN CITIES AREA RENTALS



15458 N. 28th Avenue  
Phoenix, AZ 85053

RETURN SERVICE REQUESTED

HAROLD D SMITH JR  
10750 W EL DORADO DR  
SUN CITY AZ 85351-4052





## Statement Ending 02/28/2023

HAROLD D SMITH JR

Page 1 of 6

Member Number: XXXXXX0880850

### Managing Your Accounts

-  Mailing Address 15458 N. 28th Avenue  
Phoenix, AZ 85053
-  Member Solution Center 623.580.6000 or 800.224.3330
-  Website [www.copperstatecu.org](http://www.copperstatecu.org)
-  Mobile Banking Available on the App Store and Google Play

### Summary of Accounts

Account Type	Account Number	Ending Balance
Primary Share Account	XXXXXX5040100	\$5.00
Cash Back	XXXXXX8510162	\$266.77
<b>Total Current Value</b>		<b>\$271.77</b>

### Primary Share Account-XXXXXX5040100

#### Account Summary

Date	Description	Amount
02/01/2023	<b>Beginning Balance</b>	<b>\$5.00</b>
	0 Credit(s) This Period	\$0.00
	0 Debit(s) This Period	\$0.00
02/28/2023	<b>Ending Balance</b>	<b>\$5.00</b>

#### Interest Summary

Description	Amount
Annual Percentage Yield Earned	0.00%
Interest Days	28
Interest Earned	\$0.00
Interest Paid This Period	\$0.00
Interest Paid Year-to-Date	\$0.00

#### Account Activity

Post Date	Description	Debits	Credits	Balance
02/01/2023	<b>Beginning Balance</b>			<b>\$5.00</b>
	No activity this statement period			
02/28/2023	<b>Ending Balance</b>			<b>\$5.00</b>

#### Daily Balances

Date	Amount
02/01/2023	\$5.00

#### Interest Rate Changes

Interest Rate As Of Date	Interest Rate
02/01/2023	0.1000%







# Statement Ending 02/28/2023

HAROLD D SMITH JR

Page 2 of 6

Member Number: XXXXXX0880850

## Cash Back-XXXXXX8510162

### HD Checking

#### Account Summary

Date	Description	Amount
02/01/2023	<b>Beginning Balance</b>	<b>\$421.93</b>
	6 Credit(s) This Period	\$1,817.33
	41 Debit(s) This Period	\$1,972.49
02/28/2023	<b>Ending Balance</b>	<b>\$266.77</b>

#### Interest Summary

Description	Amount
Annual Percentage Yield Earned	0.00%
Interest Days	28
Interest Earned	\$0.00
Interest Paid This Period	\$0.00
Interest Paid Year-to-Date	\$0.00

#### Account Activity

Post Date	Description	Debits	Credits	Balance
02/01/2023	<b>Beginning Balance</b>			<b>\$421.93</b>
02/02/2023	Point Of Sale Withdrawal WENDYS 2015 8259 W PEORIA AVE PEORIA AZUS	\$10.79		\$411.14
02/02/2023	Deposit		\$870.00	\$1,281.14
02/02/2023	Point Of Sale Withdrawal CIRCLE K 01646 7510 W PEORIA AZUS	\$27.00		\$1,254.14
02/03/2023	Point Of Sale Withdrawal WAL-MART #1533 7975 W PEORIA AVE PEORIA AZUS	\$34.25		\$1,219.89
02/03/2023	Point Of Sale Withdrawal WAL-MART #1533 7975 W PEORIA AVE PEORIA AZUS	\$37.68		\$1,182.21
02/03/2023	Check 133	\$935.00		\$247.21
02/06/2023	Point Of Sale Withdrawal WM SUPERCENTER Wal-Mart Super Center PEORIA AZUS	\$24.16		\$223.05
02/06/2023	Point Of Sale Withdrawal CIRCLE K 01646 7510 W PEORIA AVE PEORIA AZUS	\$6.89		\$216.16
02/06/2023	Point Of Sale Withdrawal WAL-MART #3845 6645 WEST PEORIA GLENDALE AZUS	\$17.84		\$198.32
02/06/2023	Point Of Sale Withdrawal WAL-MART #1533 7975 W PEORIA AVE PEORIA AZUS	\$19.74		\$178.58
02/06/2023	Point Of Sale Withdrawal FAMILY DOLLAR # 13602 N 99TH AVE SUN CITY AZUS	\$3.30		\$175.28
02/06/2023	External Deposit DoorDash, Inc. - DoorDash, ST-A0B0S5K4B2W3		\$169.20	\$344.48
02/07/2023	Point Of Sale Withdrawal CHANG LEE CUISI 13600 N 99TH AVE SUN CITY AZUS	\$17.50		\$326.98
02/08/2023	Point Of Sale Withdrawal Wal-Mart Super Center PEORIA AZUS	\$52.00		\$274.98
02/08/2023	Point Of Sale Withdrawal CIRCLE K 01646 7510 W PEORIA AZUS	\$23.00		\$251.98
02/09/2023	Point Of Sale Withdrawal WM SUPERCENTER Wal-Mart Super Center GLENDALE AZUS	\$8.06		\$243.92
02/10/2023	Point Of Sale Withdrawal QT 453 11604 W OLIVE AVE YOUNGTOWN AZUS	\$2.87		\$241.05
02/10/2023	Point Of Sale Withdrawal QT 453 11604 W OLIVE AVE YOUNGTOWN AZUS	\$9.56		\$231.49
02/10/2023	Point Of Sale Withdrawal WM SUPERCENTER Wal-Mart Super Center GLENDALE AZUS	\$13.30		\$218.19
02/13/2023	Point Of Sale Withdrawal WALGREENS 9040 W PEORIA PEORIA AZUS	\$8.41		\$209.78
02/13/2023	Point Of Sale Withdrawal CIRCLE K 01646 7510 W PEORIA AZUS	\$29.00		\$180.78
02/13/2023	Point Of Sale Withdrawal BARROS PIZZA - 8390 W CACTUS RD PEORIA AZUS	\$27.47		\$153.31
02/13/2023	External Deposit DoorDash, Inc. - DoorDash, ST-R1H0A1W1C0Y2		\$206.25	\$359.56
02/14/2023	Point Of Sale Withdrawal WALGREENS 10707 W PEORIA SUN CITY AZUS	\$8.99		\$350.57



