

Arizona Military Family Relief Fund Advisory Committee Meeting

Director's Conference Room
3839 North 3rd Street, Suite 209, Phoenix, AZ 85012
August 19th 2014 – 2:00 p.m.

Committee Members Present

Randy Meyer (Chairman)
Carol Culbertson
Larry Struck
George Cushing
Kathy Pearce
John Aldecoa
Paul Clark
Stanley Zeitz

Committee Members Absent

Martin Badegian
Thomas Troxell
Robert Barnes, ADVS Deputy Director/Designee

MFRF Committee Staff

Michelle Sullivan, ADVS/MFRF

Assistant Arizona Attorney General - Invited

CALL TO ORDER and APPROVAL OF MINUTES

Chairman Randy Meyer called the meeting to order at 2:14 p.m. Stanley Zeitz moved to approve the draft minutes of the public meeting held on July 15th 2014. Carol Culbertson seconded and the motion carried unanimously.

DISCLOSURE STATEMENT

Chairman Meyer 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 Meyer moved the meeting to executive session at 2:16 p.m. to discuss MFRF applications that are, according to ARS 41-608.04.E., confidential. Executive Session is allowable under ARS 41-608.04.E.

APPLICATION RECOMMENDATIONS

Chairman Meyer returned the meeting to public session at 3:47 p.m. to vote on applications.

- 1. 2013-November B** John Aldecoa moved to recommend application be approved for onetime assistance with partial phone, late auto payment, late storage payment with one month of reoccurring assistance. Carol Culbertson seconded the motion and the motion carried unanimously.

2. **2013-November C** John Aldecoa motioned application be denied for one time assistance with electric, auto insurance, sewer, gas, auto payment, cable, phone, and water due to less than 2/3 majority present and the hardship not caused by deployment. Carol Culberston seconded the motion, and the motion carried unanimously.
3. **2014-May A** Stanley Zeitz moved to recommend application is approved for three months' phone, internet, electric, gas, and water assistance only. Rent not approved due to lease not being current. Committee recommends applicant applies for food stamps and SSI. Carol Culberston seconded the motion, and the motion carried unanimously.
4. **2014-July E** John Aldecoa moved to recommend application be approved for up to \$3,500 for case management in the Transition in Place program that provides six assistance and navigation services. Carol Culbertson seconded the motion, and the motion carried by unanimously. Applicant was previously tabled at last meeting and has provided the necessary document requested from the VA.
5. **2014-July I** Stanley Zeitz moved to recommend application be approved as submitted for the remainder of participation in the Transition in Place program that provides six month housing assistance and supportive services up to \$10,000.00. Carol Culbertson seconded the motion, and the motion carried by unanimously.
6. **2014-July J** Carol Culbertson moved to recommend application be approved for three months of assistance with rent only. Kathy Pearce seconded the motion, and the motion carried by unanimously. Committee recommended applicant work with VA debt management to alleviate financial stress and assist with reducing debt.
7. **2014-July K** John Aldecoa moved to recommend application be approved as submitted for the remainder of participation in the Transition in Place program that provides six month housing assistance and supportive services up to \$10,000.00. Carol Culbertson seconded the motion, and the motion carried by unanimously.
8. **2014-August A** Stanley Zeitz moved to recommend the application be approved for three months of assistance with rent and utilities only. Stanley Zeitz requested the approval be contingent upon receipt of the breakdown on utility bills. Carol Culbertson seconded the motion and the motion carried unanimously.
9. **2014-August C** John Aldecoa moved to recommend the application be approved for two months of assistance with rent and phone only, not to exceed allowed amount per month. Carol Culbertson seconded the motion and the motion carried unanimously.
10. **2014-August D** Carol Culbertson moved to recommend the application be denied due to income being sufficient enough to support the request and the hardship is not combat related. Kathy Pearce seconded the motion and the motion carried by majority vote.
11. **2014-August E** Larry Struck moved to recommend application be approved for one month of rent, auto payment, auto insurance, and phone only. Carol Culbertson seconded the motion, and the motion carried by majority vote with one nay. John Aldecoa stated the applicant needs to verify employment and status of treatment at the VA.
12. **2014-August F** John Aldecoa moved to recommend application be approved two months of one mortgage plus HOA fee, auto payment, electric, gas, water, and the allowed amount for phone/internet only. Kathy Pearce seconded the motion, and the motion carried by majority vote. Committee recommended applicant reduce spending and seek financial counseling.

13. 2013-03 A John Aldecoa moved to recommend application be approved as submitted for auto repair assistance only. Carol Culbertson seconded the motion, and the motion carried by unanimously.

MARKETING REPORTS

CALL TO PUBLIC

ADJOURNMENT and NEXT ADVISORY COMMITTEE MEETING

Carol Culbertson moved to adjourn the Advisory Committee meeting. Stanley Zeitz seconded the motion and the motion carried unanimously meeting adjourned at 4:12 pm.

The next Advisory Committee meeting is scheduled for Tuesday, September 16th 2014 at 2:00 p.m. in the Director's Conference Room.

DRAFT

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EMERGENCY SUB-COMMITTEE RECOMMENDATION REVIEW

*Indicates application is also being considered at this Advisory Committee Meeting

* 2014 – 08 H

I'm am a combat injured veteran with a 40% service connection disability for post traumatic stress disorder and endometriosis. My injury has caused me financial hardship because I currently had to start vocational rehab with the VA to try to get a degree and job with there assistance. In addition, has casued me to be behind in my bills below.

This assistance will allow me to get my bills up to date and stay current until my VA Vocational Rehab payment is received so I can stay up to date with my current bills.

Assistance Requested: Emergency 08/25/2014

Type	Amount	Total
		\$
Rent	\$ 1,430.00	1,430.00
		\$
Utilities-electric	\$ 284.53	284.53
		\$
Auto payment	\$ 600.00	600.00
Auto inurance	\$63.96	\$63.96
Rental Insurance	\$31.00	\$31.00
Total	\$2,409.49	\$2,409.49

*Ineligible for assistance per award criteria

*Only Eligible amount included in total

Total Received if Awarded **\$2,409.49**

Sub-Committee Recommendation: Approved

3 Ayes

0 Nays

2 Not Voting

Subcommittee recommended to approve emergency request as application meets MFRF Use Criteria.

2014 – 08 I

20 August 2014

To whom this may concern:

I am retired Technical Sergeant***. I am veteran of the Iraqi War. I served in theater from August 29, 2004 to January 4, 2005. After my deployment I sustain injuries of the internal nature which kept not in standards through the rest of my Air Force Career. These medical issues are obstructive sleep apnea, exercised induce asthma, irreversible scarring of the lungs, treatment for PTSD through Air Force Life Skills Center. Currently I have a pending claim with the Veterans Affairs. I have been identified as being at least 30% disable by Veterans Affairs.**

As we speak, I have also been looking for unemployment and nothing has happen in being hired. I have applied for unemployment but it is still being processed through the Department of Economic Security (DES) but, I was approved for food assistance through DES. I am a currently a student and my post 911 benefits have not been awarded. I will not receive my pension until the September 1, 2014. I currently have two dependents and one of the dependents has special needs.

My plan to sustain myself is once these sources of income become available, this will alleviate my financial woes.

Sincerely,

//SIGNED//

**Assistance Requested: Emergency
08/26/2014**

Type	Amount	Total
Mortgage	\$ 2,629.34	\$ 2,629.00
Auto	\$ 439.00	\$ 371.00
Utilities- Electric	\$ 295.00	\$0.00
Utilities- Water	\$205.60	\$0.00
Phone	\$242.00	\$0.00
Total	\$3,810.94	\$3,000.00

*Ineligible for assistance per award criteria

*Only Eligible amount included in total

Total Received if Awarded \$3,000.00

Sub-Committee Recommendation: Denied

0 Ayes
3 Nays
1 Not Voting

Subcommittee recommended to approve emergency request as application meets MFRF Use Criteria.

2014-08 J

I was born in Yuma, AZ, raised, and joined the the Army in 1999 right out of high school from Phoenix MEPS. In 2001 left from Active Army to Reserve to finish my contract on a chapter 8. No real job or experience except raising my daughter and being sheltered as a child/adult. 9/11/2001 war begins, Army units ramp up efforts, and 03/2003 we get notified of upcoming deployment from Mesa to Ft. Lewis to Kuwait to Iraq. 4 major events happen in 6 months to cause havoc in my mind. I was a jack of the trade there in Iraq. But, bad phone and slow internet didn't help with contact with 12 year old daughter whom was only 3 years old at the time. Came home 04/2004 to distant family and non extent VA services for OEF/OIF. I started to have my health issues (mental and physical) when I came home. It's a clear roller coaster with eviction, homeless, and impatient care, and then US Vets taking me in to find employment with UOPX for 6 1/2 years as Technical Support. During working for UOPX I tried to submit my application for VA C&P twice with being denied finally on 8/2/2013 me and another veteran were let go for performance issues but, they were hinting at letting go employees in January. Started AZ DES SNAP/medical/unemployment through the State. From August to April I had medical/mental health issues that took most of my time, money, and effort. On 4/2/2014 unemployment ended with all income with it. For financial stability I contacted AZ DES VOC REHAB Ivy M. for assistance in getting more advanced training for computers. Already applied for disability through SSA now waiting for reply, try VA C&P again one last time with new documentation from Dr. Nelson (outside second opinion) Carelst Health Care, and start DBT for BPD through the VA for personal well being.

Assistance Requested: Emergency 08/25/2014

Type	Amount	Total
		\$
Rent	\$ 1,930.50	1,930.50
		\$
Utilities-electric	\$ 115.97	115.97
		\$
Utilities-gas	\$ 21.87	21.87
Utilities-water	\$109.76	\$109.76
Cabel/Internet	\$472.20	\$472.20
Total	\$2,650.30	\$2,650.30

*Ineligible for assistance per award criteria

*Only Eligible amount included in total

Total Received if Awarded \$2,650.30

Sub-Committee Recommendation: Approved

3 Ayes
0 Nays
2 Not Voting

Subcommittee recommended to approve emergency request as application meets MFRF Use Criteria.

2014-09 A

When I was living with my ex(who is prior service) I was pregnant and unable to gain employment. My ex had found out due to military circumstances and equipment he had a brain tumor that required surgery and was unable to gain employment due to recovery because these circumstances I had to use my 401K from MSCO to supplement us as well a unemployment. After my daughter was born the abuse I went through with my ex made me decide to end things and raise our daughter on my

own. By that point in time I was working for Boeing as a contractor and received my hard badge 3 months after our separation.

I am currently between homes; I had to move out of my last residence due to the owners selling unexpectedly and I was forced last minute to find a new home. This assures I have a safe environment for my daughter. I moved closer to work and found out a month and a half ago the owner is planning on selling the condo I was living in. I found a new place paid the deposit and was all set to move in and the money I had to utilize for move in had to go to my car so now I am staying with my friend until I can get this straightened out and move into the condo I signed my lease for.

Assistance Requested: Emergency 09/09/2014

Type	Amount	Total
		\$
Rent (move in cost)	\$ 950.00	950.00
		\$
Security deposit and fees	\$ 792.05	792.05
Total	\$1,742.05	\$1,742.05

*Ineligible for assistance per award criteria

*Only Eligible amount included in total

Total Received if Awarded **\$1,742.00**

Sub-Committee Recommendation: Denied

0 Ayes

3 Nays

2 Not Voting

Subcommittee recommended to approve emergency request as application meets MFRF Use Criteria.

End of Emergency Application Review

Applicant 2014 - June E

I was in Operation Iraqi Freedom then Enduring Freedom with the 1/503rd 21D my MOS was 11 Bravo, and during a mission our platoon was ambushed. When the IED hit, I went off the Humvee, and the blast threw me off the side and I have had back problems since. The VA was taking care of me for a while, but it was not actual care. I went through private insurance and received more attention and my needs were met promptly instead of waiting four months for an appointment. Currently, I am going through a divorce and my ex-spouse has taken all of the private insurance. My doctor at the VA since I have returned is not aiding me through my pain. I have had to go to the ER four days in a row just so the doctor can have a phone appointment with me. She didn't even see me in person, and has failed to help me. Through the aid of an ER doctor and Nurse Sheryithia we are progressing to hope, but it is still so far. I am in pain 24/hours a day. My divorce is coming to a conclusion, and since my ex-spouse locked me out of the home, I became homeless. Due to my back issues I am unable to work. I was a pre-litigation paralegal, and have a Bachelor's from Arizona State University, and since last year I have been unable to work. The divorce judge said I could have 50% custody of my three children, but I needed to get a home and finish some classes. He did not want to rule while I was homeless. HOM helped get me into a house, but I have been behind on car payments, insurance, car shop payments, and my car is currently not running. Even if I receive custody, I will lose it because I will be unable to transport my children to school. I need to be caught up on my bills, have my medical issues addressed, and a running vehicle or I will lose what life I have, which are my kids. If I lose my kids, I will have nothing to live for anymore; I need assistance as soon as possible.

Assistance Requested: One time + additional months

Type	Amount	Total
Rent (requesting 4 months)	\$800.00	\$2,400.00
Car Payment (requesting 2 months)	\$350.00	\$700.00
Utilities	\$575.00	\$575.00
Auto repairs	\$1,200.00	\$1,200.00
Total	\$2,925.00	\$4,875.00

*Ineligible for assistance per award criteria

*Only Eligible amount included in total

Total Received if Awarded

\$13,628.78

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

Complete all applicable fields

Submit completed application to MFRF@azdvs.gov or fax to (602) 297-6684

Name of Service Member (Last, First, MI) [Redacted]		Grade	Branch of Service Army	Home of Record AZ	Date of Application 9/4/2014	
Service Member's Service [Redacted]		DOS	Deployed Location(s) and Date(s) of Deployment Iraq 05-2006			
Service Member's Current Status / Family Hardship: <input type="checkbox"/> Currently Deployed <input type="checkbox"/> Wounded <input type="checkbox"/> Deceased <input checked="" type="checkbox"/> Medically Retired (SC Disability) (60%) <input type="checkbox"/> Other (explain) _____		Date (if WIA/KIA)	Cause (if WIA/KIA)	Location (if WIA/KIA) Iraq		
Home Address (include City, State & Zip Code):		Home Phone	Cell Phone	Email		
Name of Applicant [Redacted]		DOB	Relationship to SM?	Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by:	
LIST ALL MEMBERS OF HOUSEHOLD, INCLUDING SPOUSE/SIGNIFICANT OTHER			List all previous assistance received within the past 12 months.			
Age	Name	Relationship	Full Time Custody?	Organization	Date	\$ Amount
10	E [Redacted]					
7	vi [Redacted]					
5	gc [Redacted]					
					TOTAL	
Applied for Food Stamps?						

APPLICANT'S CERTIFICATION

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I understand that knowingly making a false statement in this application may be cause for denial of this application and/or referral for legal action. I have attached copies of the most current DD Form 214 and/or copies of all documentation substantiating deployment to a combat zone, death or service connected disability, and/or combat wound(s) and how that has caused, contributed to or is related to my hardship. I am providing the enclosed information to apply for financial assistance, and request and authorize the Arizona Department of Veterans' Services to speak with any organization cited in this application packet to verify the information I provide. I understand I will receive an AZ1099 for any financial assistance received.

The following documents **must** be attached:

- DD214/Current Orders/Enlisted Records Brief
 Bills/Statements/Receipts/Quotes
 Signed AZ W9
 VA/Service Connected Disability info (if cited as reason for hardship)

[Redacted Signature]

9/4/14

SIGNATURE OF APPLICANT AND DATE

OFFICE USE ONLY

THIS APPLICATION HAS BEEN DECLINED
I have apprised the applicant of the reason(s) and/or circumstances under which this request for assistance was disapproved.