**Cash Back-XXXXXX8510162 (continued)**

**HD Checking**

**Account Activity (continued)**

Post Date	Description	Debits	Credits	Balance
02/14/2023	Point Of Sale Withdrawal LIB CONGRESS/CO 101 INDEPENDENCE AVE SE202-707-2573 DCUS	\$85.00		\$265.57
02/14/2023	Point Of Sale Withdrawal WAL-MART #3845 GLENDALE AZUS	\$59.60		\$205.97
02/16/2023	Point Of Sale Withdrawal WM SUPERCENTER Wal-Mart Super Center GLENDALE AZUS	\$8.83		\$197.14
02/16/2023	Point Of Sale Withdrawal CIRCLE K 01646 7510 W PEORIA AZUS	\$28.51		\$168.63
02/16/2023	Point Of Sale Withdrawal VISTAPRINT C/O 275 WYMAN ST 8662074955 MAUS	\$24.39		\$144.24
02/17/2023	Point Of Sale Withdrawal FRY'S-FOOD 10660 N.W. G SUN CITY AZUS	\$24.15		\$120.09
02/17/2023	Point Of Sale Withdrawal WM SUPERCENTER Wal-Mart Super Center PEORIA AZUS	\$16.09		\$104.00
02/21/2023	Point Of Sale Withdrawal WM SUPERCENTER Wal-Mart Super Center PEORIA AZUS	\$31.00		\$73.00
02/21/2023	Point Of Sale Withdrawal CIRCLE K 01646 7510 W PEORIA AZUS	\$22.00		\$51.00
02/21/2023	Point Of Sale Withdrawal TMOBILE* AUTO PA 12920 SE 38TH ST 800-937-8997 WAUS	\$50.00		\$1.00
02/21/2023	Point Of Sale Withdrawal WALGREENS #5222 9040 W PEORIA AVE PEORIA AZUS	\$6.00		-\$5.00
02/21/2023	External Deposit DoorDash, Inc. - DoorDash, ST-Z3Q5G9K007X9		\$237.24	\$232.24
02/21/2023	Point Of Sale Withdrawal WM SUPERC Wal-Mart Sup PEORIA AZUS	\$59.20		\$173.04
02/23/2023	Point Of Sale Withdrawal CHANG LEE CUISI 13600 N 99TH AVE SUN CITY AZUS	\$17.50		\$155.54
02/24/2023	Point Of Sale Withdrawal WAL-MART #3845 6645 WEST PEORIA GLENDALE AZUS	\$12.78		\$142.76
02/27/2023	Point Of Sale Withdrawal METRO BY T-MOBI 12920 SE 38TH ST 888-863-8768 WAUS	\$65.00		\$77.76
02/27/2023	Point Of Sale Withdrawal CIRCLE K 01646 7510 W PEORIA AVE PEORIA AZUS	\$25.00		\$52.76
02/27/2023	Point Of Sale Withdrawal WM SUPERCENTER Wal-Mart Super Center PEORIA AZUS	\$23.76		\$29.00
02/27/2023	Point Of Sale Withdrawal CIRCLE K 01646 7510 W PEORIA AZUS	\$20.00		\$9.00
02/27/2023	External Deposit DoorDash, Inc. - DoorDash, ST-B0Q9F4T6U0E0		\$168.72	\$177.72
02/28/2023	External Deposit VACP TREAS 310 - XXVA BENEF REF* 48* VA COMPENSATION * 02/01/23-02/28/23 \		\$165.92	\$343.64
02/28/2023	Point Of Sale Withdrawal CIRCLE K 01646 7510 W PEORIA AVE PEORIA AZUS	\$7.69		\$335.95
02/28/2023	Point Of Sale Withdrawal WM SUPERC Wal-Mart Sup PEORIA AZUS	\$69.18		\$266.77
<b>02/28/2023</b>	<b>Ending Balance</b>			<b>\$266.77</b>

**Checks Cleared**

Check Nbr	Date	Amount
133	02/03/2023	\$935.00

\* Indicates skipped check number



# Statement Ending 02/28/2023

HAROLD D SMITH JR

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Member Number: XXXXXX0880850

## Cash Back-XXXXXX8510162 (continued)

### HD Checking

#### Daily Balances

Date	Amount	Date	Amount	Date	Amount
02/01/2023	\$421.93	02/09/2023	\$243.92	02/21/2023	\$173.04
02/02/2023	\$1,254.14	02/10/2023	\$218.19	02/23/2023	\$155.54
02/03/2023	\$247.21	02/13/2023	\$359.56	02/24/2023	\$142.76
02/06/2023	\$344.48	02/14/2023	\$205.97	02/27/2023	\$177.72
02/07/2023	\$326.98	02/16/2023	\$144.24	02/28/2023	\$266.77
02/08/2023	\$251.98	02/17/2023	\$104.00		

#### Interest Rate Changes

Interest Rate As Of Date	Interest Rate
02/01/2023	0.0000%





15458 N. 28th Avenue  
Phoenix, AZ 85053

## Statement Ending 03/31/2023

HAROLD D SMITH JR





Page 1 of 4

Member Number: XXXXXX0880850

RETURN SERVICE REQUESTED

HAROLD D SMITH JR  
10750 W EL DORADO DR  
SUN CITY AZ 85351-4052

### Managing Your Accounts

-  Mailing Address 15458 N. 28th Avenue  
Phoenix, AZ 85053
-  Member Solution Center 623.580.6000 or 800.224.3330
-  Website [www.copperstatecu.org](http://www.copperstatecu.org)
-  Mobile Banking Available on the App Store and Google Play

### Join Us: 2023 Annual Meeting

You're invited to attend our Annual Meeting Saturday, April 22, 2023 at 9:00 AM at the DoubleTree by Hilton Phoenix North. Beginning March 23, all members in good standing as of February 28, 2023 are encouraged to vote in our 2023 Board election. More details can be found on our website at [copperstatecu.org/annual-meeting](http://copperstatecu.org/annual-meeting).

### Summary of Accounts

Account Type	Account Number	Ending Balance
Primary Share Account	XXXXXX5040100	\$5.00
Cash Back	XXXXXX8510162	\$549.41
<b>Total Current Value</b>		<b>\$554.41</b>

### Primary Share Account-XXXXXX5040100

Account Summary			Interest Summary		
Date	Description	Amount	Description	Amount	
03/01/2023	<b>Beginning Balance</b>	<b>\$5.00</b>	Annual Percentage Yield Earned	0.00%	
	0 Credit(s) This Period	\$0.00	Interest Days	31	
	0 Debit(s) This Period	\$0.00	Interest Earned	\$0.00	
03/31/2023	<b>Ending Balance</b>	<b>\$5.00</b>	Interest Paid This Period	\$0.00	
			Interest Paid Year-to-Date	\$0.00	

### Account Activity

Post Date	Description	Debits	Credits	Balance
03/01/2023	<b>Beginning Balance</b>			<b>\$5.00</b>
	No activity this statement period			
03/31/2023	<b>Ending Balance</b>			<b>\$5.00</b>

### Daily Balances

Date	Amount
03/01/2023	\$5.00





# Statement Ending 03/31/2023

HAROLD D SMITH JR

Page 2 of 4

Member Number: XXXXXX0880850

## Primary Share Account-XXXXXX5040100 (continued)

### Interest Rate Changes

Interest Rate As Of Date	Interest Rate
03/01/2023	0.1000%

## Cash Back-XXXXXX8510162

### HD Checking

#### Account Summary

Date	Description	Amount
03/01/2023	<b>Beginning Balance</b>	<b>\$266.77</b>
	4 Credit(s) This Period	\$907.46
	24 Debit(s) This Period	\$624.82
03/31/2023	<b>Ending Balance</b>	<b>\$549.41</b>