SIGNATURE OF MFRF REPRESENTATIVE AND DATE

THIS APPLICATION HAS BEEN APPROVED IN THE AMOUNT OF \$ _____

SIGNATURE OF MFRF REPRESENTATIVE AND DATE

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

APPLICANT FINANCIAL WORKSHEET

COMPLETE ALL APPLICABLE FIELDS

HOUSEHOLD MONTHLY INCOME (Monthly Average)		
A.	Gross	Net
1.	Salary of Service Member	—
1b.	- Place of employment	—
2.	Salary of Spouse/Significant Other	—
2b.	- Place of employment	—
3.	VA Disability Income	1200
4.	GI Bill Monthly Stipend	
5.	Other VA Benefits:	
6.	Social Security Income (i.e. SSI, SSI, TANF)	
7.	Other Social Security Benefits	
8.	Child Support (Received)	
9.	Food Stamps/W.I.C.	
10.	Rental income	
11.	Other Household Income (list)	
12.		
13.		
19.		
20.		
(A) TOTAL INCOME		

AVERAGE MONTHLY EXPENSES		
B. Essential Expenses	Amount	
21.	Alimony/Child/Family Support	\$400
22.	Electricity	\$300 due
23.	Gas	
24.	Water/Sewer/Garbage	40
25.	Telephone	100
26.	Internet	
27.	Health Insurance	
28.	Medical Expenses/Prescriptions	
29.	Home Owners/Renters Insurance (not included w/ mortgage)	
30.	Life Insurance/SGLI	
31.	Auto Insurance	80
32.	Auto Gasoline (average)	200
33.	Food/Household Items	400
34.	Child Care	
35.	VEAP / School Expenses	
36.	Other (list):	
37.		
Essential Total		1470

B. Variable Expenses	Amount	
38.	Cable/Satellite	
39.	Recreation/Entertainment	
40.	Clothing/Laundry/Dry Cleaning	
41.	Charity/Church Contributions	
42.	Savings	
43.	Other (list):	
44.		
45.		
46.		
47.		
Variable Total		
(B) TOTAL EXPENSES		

C. MORTGAGE / RENT (include any HOA fees)

C.	Mortgage / Rental Company Name	Date Purchased / Leased	Original Loan Amount	Balance Owed	Current Value (if owned)	Months to go	Past Due Amount	Monthly Payment
48.	Rent					12		800
49.								
50.								
(C) TOTAL MORTGAGE/RENT*								(C)

D. INDEBTEDNESS

Include Auto Loans and all unsecured debt with balances over \$100

C.	Creditor Name	Purpose (if Auto, include YR/Make/Model)	Date Incurred	Original Amount	Balance Owed	Past Due Amount	Months to go	Monthly Payment
51.	APS	utility			\$530			
52.								
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.								
(D) TOTAL INDEBTEDNESS*								(D)

E. ASSET INFORMATION

Type	Value	Description
Savings		N/A
Checking		N/A
IRA		N/A
401k		N/A
Auto		
Auto		
Home		

F. PAYCHECK/BENEFIT INFORMATION

1. Date last pay received: _____
 Amount: \$ _____

2. Date next pay received: _____
 Amount: \$ _____

G. TOTAL MONTHLY CASH FLOW

TOTAL INCOME: \$ 1200
(A)

TOTAL EXPENSES: \$ 2280
(B+C+D)

SURPLUS or DEFICIT: \$ -1080
(Income - Expenses)

Failure to complete financial worksheet, including totaling each section, may cause a delay in consideration or outright denial.

*I have received financial counseling in the past *I am interested in receiving financial counseling to assist with my long term financial stability

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) [REDACTED]		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. GRADE, RATE OR RANK PVL	b. PAY GRADE E01	5. DATE OF BIRTH (YYYYMMDD) [REDACTED]	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000		
7a. PLACE OF ENTRY INTO ACTIVE DUTY PHOENIX, ARIZONA		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED]			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 010009INCO A RIFLE FC			b. STATION WHERE SEPARATED FORT CARSON, CO 80913-2544		
9. COMMAND TO WHICH TRANSFERRED N/A			10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$ 400,000.00		
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.) 11B10 2C INFANTRYMAN - 2 YRS 9 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	2003	04	22
		b. SEPARATION DATE THIS PERIOD	2006	03	17
		c. NET ACTIVE SERVICE THIS PERIOD	0002	10	26
		d. TOTAL PRIOR ACTIVE SERVICE	0000	00	00
		e. TOTAL PRIOR INACTIVE SERVICE	0000	00	00
		f. FOREIGN SERVICE	0001	10	00
		g. SEA SERVICE	0000	00	00
		h. EFFECTIVE DATE OF PAY GRADE	2006	02	21
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//KOREA DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//COMBAT INFANTRYMAN BADGE//IRAQ CAMPAIGN MEDAL//NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM				YES	X NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		X		YES	NO
16. DAYS ACCRUED LEAVE PAID 9.5	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO
18. REMARKS CONTINUOUS HONORABLE ACTIVE SERVICE: 20030121-20050607//IMMEDIATE REENLISTMENTS THIS PERIOD -- 20050608-20060317//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20030121-20030421// ENLISTMENT BONUS PAID: \$7842.15, 20051107//SERVICE IN KOREA 20030923-20040807//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//SERVICE IN KUWAIT AND IRAQ FROM 20040808-20050722 WHICH ARE THE INCLUSIVE DATES OF SERVICE IN AN IMMINENT DANGER PAY AREA FOR CONTINGENCY OPERATIONS//NOTHING FOLLOWS 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) [REDACTED]		b. NEAREST RELATIVE (Name and address - include ZIP Code) [REDACTED]			
20. MEMBER REQUESTS COPY 6 BE SENT TO <u>AZ</u> DIRECTOR OF VETERANS AFFAIRS		X		YES	NO
21. SIGNATURE OF MEMBER BEING SEPARATED [REDACTED]		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <i>Carolina Maslovacic</i> CAROLINA MASLOVARIC, ASST CHIEF, TRANSITION CENTER			
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Include upgrades) UNDER HONORABLE CONDITIONS (GENERAL)			
25. SEPARATION AUTHORITY AR 635-200, PARA 14-12C(2)		26. SEPARATION CODE JKK		27. REENTRY CODE 4	
28. NARRATIVE REASON FOR SEPARATION MISCONDUCT (DRUG ABUSE)					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE				30. MEMBER REQUESTS COPY 4 (Initials) EB	



DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office
3333 N. Central Ave
Phoenix AZ 85012-2402

January 8, 2014

In Reply Refer To: 34
CS
BL

To Whom It May Concern:

This letter from the Department of Veterans Affairs certifies that Enrique Valenzuela Blanco is receiving service-connected disability compensation.

The current benefit paid is as follows:

Gross Benefit Amount	\$1,300.39/mo.
Net Amount Paid	\$1,300.39/mo.
Effective Date	January 1, 2014

If you reside in the continental United States, Alaska, Hawaii, or Puerto Rico, you may contact VA with questions by calling our toll-free number 1-800-827-1000 (for hearing impaired TDD 1-800-829-4833) or contact us online (<https://iris.va.gov>).

Sincerely yours,

D. Luzi

D. Luzi
Veterans Service Center Manager





AMFRF TENANT MOVE-IN CONFIRMATION SHEET- REVISED

The purpose of this worksheet is to provide you with important information about your rental assistance at your new unit. Please contact your Housing Specialist if you have questions about this information.

Tenant Name _____
 HOM Housing Specialist Antonisha Dorsey
 ♦ Phone / E-mail 602-265-4640 ext. 126 / antonishadorsey@hominc.com
 Landlord David Douglas
 ♦ Address 5539 W Gardenia Ave Glendale, AZ 85301
 ♦ Phone Number/E-mail / dougd_evolution@me.com
 Unit Address 5431 W. State Ave. Glendale, AZ 85301
 Lease Dates 08/16/2014 - 02/15/2015
 Utility Account Number(s) _____

Rental Payment Breakdown

	HOM	Tenant	Total
Aug. Prorate	\$ 400.00	\$ 0.00	\$ 400.00
September	\$ 600.00	\$ 200.00	\$ 800.00
October	\$ 350.00	\$ 450.00	\$ 800.00
November	\$ 150.00	\$ 650.00	\$ 800.00
December	\$ 93.00	\$ 707.00	\$ 800.00
January	\$ 50.00	\$ 750.00	\$ 800.00

Deposits / Fees Paid

Application Fee	\$ 35
Refundable Security Deposit	\$ 800
Non-Refundable Deposit	\$ 0
City of Glendale Water Deposit	\$ 200

PLEASE NOTE: If you are on a waiting list for the Section 8, Mainstream or other housing program, be sure to notify the housing agency in writing of your new address. If the housing agency cannot contact you at the address that they have on file, your name could be removed from the waiting list and you may have to re-apply.

I have received the above information and understand my obligations to pay my monthly Tenant Rent portion and fulfill my entire lease as specified above.

Tenant Signature _____

Date _____

- Information was provided to tenant via mail and/or phone on this date:
 Information was emailed to CBI Navigator:
 Information was faxed to Representative Payee (if applicable) on this date:

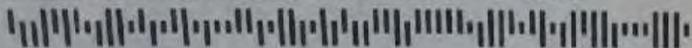
8/21/14

Antonisha Dorsey
 Housing Specialist Signature

8/20/14
 Date

Date: 09/09/2014

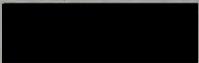
9709.549.11852.10506391 1 AT 0.406 oz 0.365



SHUT-OFF WARNING

DELINQUENT BALANCE
\$97.43

ACCOUNT NUMBER



0000000052031828230201409080000000000000000974396 000

Account Number: 520318282
Name: [Redacted]
Service at: [Redacted]
GLENDALE AZ 85301-1938

DELINQUENT BALANCE
\$97.43

***** SHUT-OFF WARNING *****
Shut-Off Scheduled For 09/17/2014

Dear Enrique Blanco:

At APS, we work hard to continue providing service to our customers.

However, due to the delinquent nature of your account, electric service for the account indicated above is scheduled to be disconnected on 09/17/2014. You can avoid being disconnected by paying \$97.43 before this date. Additionally, please remember the balance for your current bill will be due by 09/23/2014 and must also be paid.

If your electric service is disconnected, APS requires payment of all delinquent charges, a new deposit, and a reconnect charge to turn your service back on. Your reconnect charge may vary from \$25.00 to \$125.00 plus tax.

For your convenience, we offer several payment options. To pay:

- Online, visit aps.com
- By phone, call 602-371-7171 or 800-253-9405
- In person, go to an APS Office or authorized pay station
- By mail, send your payments to APS, P.O. Box 2906, Phoenix, AZ 85062-2906
- By debit or credit card, online or by phone (processed by a third party who charges a fee for each transaction)

Please note that when you provide a check as payment, you authorize us to use the check information to make a one-time electronic funds transfer from your account or to process the payment as a check transaction. When processed electronically, you will not receive the check back from your bank and funds may be withdrawn on the same day we receive your payment. Additionally, service is subject to disconnection without further notice if a payment is returned by your financial institution.

If you have any questions regarding this, please visit aps.com or call us at (602) 371-7171 or 1-800-253-9405. Our associates are available 24-hours-a-day, 7-days-a-week to assist you.

Time Share / Home Residential

RSI Enterprises, INC Reference# 9G25242682 Amount: \$409.90
Highland Resort@ Verde Ridge: Account# [REDACTED] Amount# 223.39
Sedona Pines Resort: Amount: \$6,019.00
Phone: 1-888-480-1576

ADT Security: Amount: 107.06

Credit Cards

Capital One: Amount \$1,072.00
Capital One: Amount: \$483.00
First Premier: Amount \$1,678.50
Credit One Bank: Amount: \$500.00
Orchid Bank: Amount \$630.00

School

Ashworth College: Amount: \$1,342.31

Cell Phone

Tmobile: Amount: \$1,950
Verizon: Amount \$599.28

Total Debts: \$33,128.35
Not including Millenium Laboratories

Enrique MRN: 577-83-37 / 21938917 Diagnosis with HSP by Mcconahay Thomas, MD
on 04-Jun-2014 at Phoenix Childrens Hospital

\$97.43

\$0.00

\$39.83

\$27.91

\$165.17

9, 2014

375.

.17

30

free electronic funds transfer. Go to aps.com or call 602-371-6555 or 800-253-9405.

- Pay your APS bill online or by phone through our payment vendor service using a credit card or debit card (in which case a processing fee will be assessed) by calling 866-261-2738.
- Pay your bill by cash or check at your nearest APS Customer Office. For a list of office locations, go to aps.com.

If you are experiencing financial hardship, contact Project SHARE, 602-267-4127 or call Community Information and Referral in Phoenix at 602-263-8856 or 800-352-3792 outside Maricopa County.

When paying in person, please bring the bottom portion of your bill.

l date
gust 26, 2014
ange?

Total amount due: \$ 165.17

Your optional contribution to SHARE: \$ _____

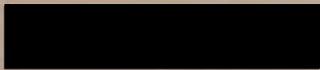
Total amount paid: \$ _____

Due date for new charges: Sep 9, 2014

If APS does not receive the past due amount of \$97.43 before September 5, 2014, your electricity will be shut off.



August 18, 2014



Deposit amount required: \$215.00
Due Date: September 2, 2014

Your Deposit Account Number:
1 [Redacted]

Dear Enrique Blanco:

APS appreciates the opportunity to provide your electricity and we are sending this urgent reminder as a courtesy. When you recently contacted us to establish (or re-establish) service, we notified you that a security deposit was required, but so far, your payment has not yet been received. To avoid interruption to your service, we must receive your payment by **September 2, 2014**.

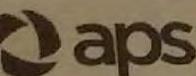
If we fail to receive your deposit payment by the above date, all services in your name will be subject to disconnection as early as **September 2, 2014**. To restore service, we will require payment of the deposit plus all delinquent charges prior to scheduling reconnection.

Please use your Deposit Account Number listed above to ensure prompt and accurate posting of your payment. For your convenience, we offer several payment options. To pay:

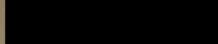
- Online, visit aps.com.
- By phone, call 602 371 7171 or 800 253 9405.
- In person, go to an APS office or authorized pay station.
- By debit or credit card, go to aps.com or call 602 371 7171 or 800 253 9405. (Debit and credit card payments are processed by a third party who charges a fee for each transaction.)

Your business is very important to us. If you have any questions, please contact our Credit Department at 602 371 7607 or 800 253 9409 between 8:30 a.m. and 7:00 p.m. Monday through Friday.

When paying in person, please bring the bottom portion of your bill.



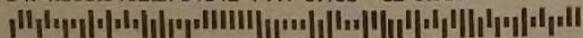
Your Deposit Account Number



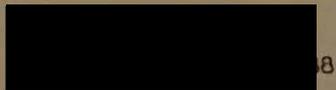
Bill date
August 18, 2014

Total amount due: \$215.00

9474.380.8102.9784042 1 AT 0.406 02 0.530



Due date: Sep 2, 2014



22 R 1 2

000000001745182897020140818000000000000002150043 000

PREVIOUS APPLICATION

FOR REFERENCE ONLY

Applicant 2014 Committee E (2014 06 E)

Narrative

I was diagnosed with PTSD when a few months after I returned from Iraq. I have seen several psychiatrist and psychologist to include counselors, and marriage counselor to explain to my wife why I am not the same man who she married. My kids have had to receive counseling as well to know why daddy is different. My PTSD and TBI have progressively gotten worse to a point that my spouse felt she was taking care of me as a mother and not a spouse, we are currently separated because I can no longer work due to my back, PTSD, it has become harder to do any daily activities. My son recently got diagnosed with HSP and I need to find a home for me and my kids, the transitional housing place where I live is too dangerous for them, I was just assaulted yesterday by staff.