#### Interest Summary

Description	Amount
Annual Percentage Yield Earned	0.00%
Interest Days	31
Interest Earned	\$0.00
Interest Paid This Period	\$0.00
Interest Paid Year-to-Date	\$0.00

#### Account Activity

Post Date	Description	Debits	Credits	Balance
03/01/2023	<b>Beginning Balance</b>			<b>\$266.77</b>
03/02/2023	Point Of Sale Withdrawal WM SUPERCENTER Wal-Mart Super Center PEORIA AZUS	\$25.68		\$241.09
03/03/2023	Point Of Sale Withdrawal WAL-MART #1533 7975 W PEORIA AVE PEORIA AZUS	\$9.17		\$231.92
03/03/2023	Point Of Sale Withdrawal STATE FARM INS 1 STATE FARM PLAZA 8009566310 ILUS	\$91.28		\$140.64
03/03/2023	Point Of Sale Withdrawal CIRCLE K 01646 7510 W PEORIA AZUS	\$31.00		\$109.64
03/03/2023	Point Of Sale Withdrawal WALGREENS 15442 N 99TH SUN CITY AZUS	\$7.75		\$101.89
03/06/2023	Point Of Sale Withdrawal WM SUPERCENTER Wal-Mart Super Center PEORIA AZUS	\$15.10		\$86.79
03/06/2023	Point Of Sale Withdrawal PANERA BREAD #6 7635 West Bell Road 623-776-3261 AZUS	\$8.39		\$78.40
03/06/2023	Point Of Sale Withdrawal APPLE.COM/BILL ONE APPLE PARK WAY 866-712-7753 CAUS	\$10.62		\$67.78
03/06/2023	Point Of Sale Withdrawal CIRCLE K 01646 7510 W PEORIA AVE PEORIA AZUS	\$9.12		\$58.66
03/06/2023	Point Of Sale Withdrawal WM SUPERCENTER Wal-Mart Super Center GLENDALE AZUS	\$12.08		\$46.58
03/06/2023	Point Of Sale Withdrawal WALGREENS 10707 W PEOR SUN CITY AZUS	\$9.79		\$36.79
03/06/2023	External Deposit DoorDash, Inc. - DoorDash, ST-I2N2Q0R3F7O9		\$174.00	\$210.79
03/08/2023	Point Of Sale Withdrawal CIRCLE K 01646 7510 W PEORIA AZUS	\$32.00		\$178.79
03/08/2023	Point Of Sale Withdrawal WM SUPERC Wal-Mart Sup PEORIA AZUS	\$25.34		\$153.45
03/08/2023	Point Of Sale Withdrawal FIRESTONE11932 10661 N 84th Ave PEORIA AZUS	\$104.87		\$48.58
03/08/2023	Point Of Sale Withdrawal WALGREENS 10707 W PEOR SUN CITY AZUS	\$3.99		\$44.59
03/09/2023	Point Of Sale Withdrawal WAL WAL-MART SU 1533 WAL-SAMS PEORIA AZUS	\$11.10		\$33.49
03/09/2023	Point Of Sale Withdrawal WALGREENS 9040 W PEORI PEORIA AZUS	\$7.11		\$26.38
03/09/2023	Point Of Sale Withdrawal AZ Vehicle Emis 3001 S. 35th St. Suite Phoenix AZUS	\$17.00		\$9.38
03/10/2023	Point Of Sale Withdrawal DOLLAR GENERAL DG 1025710633 W PEORIA SUN CITY AZUS	\$4.95		\$4.43