**Previously Received MFRF Assistance: Emergency (Reference Only)

Date	Type	Requested	Awarded
10/12/2010	Auto Repairs		\$ 1,350.00
		Total	\$0.00
10/28/2014	Auto Repairs		\$2,237.78
		Total	\$0.00
Total		\$0.00	\$3,587.78

Date	Type	Requested	Awarded
7/15/2014	Housing Services	up to 3500.00	\$3,500.00
	Supportive/Case Management Services	up to 2912.22	\$1,666.00
	Auto repairs	1246.22	0.00
		Total	\$0.00
			\$5,166.00

Applicant 2014 June E (2014 – 06 E) TIP

**Previously Received MFRF Assistance: Emergency (Reference Only)

Date	Type	Requested	Awarded
10/12/2010	Auto Repairs		\$ 1,350.00
Total		\$0.00	\$1,350.00
10/28/2014	Auto Repairs		\$2,237.78
Total		\$0.00	\$2,237.78
Total		\$0.00	\$3,587.78

I was diagnosed with PTSD when a few months after I returned from Iraq. I have seen several psychiatrist and psychologist to include counselors, and marriage counselor to explain to my wife why I am not the same man who she married. My kids have had to receive counseling as well to know why daddy is different. My PTSD and TBI have progressively gotten worse to a point that my spouse felt she was taking care of me as a mother and not a spouse, we are currently separated because I can no longer work due to my back, PTSD, it has become harder to do any daily activities. My son recently got diagnosed with HSP and I need to find a home for me and my kids, the transitional housing place where I live is too dangerous for them, I was just assaulted yesterday by staff.

Assistance Requested: TIP Full Committee

Type	Amount	Total
Housing Services	up to 3500.00	\$3,500.00
Supportive/Case Management Services	up to 2912.22	\$1,666.00
Auto repairs	up to 1246.22	\$1,246.22
Total	\$6,500.00	\$6,412.22
Total Received if Awarded		\$10,000.00

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

Complete all applicable fields

Submit completed application to MFRF@azdvs.gov or fax to (602) 297-6684

Name of Service Member (Last, First, MI) [REDACTED]		Grade 1	Branch of Service ARMY	Home of Record AZ	Date of Application 9/June/2014	
Yrs Service 3		DOS	Deployed Location(s) and Date(s) of Deployment Korea, Kuwait, Iraq			
Service Member's Current Status / Family Hardship: <input type="checkbox"/> Currently Deployed <input checked="" type="checkbox"/> Wounded <input type="checkbox"/> Deceased <input checked="" type="checkbox"/> Medically Retired/SC Disability (60%) <input type="checkbox"/> Other (explain) _____		Date (if WIA/KIA)	Cause (if WIA/KIA) PTSD Applied 2013 TBI, 2006 - medical Hearing loss document	Location (if WIA/KIA) AR, Ramadi, Iraq		
Home Address (include City, State & Zip Code): [REDACTED]		Home Phone	Cell Phone	Email		
Name of Applicant [REDACTED]		DOB	Relationship to SM?	Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by: [REDACTED]	
LIST ALL MEMBERS OF HOUSEHOLD, INCLUDING SPOUSE/SIGNIFICANT OTHER				List all previous assistance received within the past 12 months.		
Age	Name	Relationship	Full Time Custody?	Organization	Date	\$ Amount
9	Enrique R. Blanco	Son	Y	Tips program	Feb 2014	at homeless shelter
7	Vincenzo D Blanco	Son	Joint	Transitional Housing		
4	Gabriel C Blanco	Son	Joint			
TOTAL						
Applied for Food Stamps? NO						

APPLICANT'S CERTIFICATION

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I understand that knowingly making a false statement in this application may be cause for denial of this application and/or referral for legal action. I have attached copies of the most current DD Form 214 and/or copies of all documentation substantiating deployment to a combat zone, death or service connected disability, and/or combat wound(s) and how that has caused, contributed to or is related to my hardship. I am providing the enclosed information to apply for financial assistance, and request and authorize the Arizona Department of Veterans' Services to speak with any organization cited in this application packet to verify the information I provide. I understand I will receive an AZ1099 for any financial assistance received.

The following documents **must** be attached:

- DD214/Current Orders/Enlisted Records Brief
 Bills/Statements/Receipts/Quotes
 Signed AZ W9
 VA/Service Connected Disability info (if cited as reason for hardship)

[REDACTED SIGNATURE]

SIGNATURE OF APPLICANT AND DATE

OFFICE USE ONLY

THIS APPLICATION HAS BEEN DECLINED
I have apprised the applicant of the reason(s) and/or circumstances under which this request for assistance was disapproved.

SIGNATURE OF MFRF REPRESENTATIVE AND DATE

THIS APPLICATION HAS BEEN APPROVED IN THE AMOUNT OF \$ _____

SIGNATURE OF MFRF REPRESENTATIVE AND DATE

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

APPLICANT NARRATIVE

Complete All Narratives - Please feel free to use additional paper if needed

1. Describe your current circumstances and how combat deployment brought you to this point. If you are a combat injured veteran, describe the circumstances of your injury and how your injury has caused your financial hardship. Use additional paper if needed.

I was diagnosed with PTSD when a few months after I returned from Iraq. I have seen several Psychiatrists and psychologist to include counselors, and military counselor to explain to my wife why I am not the same man who she married. My kids have had to receive counseling as well to know why daddy is different. My PTSD and TBI have progressively gotten worse to a point that my spouse felt she was taking care of me as a mother and not a spouse. We are currently separated because I can no longer work due to my PTSD. I have become harder to do any daily activities. My son recently got diagnosed with ASD and I need to find a home for me & my kids after transitional living place.

Specifically, what financial assistance are you requesting? Please list the assistance you are requesting. Bills/Statements/Receipts/Quotes must be attached for each request. Use additional paper if needed.

Name	Type (rent, utility, etc)	Acct #	Emergency Assistance*	One-Time Assistance	Reoccurring Assistance**
Total:					

*Emergency Assistance limited to a total of \$3,000.00.
 **If you seeking reoccurring monthly assistance, please state how many months: _____

3. Describe how assistance will help you achieve personal well-being and/or financial stability. Briefly describe your immediate and future goals or financial plan and how assistance will contribute. Use additional paper if needed.

where I live is too dangerous for my staff - I can't just assault yesterday by staff.

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

APPLICANT FINANCIAL WORKSHEET

COMPLETE ALL APPLICABLE FIELDS

HOUSEHOLD MONTHLY INCOME (Monthly Average)			AVERAGE MONTHLY EXPENSES		
A.	Gross	Net	B.	Essential Expenses	Variable Expenses
1.	Salary of Service Member		21.	Alimony/Child/Family Support	
1b.	- Place of employment		22.	Electricity	
2.	Salary of Spouse/Significant Other		23.	Gas	
2b.	- Place of employment		24.	Water/Sewer/Garbage	
3.	VA Disability Income		25.	Telephone	
4.	GI Bill Monthly Stipend		26.	Internet	
5.	Other VA Benefits:		27.	Health Insurance	
6.	Social Security Income (i.e. SSI, SSI, TANF)		28.	Medical Expenses/Prescriptions	
7.	Other Social Security Benefits		29.	Home Owners/Renters Insurance (not included w/ mortgage)	
8.	Child Support (Received)		30.	Life Insurance/SGLI	
9.	Food Stamps/W.I.C.		31.	Auto Insurance	
10.	Rental income		32.	Auto Gasoline (average)	
11.	Other Household Income (list)		33.	Food/Household Items	
12.			34.	Child Care	
13.			35.	VEAP / School Expenses	
19.			36.	Other (list):	
20.			37.		
(A) TOTAL INCOME			Essential Total		(B) TOTAL EXPENSES

C. MORTGAGE / RENT (include any HOA fees)

C.	Mortgage / Rental Company Name	Date Purchased / Leased	Original Loan Amount	Balance Owed	Current Value (if owned)	Months to go	Past Due Amount	Monthly Payment
48.								
49.								
50.								
(C) TOTAL MORTGAGE/RENT*								(C)

D. INDEBTEDNESS

Include Auto Loans and all unsecured debt with balances over \$100

C.	Creditor Name	Purpose (if Auto, include YR/Make/Model)	Date Incurred	Original Amount	Balance Owed	Past Due Amount	Months to go	Monthly Payment
51.								
52.								
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.								
(D) TOTAL INDEBTEDNESS*								(D)

E. ASSET INFORMATION

Type	Value	Description
Savings		N/A
Checking		N/A
IRA		N/A
401k		N/A
Auto		
Auto		
Home		

F. PAYCHECK/BENEFIT INFORMATION

1. Date last pay received: _____
Amount: \$ _____

2. Date next pay received: _____
Amount: \$ _____

G. TOTAL MONTHLY CASH FLOW

TOTAL INCOME: \$ _____
(A)

TOTAL EXPENSES: \$ _____
(B+C+D)

SURPLUS or DEFICIT: \$ _____
(Income - Expenses)

Failure to complete financial worksheet, including totaling each section, may cause a delay in consideration or outright denial.

*I have received financial counseling in the past *I am interested in receiving financial counseling to assist with my long term financial stability

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) [REDACTED]		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA	3. SOCIAL SECURITY NUMBER [REDACTED]
--	--	---	--

4a. GRADE, RATE OR RANK PV1	b. PAY GRADE E01	5. DATE OF BIRTH (YYYYMMDD) [REDACTED]	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000
---------------------------------------	----------------------------	--	--

7a. PLACE OF ENTRY INTO ACTIVE DUTY PHOENIX, ARIZONA	b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED]
--	--

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 010009INCO A RIFLE FC	b. STATION WHERE SEPARATED FORT CARSON, CO 80913-2544
--	---

9. COMMAND TO WHICH TRANSFERRED N/A	10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$ 400,000.00
---	---

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.) 11B10 2C INFANTRYMAN - 2 YRS 9 MOS//NOTHING FOLLOWS	12. RECORD OF SERVICE	YEAR(S)	MONTH(S)	DAY(S)
	a. DATE ENTERED AD THIS PERIOD	2003	04	22
	b. SEPARATION DATE THIS PERIOD	2006	03	17
	c. NET ACTIVE SERVICE THIS PERIOD	0002	10	26
	d. TOTAL PRIOR ACTIVE SERVICE	0000	00	00
	e. TOTAL PRIOR INACTIVE SERVICE	0000	00	00
	f. FOREIGN SERVICE	0001	10	00
	g. SEA SERVICE	0000	00	00
	h. EFFECTIVE DATE OF PAY GRADE	2006	02	21

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//KOREA DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//COMBAT INFANTRYMAN BADGE//IRAQ CAMPAIGN MEDAL//NOTHING FOLLOWS	14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS
---	--

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

16. DAYS ACCRUED LEAVE PAID 9.5	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 checked="" type="checkbox"/> NO
--	---	---

18. REMARKS
CONTINUOUS HONORABLE ACTIVE SERVICE: 20030121-20050607//IMMEDIATE REENLISTMENTS THIS PERIOD -- 20050608-20060317//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20030121-20030421// ENLISTMENT BONUS PAID: \$7842.15, 20051107//SERVICE IN KOREA 20030923-20040807//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//SERVICE IN KUWAIT AND IRAQ FROM 20040808-20050722 WHICH ARE THE INCLUSIVE DATES OF SERVICE IN AN IMMINENT DANGER PAY AREA FOR CONTINGENCY OPERATIONS//NOTHING FOLLOWS

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) [REDACTED]	b. NEAREST RELATIVE (Name and address - include ZIP Code) [REDACTED]
---	--

20. MEMBER REQUESTS COPY 6 BE SENT TO AZ DIRECTOR OF VETERANS AFFAIRS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--	---

21. SIGNATURE OF MEMBER BEING SEPARATED [REDACTED]	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) Carolina Maslovacic CAROLINA MASLOVARIC, ASST CHIEF, TRANSITION CENTER
--	--

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)	
23. TYPE OF SEPARATION DISCHARGE	24. CHARACTER OF SERVICE (Include upgrades) UNDER HONORABLE CONDITIONS (GENERAL)

28. NARRATIVE REASON FOR SEPARATION MISCONDUCT (DRUG ABUSE)	
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE	30. MEMBER REQUESTS COPY 4 (Initials) CB

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) [REDACTED]		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NUMBER [REDACTED]		
4a. GRADE, RATE OR RANK PVL		b. PAY GRADE E01	5. DATE OF BIRTH (YYYYMMDD) [REDACTED]		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000	
7a. PLACE OF ENTRY INTO ACTIVE DUTY PHOENIX, ARIZONA			b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED]			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 010009INCO A RIFLE FC			b. STATION WHERE SEPARATED FORT CARSON, CO 80913-2544			
9. COMMAND TO WHICH TRANSFERRED N/A				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$ 400,000.00		
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.) 11B10 2C INFANTRYMAN - 2 YRS 9 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE				
		a. DATE ENTERED AD THIS PERIOD		YEAR(S)	MONTH(S)	DAY(S)
		b. SEPARATION DATE THIS PERIOD		2003	04	22
		c. NET ACTIVE SERVICE THIS PERIOD		2006	03	17
		d. TOTAL PRIOR ACTIVE SERVICE		0002	10	26
		e. TOTAL PRIOR INACTIVE SERVICE		0000	00	00
		f. FOREIGN SERVICE		0000	00	00
		g. SEA SERVICE		0001	10	00
		h. EFFECTIVE DATE OF PAY GRADE		0000	00	00
2006		02	21			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//KOREA DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//COMBAT INFANTRYMAN BADGE//IRAQ CAMPAIGN MEDAL//NOTHING FOLLOWS				14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS		
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO		
16. DAYS ACCRUED LEAVE PAID 9.5		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 checked="" type="checkbox"/> NO	
18. REMARKS CONTINUOUS HONORABLE ACTIVE SERVICE: 20030121-20050607//IMMEDIATE REENLISTMENTS THIS PERIOD -- 20050608-20060317//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20030121-20030421// ENLISTMENT BONUS PAID: \$7842.15, 20051107//SERVICE IN KOREA 20030923-20040807//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//SERVICE IN KUWAIT AND IRAQ FROM 20040808-20050722 WHICH ARE THE INCLUSIVE DATES OF SERVICE IN AN IMMINENT DANGER PAY AREA FOR CONTINGENCY OPERATIONS//NOTHING FOLLOWS						
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) [REDACTED]			b. NEAREST RELATIVE (Name and address - include ZIP Code) [REDACTED]			
20. MEMBER REQUESTS COPY 6 BE SENT TO AZ		DIRECTOR OF VETERANS AFFAIRS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
21. SIGNATURE OF MEMBER BEING SEPARATED [REDACTED]		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) Carolina Maslovacic CAROLINA MASLOVARIC, ASST CHIEF, TRANSITION CENTER				
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)						
23. TYPE OF SEPARATION DISCHARGE			24. CHARACTER OF SERVICE (Include upgrades) UNDER HONORABLE CONDITIONS (GENERAL)			
25. SEPARATION AUTHORITY AR 635-200, PARA 14-12C(2)		26. SEPARATION CODE JKK		27. REENTRY CODE 4		
28. NARRATIVE REASON FOR SEPARATION MISCONDUCT (DRUG ABUSE)						
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE				30. MEMBER REQUESTS COPY 4 (Initials) EB		

JKK

DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT AGENCY
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT CARSON
FORT CARSON, CO 80913-2544

ORDERS 069-0018

10 March 2006

[REDACTED] PV1 010009INCO A RIFLE, (WAJPA0) FORT
CARSON, CO
80913

You are reassigned to the U.S. Army transition point shown for transition processing. After processing, you are discharged from the Component shown. If you are delayed in reporting to the transition point, you still must report to the transition point as soon as possible or as authorized to receive a new effective date of discharge.

Assigned to: FORT CARSON TC (W0VN04) FORT CARSON CO 80913-2544

Reporting date: 16 March 2006

Comp: REGULAR

Date of discharge unless changed or rescinded: 16 March 2006

Additional instructions: a. SOLDIER IS NOT ENTITLED TO SEPARATION PAY IAW 10 USC 1174. b. YOU MUST REPORT TO BLDG 1042, RM 308 UPON RECEIPT OF THIS ORDER WITH YOUR ESCORT AND BE IN PROPER MILITARY UNIFORM TO MAKE A FINAL OUT-PROCESSING APPOINTMENT. POC FOR APPOINTMENT CAN BE REACHED AT (719) 526-1557 OR DSN 691-1557. AFTER FINAL OUT-PROCESSING, YOU MUST REPORT TO THE ID CARD SECTION, BLDG 1042, RM 318, AND PROVIDE A COPY OF YOUR ORDERS, YOUR ID CARD AND ALL DEPENDENT ID CARDS. YOU ARE REQUIRED TO PROVIDE A DD FORM 2648 UPON FINAL SEPARATION AND MUST REPORT TO ACAP, BLDG 1118 TO OBTAIN ONE. c. UPON RECEIPT OF THESE ORDERS, YOU MUST CONTACT: (1) JOINT PERSONNEL PROPERTY SHIPPING OFFICE (JPPSO), (719) 526-3755. (2) ARMY CAREER AND ALUMNI PROGRAM (ACAP), (719) 859-1002/0640, BLDG 1118. (3) CIF, (719) 526-3321. (4) FAMILY HOUSING, BLDG 7301, IF YOU LIVE IN ON-POST HOUSING. d. DEPENDENTS: YES e. YOU ARE AUTHORIZED SHIPMENT OF HOUSEHOLD GOODS TO YOUR HOME OF RECORD (HOR) OR PLACE OF ENTRY ON ACTIVE DUTY (PLEAD), WITHIN 180 DAYS OF SEPARATION. f. SOLDIER IS NOT AUTHORIZED PERMISSIVE TDY (PTDY). g. OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL AGENCY NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE. h. FAILURE TO REPORT FOR FINAL OUTPROCESSING ON THE DATE INDICATED WILL RESULT IN REVOCATION OF THESE ORDERS. A LETTER OF JUSTIFICATION WILL BE REQUIRED FROM THE FIRST COLONEL IN THE CHAIN OF COMMAND TO REISSUE ORDERS. i. AT YOUR FINAL OUT-PROCESSING APPOINTMENT, YOU ARE REQUIRED TO SURRENDER ALL GOVERNMENT ISSUED PASSPORTS, TO INCLUDE DEPENDENTS. j. PRIOR TO YOUR FINAL OUT APPOINTMENT, CONTACT THE OUT-PATIENT RECORDS AT EVANS HOSPITAL ABOUT GETTING A COPY OF YOUR MEDICAL RECORDS.

FOR ARMY USE

Auth: AR 635-200

HOR: TOLLESON AZ US

Place EAD or OAD: PHOENIX AZ US

MDC: 7BE6

Format: 501

ENLISTED RECORD BRIEF

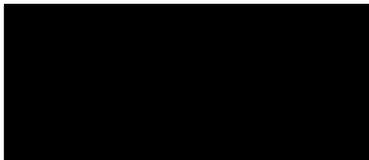
BRIEF DATE 20060227		RANK - DOR PV1		PMOS 11B		SSN [REDACTED]		COMPONENT REGULAR								
SECTION I - Assignment Information			SECTION II - Security Data			SECTION III - Service Data			SECTION IV - Personal/Family Data							
OS/Deployment	Start-End DT	Combat Duty	PSI Status	Fid Det	PS Stat	none	BIASD	20030422	PERD	20030422	BESD	19000101	Date of Birth	19640729	Birthplace	MX
20040815-20050723	20031007-20030925-20030923	KS 12, KS 12, KS 12	1	0	0	0	ETS	20060607	DIEMS	20030121	AGCM	20060421	Country of Cliz	US	Sex/Race	MALE / OTHER
SECTION V - Foreign Language			SECTION VI - Military Education			SECTION VII - CIVILIAN Education			SECTION VIII - Awards and Decorations							
Language	Read	Listen	Speak	DLAB	Completed	4 YRS HS	DESIG	LESS THAN HS DIPLOMA	Yr	1900	Level Completed	4 YRS HS	DESIG	LESS THAN HS DIPLOMA	Yr	1900
				MEL/MES	Course	Year										
SECTION IX - Assignment Information			SECTION X - Remarks			SECTION XI - Personal/Family Data			SECTION XII - Security Data							
ASGT	FROM	MO	UNIT NO	ORGANIZATION	STATION	LOG	ICOMD	DUTY TITLE	ASI	LANG	DMOS	11B10	00	YY		
Current	200512	010503	INCO A RIFLE	FT CARSON	US	P8	MACHINEGUNNER									
1st Prev	200305	010503	SINE/W TOW	CP HOWZE	KS	P8	INCOMING PERSONNEL									
2nd Prev	200305	020002	INBDE	CP HOWZE	KS	P8	INCOMING PERSONNEL									
3rd Prev	200305	0007	AGREPL REG 40	CP COIMER	KS	P8	INCOMING PERSONNEL									
4th Prev	200305	W2L5C2	ITB 58 IN 02 BN CO B	FT BENING	US	TC	TEMPORARY ASSIGNMENT									
5th Prev	200305	W2L5H2	ITB 30 AG BN CO A	FT BENING	US	TC	TEMPORARY ASSIGNMENT									
6th Prev	200304	W2AHES	MEPS PHOENIX	PHOENIX	US	TM	RA TRAINEE									



DEPARTMENT OF VETERANS AFFAIRS

VA Regional Office
3333 N. Central Ave
Phoenix AZ 85012-2402

January 8, 2014



In Reply Refer To: 345/PCT/sal



To Whom It May Concern:

This letter from the Department of Veterans Affairs certifies that [REDACTED] is receiving service-connected disability compensation.

The current benefit paid is as follows:

Gross Benefit Amount	\$1,300.39/mo.
Net Amount Paid	\$1,300.39/mo.
Effective Date	January 1, 2014

If you reside in the continental United States, Alaska, Hawaii, or Puerto Rico, you may contact VA with questions by calling our toll-free number 1-800-827-1000 (for hearing impaired TDD 1-800-829-4833) or contact us online (<https://iris.va.gov>).

Sincerely yours,

D. Luzi

D. Luzi
Veterans Service Center Manager



Applicant 2014-August H

Assistance Requested: Emergency 08/25/2014

Type	Amount	Total
Rent	\$ 1,430.00	\$ 1,430.00
Utilities-electric	\$ 284.53	\$ 284.53
Auto payment	\$ 600.00	\$ 600.00
Auto insurance	\$63.96	\$63.96
Rental Insurance	\$31.00	\$31.00
Total	\$2,409.49	\$2,409.49

*Ineligible for assistance per award criteria

*Only Eligible amount included in total

Total Received if Awarded **\$2,409.49**

I'm am a combat injured veteran with a 40% service connection disability for post traumatic stress disorder and endometriosis. My injury has caused me financial hardship because I currently had to start vocational rehab with the VA to try to get a degree and job with there assistance. In addition, has casued me to be behind in my bills below.

This assistance will allow me to get my bills up to date and stay current until my VA Vocational Rehab payment is received so I can stay up to date with my current bills.

Assistance Requested: 1 month

Type	Amount	Total
Rent	\$ 665.00	\$ 665.00
Utilities-electric	\$ -	\$ -
Auto payment	\$ 285.00	\$ 285.00
Auto insurance	\$63.96	\$63.96
Rental Insurance	\$15.50	\$15.50
Total	\$1,029.46	\$1,029.46

Total Received if Awarded **\$3,438.95**

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE
APPLICANT FINANCIAL WORKSHEET
 COMPLETE ALL APPLICABLE FIELDS

HOUSEHOLD MONTHLY INCOME (Monthly Average)		
A.	Gross	Net
1.	Salary of Service Member	
1b	- Place of employment	
2.	Salary of Spouse/Significant Other	
2b	- Place of employment	
3.	VA Disability Income	\$640.54
4.	GI Bill Monthly Stipend	
5.	Other VA Benefits:	
6.	Social Security Income (i.e. SSI, SSDI, TANF)	
7.	Other Social Security Benefits	
8.	Child Support (Received)	
9.	Food Stamps/W.I.C.	
10.	Rental income	
11.	Other Household Income (list)	
12.		
13.		
19.		
20.		
(A)	TOTAL INCOME	\$640.54

B. Essential Expenses		Amount	B. Variable Expenses		Amount
21.	Alimony/Child/Family Support		38.	Cable/Satellite	
22.	Electricity	\$150	39.	Recreation/Entertainment	
23.	Gas		40.	Clothing/Laundry/Dry Cleaning	
24.	Water/Sewer/Garbage		41.	Charity/Church Contributions	
25.	Telephone	\$40	42.	Savings	
26.	Internet		43.	Other (list):	
27.	Health Insurance		44.		
28.	Medical Expenses/Prescriptions		45.		
29.	Home Owners/Renters Insurance (not included w/ mortgage)	\$15.50	46.		
30.	Life Insurance/SGLI		47.		
31.	Auto Insurance	\$70			
32.	Auto Gasoline (average)	\$200			
33.	Food/Household Items	\$200			
34.	Child Care				
35.	VEAP / School Expenses				
36.	Other (list):				
37.					
	Essential Total	\$675.50	(B)	TOTAL EXPENSES	\$675.50

C. MORTGAGE / RENT (include any HOA fees)								
C.	Mortgage / Rental Company Name	Date Purchased / Leased	Original Loan Amount	Balance Owed	Current Value (if owned)	Months to go	Past Due Amount	Monthly Payment
48.	Catalina Village Apt.	1/30/14	N/A	N/A	N/A	5	\$428	\$665
49.								
50.								
(C)	TOTAL MORTGAGE/RENT*							\$665

D. INDEBTEDNESS								
Include Auto Loans and all unsecured debt with balances over \$100								
C.	Creditor Name	Purpose (if Auto, include YR/Make/Model)	Date Incurred	Original Amount	Balance Owed	Past Due Amount	Months to go	Monthly Payment
51.								
52.								
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.								
(D)	TOTAL INDEBTEDNESS*							(D)

E. ASSET INFORMATION		
Type	Value	Description
Savings		N/A
Checking		N/A
IRA		N/A
401k		N/A
Auto		N/A
Auto		N/A
Home		N/A

F. PAYCHECK/BENEFIT INFORMATION	
1. Date last pay received:	Aug. 1, 2014
Amount:	\$640.54
2. Date next pay received:	Sept. 1, 2014
Amount:	\$640.54

G. TOTAL MONTHLY CASH FLOW	
TOTAL INCOME: (A)	\$640.54
TOTAL EXPENSES: (B+C+D)	\$1,340.50
SURPLUS or DEFICIT: (Income - Expenses)	\$-699.96

Failure to complete financial worksheet, including totaling each section, may cause a delay in consideration or outright denial.

*I have received financial counseling in the past

* am interested in receiving financial counseling to assist with my long term financial stability

Statement

8/19/14

I [redacted] is writing a statement. Based off my application, my current income shows that I wouldn't be able to sustain my expenses. However, if I was to get help from MRF to assistance me with pass due amount in application as I requested I would be able to independently sustain my expense in my household because my Vocational Rehabilitation compensation will be starting the first of September 2014. And Vocational rehabilitation along with my disability compensation will be enough to sustain my expenses.

[redacted]
[redacted]



To all who shall see these presents, greetings:

Know Ye, that reposing special trust and confidence in the fidelity and abilities of [REDACTED] *000 00 8301 I do appoint this*

Marine a SERGEANT in the

United States Marine Corps

to rank as such from the FIRST day of SEPTEMBER thousand seven.
"Effective with this appointment, you are charged to carefully and diligently execute the duties and responsibilities of a **SERGEANT** of Marines, and I do strictly direct and require all personnel of lesser grade to render obedience to appropriate orders. As a **SERGEANT** of Marines you must set the example for others to emulate. Your conduct and professionalism both on and off duty shall be above reproach. You are responsible for the accomplishment of your assigned mission and for the safety, professional development and well-being of the Marines in your charge. You will be the embodiment of our institutional core values of honor, courage and commitment. You will lead your Marines with firmness, fairness and dignity while observing and following the orders and directions of your senior leaders and enforcing all regulations and articles governing the discipline of the *Armed Forces of the United States of America.*"

Given under my hand at MWSS-371, MWSG-27, CAMP AL TAQADDUM, IRAQ this FIRST day of SEPTEMBER, in the year of our Lord two thousand seven.

AUTHORITY MCBUL 1400 OF 29 AUG 2007

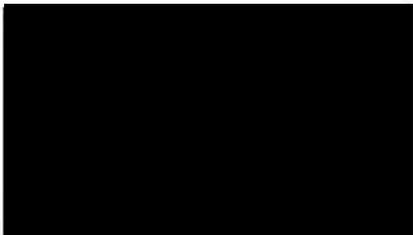
DATE PROMOTION
IS EFFECTIVE FOR PAY
AND ALLOWANCES 1 SEPTEMBER 2007


D. E. LONGWELL
LIEUTENANT COLONEL, USMC
COMMANDING



DEPARTMENT OF VETERANS AFFAIRS
 VA Regional Office
 3333 N. Central Ave
 Phoenix AZ 85012-2402

JAN 02 2014



In Reply Refer To: 345/OPS/SK



Dear Mrs. [REDACTED]:

We made a decision on your claim for service connected compensation received on November 13, 2012.

This letter tells you about your entitlement amount and payment start date and what we decided. It includes a copy of our rating decision that gives the evidence used and reasons for our decision. We have also included information about additional benefits, what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

Your Award Amount and Payment Start Date

Your monthly entitlement amount is shown below:

Monthly Entitlement Amount	Payment Start Date	Reason For Change
\$601.00	Apr 1, 2010	Original Award, Damon added as a spouse
622.00	Dec 1, 2011	Cost of Living Adjustment
631.00	Dec 1, 2012	Cost of Living Adjustment
641.28	Dec 1, 2013	Cost of Living Adjustment
640.54	Jan 1, 2014	Cost of Living Adjustment

We are paying you as a veteran with one dependent. Your payment includes an additional amount for your husband, [REDACTED]. **Let us know right away if there is any change in the status of your dependents.**

It is also your responsibility to notify us of any changes to your address or direct deposit. Failure to do so could result in disruption of your monthly VA benefit.



You Can Expect Payment

Your payment begins the first day of the month following your effective date. You will receive a payment covering the initial amount due under this award, minus any withholdings. Thereafter, payment will be made at the beginning of each month for the prior month. For example, benefits due for May are paid on or about June 1.

Your payment will be directed to the financial institution and account number that you specified. To confirm when your payment was deposited, please contact that financial institution.