# Statement Ending 03/31/2023

HAROLD D SMITH JR

Page 3 of 4

Member Number: XXXXXX0880850

## Cash Back-XXXXXX8510162 (continued)

### HD Checking

#### Account Activity (continued)

Post Date	Description	Debits	Credits	Balance
03/10/2023	Point Of Sale Withdrawal IHOP 308 10603 W. OLIVE PEORIA AZUS	\$12.53		-\$8.10
03/13/2023	Point Of Sale Deposit EBT* Coinstar75897636 Glendale AZUS		\$29.22	\$21.12
03/15/2023	Point Of Sale Withdrawal CIRCLE K 01646 7510 W PEORIA AVE PEORIA AZUS	\$21.00		\$0.12
03/30/2023	External Deposit VACP TREAS 310 - XXVA BENEF REF* 48* VA COMPENSATION * 03/01/23-03/31/23 \		\$165.92	\$166.04
03/30/2023	Point Of Sale Withdrawal QT 416 OUTSIDE 9020 N. 91ST AVE. PEORIA AZUS	\$40.01		\$126.03
03/31/2023	Point Of Sale Withdrawal WAL-MART #1533 PEORIA AZUS	\$54.94		\$71.09
03/31/2023	Deposit		\$538.32	\$609.41
03/31/2023	ATM Withdrawal COPPER STATE CU 18559 N 59TH AVE GLENDALE AZUS	\$60.00		\$549.41
<b>03/31/2023</b>	<b>Ending Balance</b>			<b>\$549.41</b>

#### Daily Balances

Date	Amount	Date	Amount	Date	Amount
03/01/2023	\$266.77	03/08/2023	\$44.59	03/15/2023	\$0.12
03/02/2023	\$241.09	03/09/2023	\$9.38	03/30/2023	\$126.03
03/03/2023	\$101.89	03/10/2023	-\$8.10	03/31/2023	\$549.41
03/06/2023	\$210.79	03/13/2023	\$21.12		

#### Interest Rate Changes

Interest Rate As Of Date	Interest Rate
03/01/2023	0.0000%



**Staff Force**

Br54- West Phoenix branch

8450 West McDowell Rd  
 Suite 104-105  
 Phoenix, AZ 85037  
 (623) 471-9292

**Earnings Statement**

**Allowances:** Federal-Single \$0.00 Arizona 2.5% 0

Employee	Employee ID	SSN	Check Date	Check Number	Gross Pay	Net Pay	YTD Gross	YTD Net
Harold D Smith jr 10750 W EL DORADO DR SUN CITY, AZ 85351-4052	998208	xxx-xx-4422	3/31/2023	434862	\$645.00	\$538.32	\$645.00	\$538.32

Customer	Asg#	Date Work	Start	End	T Hrs	Type	Rate	Hrs	OT Rate	O Hrs	DT Rate	D Hrs	Salary	Units	U Rate	TotalPay
TYR Tactical	1018695		3/20/2023	3/26/2023	42.00	Reg	\$15.00	40.00	\$22.50	2.00	\$30.00	0.00	\$0.00	0.00	\$0.00	\$645.00

Taxes and adjustments					
Tax Type	Taxable	Tax	Adj Type	Benefit	Amount
AZ05	\$645.00	\$16.13	Total:		
EFica	\$645.00	\$39.99			
EMed	\$645.00	\$9.35			
USS	\$645.00	\$41.21			
<b>Total:</b>		<b>\$106.68</b>			

Tax and adjustment YTD totals					
Tax Type	YTD Taxable	YTD Tax	Adj Type	YTD Benefit	YTD Total
Arizona 2.5%	\$645.00	\$16.13	Total:		
Employee Portion Medicare tax	\$645.00	\$9.35			
Employee Portion Social Security tax	\$645.00	\$39.99			
Federal-Single	\$645.00	\$41.21			
<b>Total:</b>		<b>\$106.68</b>			

Accruals				
Accrual	Amount	Balance	Eligible	Available
Staff Force - Sick Leave_AZ	1.40	1.40	1.40	1.40
<b>Total:</b>	<b>1.40</b>	<b>1.40</b>	<b>1.40</b>	<b>1.40</b>

**Staff Force**

Br54- West Phoenix branch

8450 West McDowell Rd  
 Suite 104-105  
 Phoenix, AZ 85037  
 (623) 471-9292

**Earnings Statement**

**Allowances:** Federal-Single \$0.00 Arizona 2.5% 0

Employee	Employee ID	SSN	Check Date	Check Number	Gross Pay	Net Pay	YTD Gross	YTD Net
Harold D Smith jr 10750 W EL DORADO DR SUN CITY, AZ 85351-4052	998208	xxx-xx-4422	4/7/2023	439272	\$701.25	\$582.11	\$1,346.25	\$1,120.43

Customer	Asg#	Date Work	Start	End	T Hrs	Type	Rate	Hrs	OT Rate	O Hrs	DT Rate	D Hrs	Salary	Units	U Rate	TotalPay
TYR Tactical	1018695		3/27/2023	4/2/2023	44.50	Reg	\$15.00	40.00	\$22.50	4.50	\$30.00	0.00	\$0.00	0.00	\$0.00	\$701.25

Taxes and adjustments					
Tax Type	Taxable	Tax	Adj Type	Benefit	Amount
AZ05	\$701.25	\$17.53	Total:		
EFica	\$701.25	\$43.48			
EMed	\$701.25	\$10.17			
USS	\$701.25	\$47.96			
<b>Total:</b>		<b>\$119.14</b>			