*If this account is no longer open,
please notify us immediately.*

What We Decided

We determined that the following conditions were related to your military service, so service connection has been granted:

Medical Description	Percent (%) Assigned	Effective Date
Posttraumatic stress disorder	30%	Mar 31, 2010
Endometriosis	10%	Mar 31, 2010

We determined that the following condition was not related to your military service, so service connection couldn't be granted:

Medical Description
Sleeping disorder

We have added your husband Damon to your award effective March 31, 2010, payable April 1, 2010, the first of the month following you receiving 30 percent or greater VA Compensation.

Your overall or combined rating is 40% effective March 31, 2010. We do not add the individual percentages of each condition to determine your combined rating. We use a combined rating table that considers the effect from the most serious to the least serious conditions.

EVIDENCE

- VA Form 21-526b, Veteran's Supplemental Claim received November 13, 2012
- Tucson VA rating examinations conducted October 9, 2013 with addendum dated December 16, 2013
- Service treatment and personnel records for the period of service from July 2003 to March 2010

REASONS FOR DECISION

1. Service connection for posttraumatic stress disorder.

We have assigned a 30 percent evaluation for your PTSD based on:

• Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal)

- Anxiety
- Depressed mood
- Suspiciousness

No Global Assessment of Function (GAF) score was reported.

The overall evidentiary record shows that the severity of your disability most closely approximates the criteria for a 30 percent disability evaluation.

A higher evaluation of 50 percent is not warranted unless there is occupational and social impairment with reduced reliability and productivity due to such symptoms as:

- Flattened affect; circumstantial, circumlocutory, or stereotyped speech;
- Panic attacks more than once a week;
- Difficulty in understanding complex commands;
- Impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks);
- Impaired judgment; impaired abstract thinking;
- Disturbances of motivation and mood;
- Difficulty in establishing and maintaining effective work and social relationships.

We have assigned an effective date of March 31, 2010, the date following your discharge from military service.



2. Service connection for endometriosis.

We have assigned a 10 percent evaluation for your endometriosis based on:

- Pelvic pain requiring continuous treatment for control

A higher evaluation of 30 percent is not warranted unless there is pelvic pain or heavy or irregular bleeding not controlled by treatment.

We have assigned an effective date of March 31, 2010, the day following your discharge from military service.

3. Service connection for sleeping disorder.

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service.

Sleep disorder was listed as a medical problem in 2005 and 2006.

We have denied service connection for sleeping disorder because no evidence was found to establish that you currently have a chronic sleep disorder, which is other than a manifestation of your PTSD.

REFERENCES:

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our web site, www.va.gov.

CATALINA VILLAGE APARTMENTS

NOTICE NON-PAYMENT OF RENT TERMINATION OF TENANCY DEMAND OF POSSESSION

To
22
Yu

Date: July 9, 2014

You are hereby notified that as of this date, your rent of **\$665.00** for the month of **July remains** unpaid. As provided in your Rental Agreement, **you also owe a late fee of \$50.00.** Pursuant to the Arizona Revised Statute, Section 33-1368, you are hereby notified that if your rent is not paid within five (5) days of the above date, your file will be sent to our attorney. Pursuant to Arizona Revised Statutes, Title 33, Chapter 10, Article 4, Section 33-1375, Paragraph C. "Tenant Sufferance", the landlord is entitled to **DOUBLE RENT** per day from the expiration of this five (5) day notice. **Total amount due is \$715.00.**

If full payment is not received on or before **five (5) days** from the date of this notice, you are now notified pursuant to Arizona Revised Statutes, Section 12-1173, that your tenancy is terminated and I demand that you surrender possession of these premises to me on or before the end of the five (5) day period. Should you fail to do so. **I WILL INSTITUTE A COURT ACTION FOR FORCIBLE DETAINER.**

You are further notified that under Arizona Revised States, Section 33-1341, you are required to exercise diligence to keep the rented property in a clean and safe condition and not deliberately or negligently destroy, deface, damage impair or remove any part of the property or knowingly permit any other person to do so. Arizona revised statutes, section 33-322, makes it a misdemeanor for tenant to remove, alter or damage any part of the building, fixtures or furniture of a rented building without the permission of the landlord.

Irma Martinez
Manager

POSTED: July 9, 2014
Certified Mail: July 9, 2014

* Note: August rent is currently due now \$715 total of \$1,430 pass due.

State Farm Payment Plan
PO Box 2329
Bloomington IL 61702-2329

Notice of Payment Due

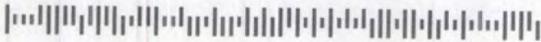
State Farm Payment Plan: [Redacted]
Accountholder Name: [Redacted]

Total Amount Due: \$15.50
Due By: July 28, 2014

AT1 047895 0006 1168-4639-24 03-9A23



Agent Cathy Nuetzi
2896 S Avenue B Ste B
Yuma AZ 85364-7715
Phone: 928-344-9442



Important Information

- State Farm® cares about the security of your information. We have recently enhanced how customers are verified. You may be asked new questions to verify your identity when you access your account online or call into our contact center.
- Changes and payments made after July 10, 2014 will be reflected on a subsequent billing notice.
- If you have any questions or would like to discuss other State Farm products, your agent is ready to assist you.

Thanks for letting us serve you!

**let July bill be added to Aug. bill^{28th} which makes it \$31 total. Pay with disability check for Sept. 1.*

SFPP Account 1168-4639-24

Page 1 of 2

Prepared July 10, 2014

↓ Please fold and tear here ↓

Power To Pay
Your Way



Online
PC or
mobile devices



Mobile
Download our
Pocket Agent app



Mail
Send us
a check



Call your Agent: 928-344-9442
Automated Line: 1-800-440-0998
Key code: 8448672935



Walk In
See your
State Farm Agent

If you have moved, please contact your agent.



Accountholder: S [Redacted] M
SFPP Account Number: 1 [Redacted]

Amount Due: \$15.50

Please pay by July 28, 2014

Make payment to State Farm

2400409173
Insurance Support Center
P.O. Box 680001
Dallas, TX 75368-0001



For Office Use Only

SFPP Bill	\$15.50	0917
-----------	---------	------

Bill date: July 28, 2014



Your account number: [Redacted]

For service at [Redacted]

Questions or Office Locations?
 Call 1-800-253-9405, 24 hours a day
 Website: aps.com
 Para servicio en español llame al:
 1-800-252-9410

Ways to Pay Your Electric Bill

- Pay by phone or on-line at aps.com using a **free** electronic funds transfer. Go to aps.com or call 602-371-6555 or 800-253-9405.
- Pay your APS bill online or by phone through our payment vendor service using a credit card or debit card (in which case a processing fee will be assessed) by calling 866-261-2738.
- Pay your bill by cash or check at your nearest APS Customer Office. For a list of office locations, go to aps.com.

If you are experiencing financial hardship, contact Project SHARE, 602-267-4127 or call Community Information and Referral in Phoenix at 602-263-8856 or 800-352-3792 outside Maricopa County.

When paying in person, please bring the bottom portion of your bill.

Total amount due: \$ **284.53**

Your optional contribution to SHARE: \$ _____

Total amount paid: \$ _____

Due date for new charges: **Aug 8, 2014**

If APS does not receive the past due amount of \$91.96 before August 6, 2014, your electricity will be shut off.

Final notice to pay

Your electricity is about to be shut off.

We have not received your payment of **\$91.96**. The electric service is scheduled to be disconnected on **August 6**. If your power is shut off, we will restore it on the next business day after you pay all delinquent amounts and any additional deposit required. Your new charges of **\$192.57** are due on August 8. To see if you qualify for a payment arrangement, visit aps.com or call our automated service at 1-866-857-9969.

Summary of what you owe

Amount owing on your previous bill	\$91.96
Less Payments made through Jul 28	\$0.00
Plus Late charge (taxes included)	\$1.53
Plus Your new charges (details on following pages)	
Cost of electricity (with taxes and fees)	\$191.04
Equals Total amount due	\$284.53

Due date for new charges: August 8, 2014



Your account number



Bill date

July 28, 2014

Mailing address or phone number change?

Check here and fill in the details on the back.

9206.191.4170.9024691 1 AV 0.381 oz 0.880



ANGEL STEPHENS





Date: 08/07/2014

APS CREDIT AGREEMENT

9334.278.5991.9377290 1 AV 0.381 oz 0.365



XXXXXXXXXXXXXXXXXXXX

RE: Account Number [Redacted]

Dear [Redacted]

Thank you for contacting APS regarding a payment arrangement for your electricity bill. We look forward to the opportunity to continue providing service to you, and confirm your payment arrangement as follows:

Total agreement amount: \$93.49

Due Date	Amount
08/21/2014	\$93.49

If your payment is not received by 5 p.m. on the due date(s) noted or a payment is returned by your financial institution, this agreement will be voided and your APS service subject to disconnection without further notice.

For your convenience, we offer several payment options. To pay:

- Online, visit aps.com
- By phone, call 602-371-7171 or 800-253-9405
- In person, go to an APS Office or authorized pay station
- By mail, send your payments to APS, P.O. Box 2906, Phoenix, AZ 85062-2906
- By debit or credit card, online or by phone (processed by a third party who charges a fee for each transaction)

Please note that when you provide a check as payment, you authorize us to use the check information to make a one-time electronic funds transfer from your account or to process the payment as a check transaction. When processed electronically, you will not receive the check back from your bank and funds may be withdrawn on the same day we receive your payment.

Additionally, during the time frame covered in this agreement, you agree to pay all APS bills by their due dates.

If you have any questions regarding this, please visit aps.com or call us at 928-782-7151 or 1-800-253-9405. Our associates are available 24-hours-a-day, 7-days-a-week to assist you.

We appreciate your business and the opportunity to serve you.

Sincerely,

APS Customer Care Center



DESANTIAGO AUTO SALES, INC

120

Y

S

Date 7-28-14

Dear: [REDACTED]

Account Number: [REDACTED]

Your account is indicating that the sum of \$ 599.64) and 2 months is past due and remains outstanding

Kindly remit payment forthwith to our office at the address noted above. Your prompt payment is appreciated so that your credit with our firm will not be affected.

If you foresee any difficulty with making payment promptly, please contact us at Contact 928 783-7291 so that we can discuss possible arrangements.

If payment of this amount has already been remitted, please disregard this notice and accept our thanks for payment.

Sincerely,

Desantiago Auto Sales

Per: _____

COLLECTIONS

* Need to pay to keep \$ 380.00 8-1-14

* 200 Emergency amount to be behind on.

* 7 p.m. or 5 p.m. Tow 8-1-14. I suppose to come Turn in can get back when I pay it. The balance down to two. Owner said.

* Note: Behind two payments. \$ 283 June + \$ 283 July total = 566.

Michelle Sullivan

From: [REDACTED]
Sent: Tuesday, August 19, 2014 2:01 PM
To: Michelle Sullivan
Subject: RE: MFRF application

Ma'am my Voc. Rehab. Counselor said around \$750. So, you did get the email from my Voc. Rehab. counselor?

On Tue, Aug 19, 2014 4:21 PM EDT Michelle Sullivan wrote:

>I received your fax, do you know the amount the VocRehab will be awarding you?

>
>-----Original Message-----

>From: [REDACTED]
> [REDACTED] Monday, August 18, 2014 6:06 PM
>To: Michelle Sullivan
>Subject: Re: MFRF application

>
>
>Ma'am the inly document I have in me for proif of being deployment from Arizona to a combat zone is my promotion warrent from Iraq with my info. along with my last four of my ssn # with my deploying unit and place of deployment will a scan copy of that work?

>
>
>
>-----
>On Mon, Aug 18, 2014 6:58 PM EDT Michelle Sullivan wrote:

>
>>Ms. [REDACTED]
>>
>>In order to qualify for the MFRF your application/DD214 must meet the required state statues.
>>
>>1.Home of record on your DD214 must state in the place of entry or home of record must state Arizona on your DD214, if you were stationed in Arizona and deployed to a combat zone post 911, you can provide orders or documentation of deployment to a combat zone from a Arizona installation.
>>
>>2. Please provide documentation of being enrolled in the VocRehab program and your progress.
>>
>>3. Please provide your full award letter with the amount of the awarded disability.
>>
>>4. Based off your application, your current income shows that you wouldn't be able to sustain your expense. Can you explain how, that if MFRF was able to assist you with the requests, you would independently sustain your household?
>>
>>V/r,
>>

Michelle Sullivan

From: Hughes, Wendy, VBAPHNX <Wendy.Hughes2@va.gov>
Sent: Tuesday, August 19, 2014 7:13 AM
To: Michelle Sullivan
Cc: [REDACTED]
Subject: VA Voc Rehab participant

Good morning Ms. Sullivan,

[REDACTED] requested that a copy of her certification for Voc Rehab be emailed to you. Unfortunately, the certification has her SSN on it and the email will not transmit to you if you don't have the level of security to receive it.

[REDACTED] is currently a participant in the VA Voc Rehab program. If you have any questions please contact me. My contact information is included in this email.

Wendy Hughes, M.S., CRC
Vocational Rehabilitation Counselor
Department of VA, VR&E Office
3333 N. Central Avenue
Phoenix, AZ 85012
Office #: (602) 627-3219
Fax #: (602) 627-2804

Applicant 2014-September B

1. I suffer PTSD due to OIF combat deployments in 2006 and 2008. Being a young married man with 2 children who has PTSD, life, as you can imagine can be a struggle. Also, when I was deployed in Denmark for Marine Security Duty I injured my feet and now have nerve damage. Because of the nerve damage I have severe pain in my feet if I am on them for too long which hinders me from holding a job. I was medically retired from the Marine Corps in June of 2013 and started working right away as a Sheriffs Deputy to provide for my family. My symptoms of PTSD caused me to lose my job 3 short months later. Currently, I am being treated for a ruptured disk in my spine while awaiting a second surgery on my feet. I am attending regular therapy sessions once a week for PTSD. Since I lost my job, my family's income has dramatically decreased and we are having a difficult time just making ends meet every month. We recently moved to Mesa, AZ from Show Low, AZ because I am getting a service dog for PTSD and I have to live here to do the training, so it is more expensive for us to live.
2. My family and I would greatly appreciate and benefit from this assistance right now because

it would help us pay our rent and keep the place we live in. Having some extra money each month would help us gain financial independence and be more stable, and by saving some extra money and paying off some of our credit card debt we are hoping this will help us and enable us to purchase a house when we move back to Show Low in one year. Right now I really have no idea how we are making it, since I lost my job in March due to PTSD, our income have more than double dropped and it has been really hard for us to adjust and live on what I get from the VA. My unemployment will run out soon and when that is gone, I don't know how we are going to survive.

Assistance Requested: 11 months 9/04/2014

Type	Amount	Total
Rent	\$ 846.00	\$ 9,306.00
Utilities-water	\$ 30.00	\$ 330.00
Total		\$9,636.00

*Ineligible for assistance per award criteria

*Only Eligible amount included in total

Total Received if Awarded \$9,636.00

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

Complete all applicable fields

Submit completed application to MFRF@azdvs.gov or fax to (602) 297-6684

Name of Service Member (Last, First, MI)		Grade	Branch of Service	Home of Record	Date of Application	
[REDACTED]		E-6	USMC			
SSN	DOB	Yrs Service	DOS	Deployed Location(s) and Date(s) of Deployment		
[REDACTED]	[REDACTED]	8	6/27/05	Iraq (2006)		
Service Member's Current Status / Family Hardship:		Date (if WIA/KIA)	Cause (if WIA/KIA)	Location (if WIA/KIA)		
<input type="checkbox"/> Currently Deployed <input type="checkbox"/> Wounded <input type="checkbox"/> Deceased <input checked="" type="checkbox"/> Medically Retired/SC Disability (90 %)						
Home Address (include City, State & Zip Code):		Home Phone	Cell Phone	Email		
Mesa, AZ						
Name of Applicant		DOB	Relationship to SM?	Power of Attorney?	Referred by?	
W [REDACTED]		[REDACTED]	Self	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
LIST ALL MEMBERS OF HOUSEHOLD, INCLUDING SPOUSE/SIGNIFICANT OTHER			List all previous assistance received within the past 12 months.			
Age	Name	Relationship	Full Time Custody?	Organization	Date	\$ Amount
26	St [REDACTED]	Wife		Food Stamps	4/1/14	\$ 175 Mo.
3 1/2	Sa [REDACTED]	Daughter		W.I.C	4/1/14	
8 Mos.	Le [REDACTED]	Daughter				
TOTAL						
Applied for Food Stamps?						

APPLICANT'S CERTIFICATION

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I understand that knowingly making a false statement in this application may be cause for denial of this application and/or referral for legal action. I have attached copies of the most current DD Form 214 and/or copies of all documentation substantiating deployment to a combat zone, death or service connected disability, and/or combat wound(s) and how that has caused, contributed to or is related to my hardship. I am providing the enclosed information to apply for financial assistance, and request and authorize the Arizona Department of Veterans' Services to speak with any organization cited in this application packet to verify the information I provide. I understand I will receive an AZ1099 for any financial assistance received.

The following documents **must** be attached:

- DD214/Current Orders/Enlisted Records Brief
 Bills/Statements/Receipts/Quotes
 Signed AZ W9
 VA/Service Connected Disability info (if cited as reason for hardship)

SIGNATURE OF APPLICANT AND DATE

OFFICE USE ONLY

THIS APPLICATION HAS BEEN DECLINED

I have apprised the applicant of the reason(s) and/or circumstances under which this request for assistance was disapproved.

SIGNATURE OF MFRF REPRESENTATIVE AND DATE

THIS APPLICATION HAS BEEN APPROVED IN THE AMOUNT OF \$ _____

SIGNATURE OF MFRF REPRESENTATIVE AND DATE

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

APPLICANT NARRATIVE

Complete All Narratives - Please feel free to use additional paper if needed

1. Describe your current circumstances and how combat deployment brought you to this point. If you are a combat injured veteran, describe the circumstances of your injury and how your injury has caused your financial hardship. Use additional paper if needed.

see attached

2. Specifically, what financial assistance are you requesting? Please list the assistance you are requesting. Bills/Statements/Receipts/Quotes must be attached for each request. Use additional paper if needed.

Name	Type (rent, utility, etc)	Acct #	Emergency Assistance*	One-Time Assistance	Reoccurring Assistance**
San Mateo apartments	RENT				\$ 846
San Mateo apartments	Water/SEWER/Trash				\$ 30
Total:					

*Emergency Assistance limited to a total of \$3,000.00.

**If you seeking reoccurring monthly assistance, please state how many months: 11

3. Describe how assistance will help you achieve personal well-being and/or financial stability. Briefly describe your immediate and future goals or financial plan and how assistance will contribute. Use additional paper if needed.

see attached

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with 2 children who has PTSD, life, as you can imagine can be a struggle. Also, when I was

deployed in Denmark for Marine Security Duty I injured my feet and now have nerve damage.

Because of the nerve damage I have severe pain in my feet if I am on them for too long which

hinders me from holding a job. I was medically retired from the Marine Corps in June of 2013

and started working right away as a Sheriffs Deputy to provide for my family. My symptoms

of PTSD caused me to lose my job 3 short months later. Currently, I am being treated for a

ruptured disk in my spine while awaiting a second surgery on my feet. I am attending regular

therapy sessions once a week for PTSD. Since I lost my job, my family's income has dramatically

decreased and we are having a difficult time just making ends meet every month. We recently

moved to Mesa, AZ from Show Low, AZ because I am getting a service dog for PTSD and I have

to live here to do the training, so it is more expensive for us to live.

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APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

APPLICANT FINANCIAL WORKSHEET

COMPLETE ALL APPLICABLE FIELDS

HOUSEHOLD MONTHLY INCOME (Monthly Average)			AVERAGE MONTHLY EXPENSES					
			Essential Expenses	Amount	B. Variable Expenses	Amount		
A.	Gross	Net						
1.	Salary of Service Member		21.	Alimony/Child/Family Support	N/A	38.	Cable/Satellite	\$ 38
1b.	- Place of employment		22.	Electricity	\$ 120	39.	Recreation/Entertainment	\$ 200
2.	Salary of Spouse/Significant Other		23.	Gas	\$ 20	40.	Clothing/Laundry/Dry Cleaning	\$ 100
2b.	- Place of employment		24.	Water/Sewer/Garbage	\$ 30	41.	Charity/Church Contributions	
3.	VA Disability Income	\$ 2,033	25.	Telephone	\$ 38	42.	Savings	
4.	GI Bill Monthly Stipend		26.	Internet	\$ 38	43.	Other (list):	
5.	Other VA Benefits:		27.	Health Insurance	Denial \$ 105	44.		
6.	Social Security Income (i.e. SSI, SSI, TANF)		28.	Medical Expenses/Prescriptions		45.		
7.	Other Social Security Benefits		29.	Home Owners/Renters Insurance (not included w/ mortgage)	\$ 34	46.		
8.	Child Support (Received)		30.	Life Insurance/SGLI	\$ 23	47.		
9.	Food Stamps/W.I.C.	\$ 175	31.	Auto Insurance	\$ 158			
10.	Rental Income		32.	Auto Gasoline (average)	\$ 400			
11.	Other Household Income (list)		33.	Food/Household Items	\$ 500			
12.	Unemployment	960	34.	Child Care				
13.	CRSC	521	35.	VEAP / School Expenses	\$ 150			
19.			36.	Other (list):				
20.			37.					
(A) TOTAL INCOME:		\$ 3,689	Essential Total		\$ 1,616	(B) TOTAL EXPENSES		2,004

C. MORTGAGE / RENT (Include any HOA fees)

C.	Mortgage / Rental Company Name	Date Purchased / Leased	Original Loan Amount	Balance Owed	Current Value (if owned)	Months to go	Past Due Amount	Monthly Payment
48.	San Montez apartment	7/31/14				11		\$ 846
49.								
50.								
(C) TOTAL MORTGAGE/RENT:								\$ 846

D. INDEBTEDNESS
Include Auto Loans and all unsecured debt with balances over \$100

C.	Creditor Name	Purpose (If Auto, include YR/Make/Model)	Date Incurred	Original Amount	Balance Owed	Past Due Amount	Months to go	Monthly Payment
51.	PNC	2010 GMC Sierra			\$ 34,000		62	\$ 643.24
52.	Navy Federal Credit Union	2007 Ford Expedition	1/14/13	\$ 18,688.94	\$ 3,265.58		41	\$ 381.55
53.	Navy Federal Credit Union	Credit Card	5/2013		7,513.42			\$ 154
54.								
55.								
56.								
57.								
58.								
59.								
60.								
(D) TOTAL INDEBTEDNESS:								\$ 1,178.79

E. ASSET INFORMATION

Type	Value	Description
Savings	1,067.97	N/A
Checking	358.31	N/A
IRA		N/A
401k		N/A
Auto		
Auto		
Home		

F. PAYCHECK/BENEFIT INFORMATION

1. Date last pay received: 8/27/14
Amount: \$ 2,531.54

2. Date next pay received: 9/30/14
Amount: \$ 2,531.54

G. TOTAL MONTHLY CASH FLOW

TOTAL INCOME: \$ 3,689
(A)

TOTAL EXPENSES: \$ 4,848.79
(B+C+D)

SURPLUS or DEFICIT: \$ -1,159.79
(Income - Expenses)

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

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) [REDACTED]		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NUMBER [REDACTED]	
4. GRADE, RATE OR RANK [REDACTED]	5. PAY GRADE [REDACTED]	5. DATE OF ENTRY (YYMMDD) 19[REDACTED]	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 0000000		
7a. PLACE OF ENTRY INTO ACTIVE DUTY PHOENIX, ARIZONA 85004		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) CONCHO, AZ			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 2D AABN 2DMARDIV CAMLEJ			b. STATION WHERE SEPARATED IPAC MCB CAMLEJ (45020)		
9. COMMAND TO WHICH TRANSFERRED CMC (MMSB-20) RUC 54685			10. SGLI COVERAGE AMOUNT: \$ 400,000 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.) 1833, AAV CREWMAN (PMOS), 07 YEARS, 05 MONTHS 8156, MARINE SCTY GUARD (PMOS), 01 YEAR, 07 MONTHS		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	2005	06	27
		b. SEPARATION DATE THIS PERIOD	2013	10	29
		c. NET ACTIVE SERVICE THIS PERIOD	08	00	03
		d. TOTAL PRIOR ACTIVE SERVICE	00	00	00
		e. TOTAL PRIOR INACTIVE SERVICE	00	00	00
		f. FOREIGN SERVICE	02	00	00
		g. SEA SERVICE	00	00	00
		h. INITIAL ENTRY TRAINING	00	00	10
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) COMBAT ACTION RIBBON (IRAQ), NAVY UNIT COMMENDATION, NAVY MERITORIOUS UNIT COMMENDATION, MARINE CORPS GOOD CONDUCT MEDAL(2), NATIONAL DEFENSE SERVICE MEDAL, IRAQ CAMPAIGN MEDAL (W/2 STARS), GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL (KUWAIT), GLOBAL WAR ON TERRORISM SERVICE MEDAL, SEA SERVICE DEPLOYMENT RIBBON(2), NAVY AND MARINE CORPS OVERSEAS SERVICE RIBBON.		14. MILITARY EDUCATION (Course title, number of weeks, end month and year completed) PEACETIME/HOSTAGE DETENTION (UNCLASSIFIED) (XJR), 10/2009 PEACETIME/HOSTAGE DETENTION (CLASSIFIED) (XJS), 10/2009 MARINE SECURITY GUARD SCHOOL (81H), 06/2009 ASSAULT AMPHIBIAN CREWMAN (AHY), 11/2006			
15a. COMMISSIONED THROUGH SERVICE ACADEMY		YES	X	NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)		YES	X	NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment:)		YES	X	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 X	
18. REMARKS MEMBER PARTICIPATED IN AAR (AFTER ACTION REVIEW) AND RECEIVED APPRECIATION SHARP FOR NINE QUARTERS AND NINE MONTHS OF THE MOST RECENT GOOD CONDUCT PERIOD COMMENCING 20050701. MEMBER CONTRIBUTED \$200.00 TOWARDS THE MICHIGON (REDACTED) DELAYED ENTRY PROGRAM. MEMBER PARTICIPATED IN OPERATIONS FOR THE RIBBON (IRAQ) 20080520-20090101. MEMBER PARTICIPATED IN OPERATION IRAQ FREEDOM (IRAQ) 20060327-20061019. NOT AVAILABLE FOR SIGNATURE.					
19a. MAINLINE ADDRESS AFTER SEPARATION (Include ZIP Code) 27 FARWAY GIRCLE CONCHO AZ 86324		19b. NEAREST RELATIVE (Name and address) (Include ZIP Code) STANLEY ROUBINER (SPOUSE) 27 FARWAY GIRCLE CONCHO AZ 86324			
20. MEMBER REQUESTS COPY BE SENT TO (Specify organization) OFFICE OF VETERANS AFFAIRS		YES	X	NO	
21. MEMBER REQUESTS COPY BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)		YES	X	NO	
22. MEMBER SIGNATURE [REDACTED]	23. DATE (YYMMDD) 201307	24. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) [REDACTED]		25. DATE (YYMMDD) 201307	



New Lease

Apartment Lease Contract



This is a binding document. Read carefully before signing.

Date of Lease Contract: July 31, 2014 (when the Lease Contract is filled-out)

Moving In - General Information

1. PARTIES. This Lease Contract (sometimes referred to as the "lease") is between you, the resident(s) (that all people signing the Lease Contract):

[Redacted] and us, the owner: San Montero I, S.L.C.

(name of apartment community or unit holder). You've agreed to rent Apartment No. [Redacted] at [Redacted] Blvd. [Redacted] (street address) in Mesa (city), Arizona, 85206 (zip code) for use as a private residence only. The terms "we," "us," and "our" refer to all residents listed above. The terms "you," "your" and "yours" refer to the owner listed above (or any of owner's successors) in interest or assigns. Written notice to or from our managers constitutes notice to or from us. If anyone else has guaranteed performance of this Lease Contract, a separate Lease Contract Guaranty for each guarantor is attached.

2. OCCUPANTS. The apartment will be occupied only by you and (list all other occupants not signing the Lease Contract):

[Redacted]

No one else may occupy the apartment. Persons not listed above must not stay in the apartment for more than 14 consecutive days without our prior written consent, and no more than twice that many days in any one month. If the previous space isn't filled in, two days per month is the limit.

3. LEASE TERM. The initial term of the Lease Contract begins on the 31st day of July, 2014, and ends at midnight the 30th day of September, 2015. This Lease Contract will automatically renew month-to-month unless either party gives at least 30 days written notice of termination or intent to move-but as required by paragraph 36. If the number of days isn't filled in, at least 30 days notice is required.

4. SECURITY DEPOSIT. Unless modified by addenda, the total security deposit at the time of execution of this Lease Contract for all residents in the apartment is \$ 250.00 refundable deposit and \$ 0.00 non-refundable deposit, due on or before the date this Lease Contract is signed. The above non-refundable security deposit is for the following purposes:

All of the above deposits together do not exceed one and one-half times the monthly rent. See paragraphs 40 and 41 for security deposit return information.

5. KEYS AND FURNITURE. You will be provided 1 apartment key(s), 1 mailbox key(s), and 1 other access device for Gate. Your apartment will be checked one: [] furnished or [X] unfurnished.

6. RENT AND CHARGES. Unless modified by addenda, you will pay \$ 846.00 per month for rent, payable in advance and without demand:

- [X] at the on-site manager's office, or
[X] at our online payment site, or
[X] at Drop Box

Prorated rent of \$ 27.29 is due for the remainder of the check month: [] 1st month or [] 2nd month, on [Redacted]

Otherwise, you must pay your rent on or before the 1st day of each month (due date) with no grace period. Cash is unacceptable without our prior written permission. You must not withhold or offset rent unless authorized by statute. We may, at our option, require at any time that you pay all rent and other sums in cash, certified or cashier's check, money order, or one monthly check rather than multiple checks. If you don't pay all rent on or before the 5th day of the month, you'll pay an initial late charge of \$ 35.00 plus a late charge of \$ 5.00 per day after that date until paid in full. Daily late charges will not exceed 30 days for any single month's rent. You'll also pay a charge of \$ 35.00 for each returned check or rejected electronic payment, plus initial and daily late charges from due date until we receive acceptable payment. If you don't pay rent on time, you'll be delinquent and all remedies under this Lease Contract will be authorized. We'll also have all other remedies for such violation. Resident is responsible for all rental taxes, and will pay any increases in all rental taxes upon 30 days written notice from landlord.

If a municipality that levies a transaction privilege tax on residential rent changes the percentage of that tax, then we, upon thirty days' written notice to you, may adjust the amount of rent due to equal the difference caused by the new percentage amount of the tax. The adjustment in rent shall not occur before the date upon which the new tax is effective.