Accruals				
Accrual	Amount	Balance	Eligible	Available
Staff Force - Sick Leave_AZ	1.49	2.89	2.89	2.89
<b>Total:</b>	<b>1.49</b>	<b>2.89</b>	<b>2.89</b>	<b>2.89</b>

Tax and adjustment YTD totals					
Tax Type	YTD Taxable	YTD Tax	Adj Type	YTD Benefit	YTD Total
Arizona 2.5%	\$1,346.25	\$33.66	Total:		
Employee Portion Medicare tax	\$1,346.25	\$19.52			
Employee Portion Social Security tax	\$1,346.25	\$83.47			
Federal-Single	\$1,346.25	\$89.17			
<b>Total:</b>		<b>\$225.82</b>			

# Earnings



This week (Mar 6 - Mar 12)

# \$137.81



6h 40m .

Active time

7h 53m

Dash time

\$137.81

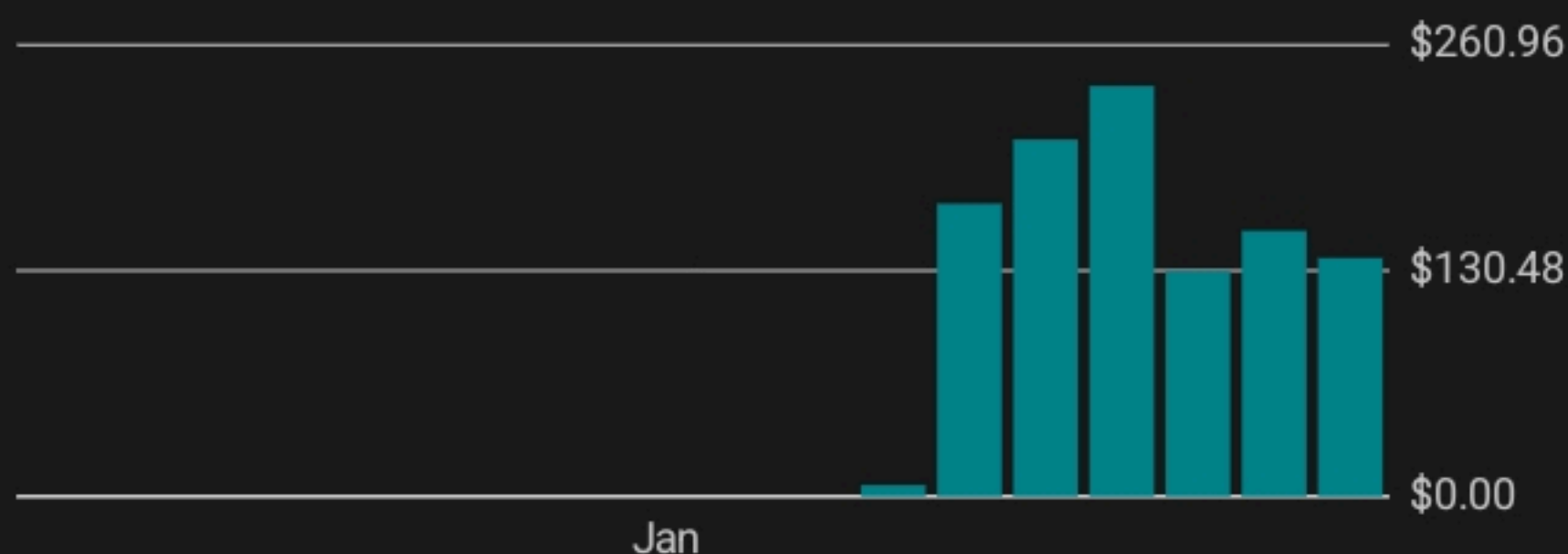
Balance

## Deposits and Transfers

Weekly auto-transfer will initiate on 03/13



## Past weeks



## March 2023

Mar 6 - Mar 12

\$137.81

## March 2023

Feb 27 - Mar 5

\$153.50


## February 2023

Feb 20 - Feb 26

\$130.22





← **Week of Mar 13 - Mar 19** 

**\$261.97**

DoorDash pay **\$145.75**

Customer tip **\$116.22**

Active Time **13h 43m**

Dash Time **14h 50m**

Deliveries **38**

**Dashes** 

Sat, March 18 **\$6.75**

Sat, March 18 **\$57.51**

Fri, March 17 **\$9.50**


Fri, March 17 **\$26.25**

Fri, March 17 **\$19.57**

Thu, March 16 **\$7.00**

Thu, March 16 **\$44.75**

Thu, March 16 **\$14.25**

← **Week of Mar 20 - Mar 26** 

**\$141.38**

DoorDash pay **\$82.25**

Customer tip **\$52.50**

Active Time **7h 10m**

Dash Time **8h 44m**

Deliveries **22**

**Dashes** 

Sun, March 26 **\$21.50**

Fri, March 24 **\$17.25**


Fri, March 24 **\$29.75**

Thu, March 23 **\$5.75**

Thu, March 23 **\$34.25**

Tue, March 21 **\$26.25**

**Other** 

← **Week of Mar 27 - Apr 2** 

**\$116.50**

DoorDash pay **\$59.50**

Customer tip **\$57.00**

Active Time **5h 36m**

Dash Time **7h 37m**

Deliveries **12**

**Dashes** 

Sun, April 2 **\$39.75**

Tue, March 28 **\$11.50**

Tue, March 28 **\$36.75**

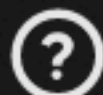
Mon, March 27 **\$4.50**

Mon, March 27 **\$24.00**





# Week of Apr 3 - Apr 9



# \$22.00

DoorDash pay \$10.50

Customer tip \$11.50

Active Time 1h 6m

Dash Time 1h 19m

Deliveries 4

## Dashes



Tue, April 4 \$22.00







# RESIDENTIAL RENTAL AGREEMENT AND RECEIPT FOR DEPOSIT



The printed portion of this agreement has been approved by the Arizona Association Of REALTORS\*. This is intended to be a binding agreement. No representation is made as to the legal validity or adequacy of any provision or the tax consequences thereof. If you desire legal or tax advice, consult your attorney or tax advisor.

1. Received From: HAROLD B + HAROLD D. SMITH "Tenant"
2. Agency Confirmation: Broker named on Line 13 is the agent of (check one):  the Tenant exclusively, or  the Landlord exclusively;
3. or  the Tenant and the Landlord.

## RECEIPT

4. **Earnest Money:** Earnest money shall be held by Broker named on Line 13 until offer is accepted. Tenant understands that, until offer is accepted, Landlord can rent the Premises to another Tenant.

6. a. Amount of 7. Earnest Money 8. \$ <u>1590.00</u>	b. Form of <input checked="" type="checkbox"/> Personal Check Earnest Money: <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Other: _____	c. After offer is accepted by Landlord, Earnest Money will be deposited with: <input checked="" type="checkbox"/> Broker's Trust Account <u>DAVID MCPANIEL</u> <small>PRINT BROKER'S NAME</small> <input type="checkbox"/> Landlord <input type="checkbox"/> Other: _____
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9. All earnest money is subject to collection. In the event any check for earnest money is dishonored for any reason, at Landlord's option, Landlord shall be immediately released from all obligations under this Agreement. In the event of Tenant's breach of this Agreement all earnest money shall be deemed a security deposit.

12. Received by Broker: DAVID MCPANIEL 1-22-20  
PRINT AGENT'S NAME AGENT'S SIGNATURE MO/DAY/YR

13. SUN CITIES AREA RENTALS  
PRINT NAME OF FIRM

## RENTAL OFFER

14. **Property Description & Offer:** Tenant offers to lease the real property and all fixtures and improvements thereon and appurtenances incident thereto, plus personal property described below (collectively the "Premises").

16. Property Address: 10750 W. EL DORADO DRIVE MILLER  
 17. City: SUN CITY AZ, Zip Code: 85351  
 18. Personal Property: REFRIGERATOR, WASHER, DRYER AND EXISTING  
 19. WINDOW CURTAINS

20. Term: The lease shall begin on 2-1-20 at 12:01 AM and end on 1-31-21 at 12:01 PM at which time  
MO/DAY/YR TIME MO/DAY/YR TIME

21. Tenant shall return all keys and vacate the Premises unless Landlord and Tenant agree to an extension or renewal of this Agreement. If the Tenant fails to vacate the Premises as provided for in this Agreement, the Landlord shall be entitled to recover an amount equal to not more than two months' periodic rent or twice the actual damages sustained by the Landlord, whichever is greater, as provided for in A.R.S. § 33-1375(C). The Tenant shall be obligated to pay rent until keys have been physically returned to the Landlord or Property Manager. Leaving keys in or on the Premises will not be considered a return of the keys.

26. Rent: Tenant shall pay monthly installments of \$ 795.00 plus any applicable sales taxes, which are currently \$ \_\_\_\_\_

27. totaling \$ 795.00 ("Rent"). If the sales tax changes during the term of this Agreement, Landlord may adjust the amount of Rent due to equal the difference caused by the tax change upon thirty (30) calendar days' written notice to Tenant. A.R.S. § 33-1314(E). Rent shall be payable in advance without deductions or offsets.