7. UTILITIES. We'll pay for the following items, if checked:
[] water, [] gas, [] electricity, [] master antenna
[] wastewater, [] trash, [] cable TV, [] other

You'll pay for all other utilities, related deposits, and any charges, fees, or services on such utilities. You must not allow utilities to be disconnected-including disconnection for not paying your bills-until the lease term or renewal period ends. Cable channels that are provided may be changed during the lease term if the change applies to all residents. Utilities may be used only for normal household purposes and must not be wasted. If your electricity is ever interrupted, you must use only battery-operated lighting. If any utilities are submetered for the apartment, or prorated by an allocation formula, we will attach an addendum to this Lease Contract in compliance with state agency rules or city ordinance. If you fail to transfer all utilities for which you are responsible under this Lease Contract into your name, we may give you 10 days' notice of default as described in the "Other Default" section in Paragraph 31, and if you have failed to transfer the utilities into your name at the end of that 10-day period, we may disconnect utilities without further notice to you.

8. INSURANCE. We do not maintain insurance to cover your personal property or personal injury. We are not responsible to any resident, guest, or occupant for damage or loss of personal property or personal injury, from (including but not limited to) fire, smoke, rain, flood, water and pipe leaks, hail, ice, snow, lightning, wind, explosions, earthquakes, interruption of utilities, theft, hurricanes, negligence of other residents, occupants, or invited/uninvited guests or vandalism unless otherwise required by law.

We urge you to get your own renters insurance for losses to your personal property or injuries due to theft, fire, water damage, pipe leaks and the like.

Additionally, you are [checked and] required to purchase personal liability insurance [] not required to purchase personal liability insurance. If no box is checked, personal liability insurance is not required. If required, failure to maintain personal liability insurance is an insurable breach of this Lease Contract and may result in the termination of tenancy and eviction and/or any other remedies as provided by this Lease Contract or state law.

You acknowledge that no portion of the rent paid by you under this agreement will be applied to the owner's structural fire insurance and that, in order to reduce the cost of insurance, the Owner has chosen to purchase fire and extended coverage insurance for the property for which the above rental agreement applies, with a deductible in the amount of \$ [Redacted]. If you or any member of your household, guest or invitee causes damages to the premises in an amount that is less than the amount of this insurance deductible, you agree to indemnify and reimburse the Owner for the amount of such damages, and that you may be liable for costs in excess of the deductible under any subrogation clause of the said policy. It is recommended that you secure insurance to protect your interest in the event of such a loss.

9. LOCKS AND LATCHES. Keyed lock(s) will be rekeyed after the prior resident moves out. The rekeying will be done either before you move in or, if the apartment has a keyless deadbolt on each exterior door, within 10 days after you move in.

You may at any time ask us to: (1) install one keyed deadbolt lock on an exterior door if it does not have one; (2) install a bar and/or sliding door pinlock on each sliding glass door; (3) install one keyless deadbolt on each exterior door; (4) install one doorviewer on each exterior door; and (5) change or rekey locks or latches during the lease term. We must comply with those requests, but you must pay for them.

What You Are Now Requesting. You now request the following to be installed at your expense (if one is not already installed), subject to any statutory restrictions on what you may request:

- [] keyed deadbolt lock, [] doorviewer
[] keyless deadbolt, [] sliding door pinlock
[] sliding door bar

Payment for Rekeying, Repairs, Etc. You must pay for all repairs or replacements arising from misuse or damage to devices by you or your family, occupants, or guests during your occupancy. You may be required to pay in advance if we notify you within a reasonable time after your request that you are more than 30 days delinquent in reimbursing us for repairing or replacing a device which was misused or damaged by you, your guest or an occupant; or if you have requested that we repair, install, change or rekey the same device during the 30 days preceding your request and we have complied with your request.

07262014174701AZ12050950

Special Provisions and "What If" Clauses

10. SPECIAL PROVISIONS. The following special provisions and any addenda or written notes furnished to you at or before signing will become a part of this Lease Contract and will supersede any conflicting provisions of this printed lease form.
See special provisions on the last page

See any additional special provisions.

11. REIMBURSEMENT. You must promptly reimburse us for loss, damage, government fines, or cost of repairs or service in the apartment community due to a violation of the Lease Contract or rules. Improper use, or negligence by you or your guests or occupants. Unless the damage or wastewater stoppage is due to our negligence, we're not liable for—and you must pay for—repairs, replacement costs, and damage to the following if occurring during the lease term or renewal period: (1) damage to doors, windows, or screens; (2) damage from windows or doors left open; and (3) damage from wastewater stoppages caused by improper objects in lines exclusively serving your apartment. We may require payment at any time, including advance payment of repairs for which you're liable. Delay in demanding sums you owe is not a waiver.

12. PROPERTY LEFT IN APARTMENT.

Removal after Surrender. Upon termination of the Lease Contract and its term, you agree to return all keys and physically vacate the apartment and remove all of your personal property. If you fail to remove your personal property at the time you return possession to the landlord and return all keys, we may throw away, give away, or otherwise dispose of any personal property left in the apartment.

Removal after Abandonment. If you have abandoned the apartment (see definition in paragraph 41), we will send you a notice of abandonment by certified mail, return receipt requested to your last known address and to any known alternate address. We will also post a notice of abandonment on your dwelling door or another conspicuous place on the property for 5 days. 5 days after notice of abandonment has been posted and mailed, we may retake your apartment and re-rent it. When we retake possession of your unit, we may store any personal possessions you've left in the abandoned unit. We will notify you of the location of your stored property by certified mail, return receipt requested to your last known address and to any other known addresses.

We will store your personal property for 10 days after our notification to you of your abandonment. After this time, we may sell the property, retain the proceeds, and apply them towards the outstanding delinquencies. We will mail you any excess proceeds to your last known address. However, if we determine that the value of the property is less than it would cost to store and move said personal property, we may throw away, give away to charity, or otherwise dispose of some or all of the property.

Removal after Eviction. In case of an eviction, we will store your personal property for a period of 21 days beginning on the first day after writ of restitution or writ of execution is executed. We will prepare an inventory and notify you of the location and cost of storage of the personal property by sending you notice certified mail, return receipt requested to your last known address and to any known alternate addresses. You may reclaim the personal property by paying all costs of removal and storage. After this 21-day period expires, we may throw away, give away to charity, or otherwise dispose of the personal property.

13. FAILING TO PAY FIRST MONTH'S RENT. If you don't pay the first month's rent when or before the Lease Contract begins, all future rent will be automatically accelerated without notice and immediately due. We also may end your right of occupancy and recover damages, future rent, attorney's fees, court costs, and other lawful charges. Our rights and remedies under paragraph 32 apply to acceleration under this paragraph.

14. RENT INCREASES AND LEASE CONTRACT CHANGES. No rent increases or Lease Contract changes, except as allowed by the terms of paragraph 6 and elsewhere in this Lease Contract, are allowed before the initial Lease Contract term ends, except for changes allowed by any special provisions in paragraph 10, by a written addendum or amendment signed by you and us, or by reasonable changes of apartment rules allowed under paragraph 17. If, at least 5 days before the advance notice deadline referred to in paragraph 3, we give you written notice of rent increases or lease changes effective when the lease term or renewal period ends, this Lease Contract will automatically continue month-to-month with the increased rent or lease changes. The new modified Lease Contract will begin on the date stated in the notice (without necessity of your signature) unless you give us written move-out notice under paragraph 36.

15. DELAY OF OCCUPANCY. If occupancy is or will be delayed for construction, repairs, cleaning, or a previous resident's holding over, we're not responsible for the delay. The Lease Contract will remain in force subject to: (1) abatement of rent on a daily basis during delay; and (2) your right to terminate as set forth below. Termination notice must be in writing. After termination, you are entitled only to refund of deposit(s) and any rent paid. Rent abatement or lease termination does not apply if delay is for cleaning or repairs that don't prevent you from occupying the apartment.

If there is a delay, you may terminate or exercise other remedies up to the date when the apartment is ready for occupancy, but not later, by the following methods: (1) You may terminate the Lease Contract upon 5 days advanced written notice; OR (2) You may maintain an action for possession of the dwelling in accordance with state law.

16. DISCLOSURE RIGHTS. If someone requests information on you or your rental history for law-enforcement, governmental, or business purposes, we may provide it.

While You're Living in the Apartment

17. COMMUNITY POLICIES OR RULES. You and all guests and occupants must comply with any written apartment rules and community policies, including instructions for care of our property. Our rules are considered part of this Lease Contract. We may make reasonable changes to written rules, upon 30 days written notice, if they are distributed and applicable to all units in the apartment community and do not change dollar amounts on page 1 of this Lease Contract.

18. LIMITATIONS ON CONDUCT. The apartment and other areas reserved for your private use must be kept clean. Trash must be disposed of at least weekly in appropriate receptacles in accordance with local ordinances. Passageways may be used only for entry or exit. Any swimming pools, saunas, spas, tanning beds, exercise rooms, storerooms, laundry rooms, and similar areas must be used with care in accordance with apartment rules and posted signs. Glass containers are prohibited in all common areas. You, your occupants, or guests may not anywhere in the apartment community: use candles or use kerosene lamps or kerosene heaters without our prior written approval; cook on balconies or outside; or solicit business or contributions. Conducting any kind of business (including child care services) in your apartment or in the apartment community is prohibited—except that any lawful business conducted "at home" by computer, mail, or telephone is permissible if customers, clients, patients, or other business associates do not come to your apartment for business purposes. We may regulate: (1) the use of patios, balconies, and porches; (2) the conduct of furniture movers and delivery persons; and (3) recreational activities in common areas. You'll be liable to us for damage caused by you or any guests or occupants.

We may exclude from the apartment community guests or others who, in our judgment, have been violating the law, violating this Lease Contract or any apartment rules, or disturbing other residents, neighbors, visitors, common areas, a person who refuses to show photo identification or refuses to identify himself or herself as a resident, occupant, or guest of a specific resident in the community.

You agree to notify us if you or any occupants are convicted of any felony, or misdemeanor involving a controlled substance, violence to another person or destruction of property. You also agree to notify us if you or any occupant registers as a sex offender in any state. Informing us of criminal convictions or sex offender registry does not waive our right to evict you.

19. PROHIBITED CONDUCT. You and your occupants or guests may not engage in the following activities: behaving in a loud or obnoxious manner, disturbing or threatening the rights, comfort, health, safety, or convenience of others (including our agents and employees) in or near the apartment community; disrupting our business operations; manufacturing, delivering, possessing with intent to deliver, or otherwise possessing a controlled substance or drug paraphernalia; engaging in or threatening violence; possessing a weapon prohibited by state law; discharging a firearm in the apartment community; displaying or possessing a gun, knife, or other weapon in the common area in a way that may alarm others; storing anything in closets having gas appliances; tampering with utilities or telecommunications; bringing hazardous materials into the apartment community; or injuring our reputation by making bad faith allegations against us to others.

20. PARKING. We may regulate the time, manner, and place of parking cars, trucks, motorcycles, bicycles, boats, trailers, and recreational vehicles by anyone. We may have unauthorized or illegally parked vehicles towed under an appropriate statute. A vehicle is unauthorized or illegally parked in the apartment community if it:

- (1) has a flat tire or other condition rendering it inoperable; or
- (2) is on jacks, blocks or has wheel(s) missing; or
- (3) has no current license or no current inspection sticker; or
- (4) takes up more than one parking space; or
- (5) belongs to a resident or occupant who has surrendered or abandoned the apartment; or
- (6) is parked in a marked handicap space without the legally required handicap insignia; or
- (7) is parked in a space marked for manager, staff, or guest at the office; or
- (8) blocks another vehicle from exiting; or
- (9) is parked in a fire lane or designated "no parking" area; or
- (10) is parked in a space marked for other resident(s) or unit(s); or
- (11) is parked on the grass, sidewalk, or patio; or
- (12) blocks garbage trucks from access to a dumpster.

21. RELEASE OF RESIDENT. Unless you're entitled to terminate this Lease Contract under paragraphs 10, 15, 22, 30, or 36, you won't be released from this Lease Contract for any reason—including but not limited to voluntary or involuntary school withdrawal or transfer, voluntary or involuntary job transfer, marriage, separation, divorce, reconciliation, loss of co-residents, loss of employment, bad health, or death.

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22. MILITARY PERSONNEL CLAUSE. You may terminate the Lease Contract if you enlist or are drafted or commissioned and on active duty in the U.S. Armed Forces. You also may terminate the Lease Contract if:

- (1) you are (i) a member of the U.S. Armed Forces or reserves on active duty or (ii) a member of the National Guard called to active duty for more than 30 days in response to a national emergency declared by the President; and
- (2) you (i) receive orders for permanent change-of-station, (ii) receive orders to deploy with a military unit or as an individual in support of a military operation for 90 days or more, or (iii) are relieved or released from active duty.

After you deliver to us your written termination notice, the Lease Contract will be terminated under this military clause 30 days after the date on which your next rental payment is due. You must furnish us a copy of your military orders, such as permanent change-of-station orders, call-up orders, or deployment orders or written notification from your commanding officer. Military permission for base housing does not constitute change-of-station order. After you move out, we'll return your security deposit, less lawful deductions. For the purposes of this Lease Contract, orders described in (2) above will only release the resident who qualifies under (1) and (2) above and receives the orders during the Lease Contract term and such resident's spouse or legal dependent living in the resident's household. A co-resident who is not your spouse or dependent cannot terminate under this military clause. Unless you state otherwise in paragraph 10, you represent when signing this Lease Contract that: (1) you do not already have deployment or change-of-station orders; (2) you will not be retiring from the military during the Lease Contract term; and (3) the term of your enlistment or obligation will not end before the Lease Contract term ends. Even if you are entitled to terminate this Lease Contract under this paragraph, liquidated damages for making a false representation of the above will be the amount of unpaid rent for the remainder of the lease term when and if you move out, less amounts from others received in mitigation under paragraph 31. You must immediately notify us if you are called to active duty or receive deployment or permanent change-of-station orders.

23. RESIDENT SAFETY AND PROPERTY LOSS. You and all occupants and guests must exercise due care for your own and others' safety and security, especially in the use of smoke detectors, keyed deadbolt locks, keyless bolting devices, window latches, and other safety or security devices. You agree to make every effort to follow the Society Guidelines in paragraph 35.

Smoke Detectors. We'll furnish smoke detectors as required by statute, and we'll test them and provide working batteries when you first take possession. After that, you must pay for and replace batteries as needed, unless the law provides otherwise. We may replace dead or missing batteries at your expense, without prior notice to you. You must immediately report smoke-detector malfunctions to us. Neither you nor others may disable smoke detectors. If you damage or disable the smoke detector or remove a battery without replacing it with a working battery, you may be liable to us under state statute for \$100 plus one month's rent, actual damages, and attorney's fees. If you disable or damage the smoke detector or fail to replace a dead battery or report malfunctions to us, you will be liable to us and others for any loss, damage, or fines from fire, smoke, or water.

Casualty Loss. We're not liable in any resident, guest, or occupant for personal injury or damage or loss of personal property from any cause, including but not limited to fire, smoke, rain, flood, water and pipe leaks, hail, ice, snow, lightning, wind, explosions, earthquakes, interruption of utilities, theft, or vandalism unless otherwise required by law. We have no duty to remove any ice, steel, or snow but may remove any amount with or without notice. Unless we instruct otherwise, you must—(1) for 24 hours a day during freezing weather—(1) keep the apartment heated to at least 55 degrees; (2) keep cabinet and closet doors open; and (3) drip hot and cold water faucets. You'll be liable for damage to our and others' property if damage is caused by broken water pipes due to your violating these requirements. If you ask our representatives to perform services not contemplated in this Lease Contract, you will indemnify us and hold us harmless from all liability for those services.