30. Rent Proration: If the first monthly installment is for a period other than the full month, the Tenant shall pay \$ \_\_\_\_\_ plus any applicable sales taxes, of \$ \_\_\_\_\_ totaling \$ \_\_\_\_\_ for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_  
MO/DAY/YR MO/DAY/YR

32. Rent in the full amount shown on Line 27 and all other accrued charges shall be due and payable no later than 5 p.m. on the 1st day of each month during the term of this Agreement. Landlord is not required to accept a partial payment of Rent or other charges. A.R.S. § 33-1371(A).

34. A late charge of \$ 5.00 PER DAY FROM THE 1ST FOR PAYMENTS RECEIVED AFTER THE shall be added to all Rent not received by the due date and shall be collectible as additional Rent. 5TH DAY OF THE MONTH

36. Tenant shall pay a charge of \$ 20.00 for all checks returned from the bank unpaid for any reason, in addition to the late charge provided for in Line 34. These additional charges shall be collectible as Rent. If a check has been returned from the bank unpaid for any reason, the Landlord reserves the right to demand that all sums due under this Agreement be paid in the form of a cashier's check or money order and to return any personal or company check delivered to Landlord and demand a cashier's check or money order in its place.

41. **Application Fee/Credit Report(s):** \$ \_\_\_\_\_ is by separate payment and is non-refundable. This Agreement is conditioned on satisfactory verification and approval by Landlord of Tenant's employment, credit, banking references and past rental history prior to possession. Tenant consents to an employment and credit check along with an investigation of prior rental history through Landlord or Broker. Tenant shall complete a separate rental and/or credit application containing the necessary information. Tenant warrants that the information is correct and complete and that Tenant has disclosed all pertinent information and has not withheld any information, including but not limited to poor credit, early terminations of leases, evictions or bankruptcy. The material falsification of any information, including but not limited to information relating to pets, income, employment, criminal records, prior eviction records or current criminal activity, shall entitle Landlord to terminate this Agreement pursuant to A.R.S. § 33-1368. Upon such termination, Landlord may pursue all applicable remedies, including but not limited to, a claim for Rent for the remainder of the term of this Agreement, all other quantifiable damages, court costs and reasonable attorneys' fees. The credit history of Tenant with respect to this Agreement may be reported to any credit bureau or reporting agency.



TENANT'S  
COPY

ADDENDUM TO LEASE AGREEMENT


PROPERTY ADDRESS: 10750 EL DORADO DRIVE  
SUN CITY, AZ 85351

LEASE DATED: 1-22-20

CHANGES TO LEASE: THE LEASE IS EXTENDED FOR 1 YEAR  
TO 1-31-24 AT THE NEW RATE \$870<sup>00</sup> PER MONTH.

TENANT (please print) \_\_\_\_\_ TENANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TENANT (please print) \_\_\_\_\_ TENANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

  
\_\_\_\_\_  
DAVE MCDANIEL, BROKER  
SUN CITIES AREA RENTALS

1-22-22  
\_\_\_\_\_  
DATE



# SUN CITIES AREA RENTALS, L.L.C.

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DMcda22041@aol.com  
suncitiesarearentals.com  
Office (623) 872-8501  
Fax (623) 872-0045  
10825 W. Kaler Dr.  
Glendale, AZ 85307  
Harold Smith

10750 W El Dorado Drive

Sun City, AZ 86351

April 7, 2023

Dear Harold,

This letter is to inform you of the amount of rent and late fees currently in arrears for your lease at 10750 W El Dorado Drive. The monthly rent of \$870.00 is past due for February, March and April which totals \$2610.00. The late fees due as per the lease for this time period currently totals \$330.00. This brings the total due for rent and late fees to \$2940.00.

Sincerely,



David McDaniel

Property Manager

TENANTS  
COPY

ADDENDUM TO LEASE AGREEMENT

PROPERTY ADDRESS: 10750 W. EL DORADO DRIVE  
SUN CITY, AZ 85351

LEASE DATED: 1-22-20

CHANGES TO LEASE: THE LEASE IS EXTENDED FOR 1 YEAR  
TO 1-31-22 AT THE SAME RATE \$795<sup>00</sup> PER MONTH.

Harold D Smith Harold D Smith 22 Dec 2020  
TENANT (please print) TENANT SIGNATURE DATE

TENANT (please print) TENANT SIGNATURE DATE

Dave M Daniel 12-14-20  
DAVE MCDANIEL, BROKER DATE  
SUN CITIES AREA RENTALS