Crime or Emergency. Dial 911 or immediately call local medical emergency, fire, or police personnel in case of accident, fire, smoke, or suspected criminal activity or other emergency involving imminent harm. You should then contact our representative. You won't treat any of our security measures as an express or implied warranty of security, or as a guarantee against crime or of reduced risk of crime. Unless otherwise provided by law, we're not liable to you or any guests or occupants for injury, damage, or loss to person or property caused by criminal conduct of other persons, including theft, burglary, assault, vandalism, or other crimes. We're not obliged to furnish security personnel, security lighting, security gates or fences, or other forms of security unless required by statute. We're not responsible for obtaining criminal-history checks on any residents, occupants, guests, or contractors in the apartment community. If you or any occupant or guest is affected by a crime, you must make a written report to our representative and to the appropriate local law-enforcement agency. You must also furnish us with the law-enforcement agency's incident report number upon request.

24. CONDITION OF THE PREMISES AND ALTERATIONS. You accept the apartment, fixtures, and furniture as is, except for conditions materially affecting the health or safety of ordinary persons. We disclaim all implied warranties. You'll be given an inventory and Condition form on or before move-in. You must note on the form all defects or damage and return it to our representative. Otherwise, everything will be considered to be in a clean, safe, and good working condition.

You must use customary diligence in maintaining the apartment and not damaging or littering the common areas. Unless authorized by statute or by us in writing, you must not perform any repairs, painting, wallpapering, carpeting, electrical changes, or otherwise alter the property. No holes or stickers are allowed inside or outside the apartment. But we'll permit a reasonable number of small nail holes for hanging pictures on sheetrock walls and in grooves of wood-paneled walls, unless our rules state otherwise. No water furniture, washing machines, additional phone or TV-cable outlets, alarm systems, or lock changes, additions, or rekeying is permitted unless statutorily allowed or we've consented in writing. You may install a satellite dish or antenna provided you sign our satellite dish or antenna lease addendum which complies with reasonable restrictions allowed by federal law. You agree not to alter, damage, or remove our property, including alarm systems, smoke detectors, furniture, telephone and cable TV wiring, screens, locks, and security devices. When you move in, we'll supply light bulbs for fixtures we furnish, including exterior fixtures operated from inside the apartment; after that, you'll replace them at your expense with bulbs of the same type and wattage. Your improvements to the apartment (whether or not we consent) become ours unless we agree otherwise in writing.

25. REQUESTS, REPAIRS, AND MALFUNCTIONS. IF YOU OR ANY OCCUPANT NEEDS TO SEND A NOTICE OR REQUEST—FOR EXAMPLE, FOR REPAIRS, INSTALLATIONS, SERVICES, OR SECURITY-RELATED MATTERS—IT MUST BE SIGNED AND IN WRITING, AND EITHER HAND DELIVERED OR MAILED REGISTERED OR CERTIFIED MAIL TO OUR DESIGNATED REPRESENTATIVE (except in case of fire, smoke, gas, explosion, overflowing sewage, uncontrollable running water, electrical shorts, or crime in progress). Our written notes on your oral request do not constitute a written request from you.

Our complying with or responding to any oral request regarding security or non-security matters doesn't waive the strict requirement for written notices under this Lease Contract. You must promptly notify us in writing of water leaks; electrical problems; malfunctioning lights; broken or missing locks or latches; and other conditions that pose a hazard to property, health, or safety. We may change or install utility lines or equipment serving the apartment if the work is done reasonably without substantially increasing your utility costs. We may turn off equipment and interrupt utilities as needed to avoid property damage or to perform work. If utilities malfunction or are damaged by fire, water, or similar cause, you must notify our representative immediately. If air conditioning or other equipment malfunctions, you must notify our representative as soon as possible on a business day. We'll act with customary diligence to make repairs and reconnections. Rent will not abate in whole or in part.

If we believe that fire or catastrophic damage is substantial or that performance of needed repairs poses a danger to you, we may terminate this Lease Contract within a reasonable time by giving you written notice. If the Lease Contract is so terminated, we'll refund prorated rent and all deposits, less lawful deductions.

26. ANIMALS. No animals (including mammals, reptiles, birds, fish, rodents, and insects) are allowed, even temporarily, anywhere in the apartment or apartment community unless we've so authorized in writing. If we allow an animal, you must sign a separate animal addendum, which may require additional deposits, rents, fees or other charges. An animal deposit is considered a general security deposit. You must remove an illegal animal within 24 hours of notice from us, or you will be considered in default of this Lease Contract. We will authorize a support animal for a disabled (handicapped) person. We may require a written statement from a qualified professional verifying the need for the support animal. You must not feed stray or wild animals.

If you or any guest or occupant violates animal restrictions (with or without your knowledge), you'll be subject to charges, damages, eviction, and other remedies provided in this Lease Contract. If an animal has been in the apartment at any time during your term of occupancy (with or without our consent), we'll charge you for deodorizing, deodorizing, and shampooing. Initial and daily animal-violation charges and animal-removal charges are liquidated damages for our time, inconvenience, and overhead (except for attorney's fees and litigation costs) in enforcing animal restrictions and rules. We may remove an unauthorized animal by (1) leaving, in a conspicuous place in the apartment, a 24-hour written notice of intent to remove the animal, and (2) following the procedures of paragraph 27. We may keep or kennel the animal or turn it over to a humane society or local authority. When keeping or kenneling an animal, we won't be liable for loss, harm, sickness, or death of the animal unless due to our negligence. We'll return the animal to you upon request if it has not already been turned over to a humane society or local authority. You must pay for the animal's reasonable care and kenneling charges. We have no lien on the animal for any purpose.

27. WHEN WE MAY ENTER. Except in case of emergency or when it is impractical to do so, landlord will give at least 2-day advance written notice of any entry into an apartment. This notice may be hand delivered to someone in the apartment, or may be sent certified or registered mail. If notice is sent by mail, it is deemed received 5 days after mailing or the day the person receives the mail, whichever occurs first. Notice to us of a service or maintenance request automatically grants us the authority to enter the apartment at all reasonable times for the purpose of that request. We have the right to enter in case of emergency and, subject to notice requirements, in cases where entry is for: responding to our request; making repairs or replacements; estimating repair or refurbishing costs; performing pest control; doing preventive maintenance; changing

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filters; testing or replacing smoke-detector batteries; relieving unreturned tools, equipment or appliances; preventing waste of utilities; exercising our contractual lien; leaving notices; delivering, installing, reconnecting, or replacing appliances, furniture, equipment, or security devices; removing or rekeying unauthorized security devices; removing unauthorized window coverings; stopping excessive noise; removing health or safety hazards (including hazardous materials), or items prohibited under our rules; removing perishable foodstuffs if your electricity is disconnected; removing unauthorized animals; cutting off electricity according to statute; retrieving property owned or leased by former residents; inspecting when immediate danger to person or property is reasonably suspected; allowing persons to enter as you authorized in your rental application (if you die, are incarcerated, etc.); allowing entry by a law officer with a search or arrest warrant, or in hot pursuit; showing apartment to prospective residents (after move-out or vacate notice has been given); or showing apartment to government inspectors for the limited purpose of

determining housing and fire ordinance compliance by us and to lenders, appraisers, contractors, prospective buyers, or insurance agents.

28. MULTIPLE RESIDENTS OR OCCUPANTS. Each resident is jointly and severally liable for all lease obligations. If you or any guest or occupant violates the Lease Contract or rules, all residents are considered to have violated the Lease Contract. Our requests and notices (including sale notices) to any resident constitute notice to all residents and occupants. Notices and requests from any resident or occupant (including notices of lease termination, repair requests, and entry permissions) constitute notice from all residents. In eviction suits, each resident is considered the agent of all other residents in the apartment for service of process. Security-deposit refunds and deduction itemizations of multiple residents will comply with paragraph 41.

Replacements

29. REPLACEMENTS AND SUBLETTING. Replacing a resident, subletting, or assignment is allowed only when we consent in writing. If departing or remaining residents find a replacement resident acceptable to us before moving out and we expressly consent to the replacement, subletting, or assignment, then:

- (1) a reasonable administrative (paperwork) and/or transfer fee will be due, and a rekeying fee will be due if rekeying is requested or required; and
- (2) the departing and remaining residents will remain liable for all lease obligations for the rest of the original lease term.

Procedures for Replacement. If we approve a replacement resident, then, at our option: (1) the replacement resident must sign this Lease Contract with or without an increase in the total security deposit; or (2) the remaining and replacement residents must sign an entirely new Lease Contract. Unless we agree otherwise in writing, your security deposit will automatically transfer to the replacement resident as of the date we approve. The departing resident will no longer have a right to occupancy or a security deposit refund, but will remain liable for the remainder of the original lease term unless we agree otherwise in writing even if a new Lease Contract is signed.

Responsibilities of Owner and Resident

30. RESPONSIBILITIES OF OWNER. We'll act with customary diligence for:

- (1) keep common areas reasonably clean, subject to paragraph 24;
- (2) maintain fixtures, furniture, hot water, heating and A/C equipment;
- (3) substantially comply with applicable federal, state, and local laws regarding safety, sanitation, and fair housing; and
- (4) make all reasonable repairs, subject to your obligation to pay for damages for which you are liable.

If we violate any of the above, you may terminate this Lease Contract and exercise other remedies under state statute only as follows:

- (a) you must make a written request for repair or remedy of the condition. Your request must involve a material breach of the Lease Contract, and it must include a description of all needed repairs or actions;
- (b) after receiving the request, we have a reasonable time to repair, considering the nature of the problem and the reasonable availability of materials, labor, and utilities; and
- (c) if repairs involving a material noncompliance have not been completed within 10 days, or within 5 days if the repairs materially affect your health and safety, you may terminate this Lease Contract and exercise other statutory remedies.

If we violate any of the above, you may terminate this Lease Contract and exercise other remedies under state statute only as follows:

31. DEFAULT BY RESIDENT. You'll be in default if you or any guest or occupant violates any terms of this Lease Contract including but not limited to the following violations: (1) you don't pay rent or other amounts that you owe when due; (2) you or any guest or occupant violates the apartment rules, or fire, safety, health, or criminal laws, regardless of whether or where arrest or conviction occurs; (3) you abandon the apartment; (4) you give incorrect or false answers in a rental application; (5) you or any occupant is arrested, convicted, or given deferred adjudication for a felony offense involving actual or potential physical harm to a person, or involving possession, manufacture, or delivery of a controlled substance, marijuana, or drug paraphernalia under state statute; (6) any illegal drugs or paraphernalia are found in your apartment; (7) you or any guest or occupant engages in any of the prohibited conduct described in Paragraph 19; or (8) you or any occupant, in bad faith, makes an invalid complaint to an official or employee of a utility company or the government.

Other Default. If you otherwise default in a manner not described above in this eviction subsection, we may deliver written notice to you that the Lease Contract will terminate not sooner than 10 days after the receipt of our notice if your breach is not remedied within 10 days. If you fail to cure the breaches outlined in our notice within this 10-day period, we may file for eviction immediately.

Acceleration. All monthly rent for the rest of the lease term or renewal period will be accelerated automatically without notice or demand (before or after acceleration) and will be immediately due and delinquent if, without our written consent: (1) you move out, remove property in preparing to move out, or give oral or written notice (by you or any occupant) of intent to move out before the lease term or renewal period ends; and (2) you've not paid all rent for the entire lease term or renewal period. Such conduct is considered a default for which we need not give you notice. Remaining rent also will be accelerated if you're judicially evicted or move out when we demand because you've defaulted. Acceleration is subject to our mitigation obligations below.

Holdover. You or any occupant, invitee, or guest must not hold over beyond the date contained in your move-out notice or our notice to vacate (or beyond a different move-out date agreed to by the parties in writing). If holdover occurs, then (1) we may immediately file suit for possession; (2) you will be liable for 3 months' rent or twice our actual damages, whichever is greater; and (3) at our option, we may extend the lease term for up to 1 month from the date of notice of lease extension by delivering written notice to you or your apartment while you continue to holdover.

Other Remedies. We may report unpaid amounts to credit agencies. If you default and move out early, you will pay us any amounts stated to be rental discounts in paragraph 10, in addition to other sums due. Upon your default, we have all other legal remedies, including lease termination and lockout under state statute. Unless a party is seeking exemplary, punitive, sentimental or personal-injury damages, the prevailing party may recover from the non-prevailing party attorney's fees and all other litigation costs. Late charges are liquidated damages for our time, inconvenience, and overhead in collecting late rent (but are not for attorney's fees and litigation costs). All unpaid amounts bear 18% interest per year from due date, compounded annually. You must pay all collection-agency fees if you fail to pay all sums due within 10 days after we mail you a letter demanding payment and stating that collection agency fees will be added if you don't pay all sums by that deadline.

Eviction, Failure to Maintain Unit. If you default in your obligations to maintain the dwelling unit and that default materially affects the health and safety of you or other residents, we may give you 5 days written notice of lease termination, and will in that notice describe your acts or omissions that constitute the breach of the Lease Contract. If you cure these breaches within the 5-day deadline, the Lease Contract will not terminate. Otherwise, we may file for eviction immediately. If there are further incidences of similar types of breaches for which you have been given previous notice, we may file for eviction 10 days after written notification to you of an additional noncompliance of the same or similar nature as the previous noncompliance.

Irreparable Default. If your default is material and irreparable, including but not limited to discharging a weapon, homicide, prostitution, criminal street gang activity, or other statutorily proscribed violations, we may deliver you written notice of immediate lease termination and file for eviction immediately.

Nonpayment of Rent. If you default for nonpayment of rent, and fail to bring rent current within 5 days after we deliver written notice to you

Mitigation of Damages. If you move out early, you'll be subject to all other remedies. We'll exercise customary diligence to relet and minimize damages. We'll credit all subsequent rent that we actually receive from subsequent residents against your liability for past-due and future rent and other sums due.

General Clauses

32. MISCELLANEOUS. Neither we nor any of our representatives have made any oral promises, representations, or agreements. This Lease Contract is the entire agreement between you and us. Our representatives (including management personnel, employees, and agents) have no authority to waive, amend, or terminate this Lease Contract or any part of it, unless in writing and no authority to make

promises, representations, or agreements that impose security duties or other obligations on us or our representatives unless in writing. No action or omission of our representatives will be considered a waiver of any subsequent violation, default, or time or place of performance. Our

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not enforcing or belatedly enforcing written-notice requirements, rental due dates, acceleration, liens, or other rights isn't a waiver under any circumstances. Except when notice or demand is required by statute, you waive any notice and demand for performance from us if you default. Written notice to or from our managers constitutes notice to or from us. Any person giving a notice under this Lease Contract should retain a copy of the memo or letter that was given. All notices must be signed.

Enforcing one remedy won't constitute an election or waiver of other remedies. Unless prohibited by law or the respective insurance policies, insurance subrogation is waived by all parties. All remedies are cumulative. No employee, agent, or management company is personally liable for any of our contractual, statutory, or other obligations merely by virtue of acting on our behalf. This Lease Contract binds subsequent owners. Neither an invalid clause nor the omission of initials on any page invalidates this Lease Contract. All notices and documents may be in English and, at our option, in any language that you read or speak. All provisions regarding our non-liability and non-duty apply to our employees, agents, and management companies. This Lease Contract is subordinate or superior to existing and future recorded mortgages, at lender's option. All lease obligations must be performed in the county where the apartment is located.

WAIVER OF JURY TRIAL. To minimize legal expenses and, to the extent allowed by law, you and we agree that a trial of any lawsuit based on statute, common law, and/or related to this Lease Contract shall be to a judge and not a jury.

All discretionary rights reserved for us within this Lease Contract or any accompanying addenda are at our sole and absolute discretion.

Obligation to Vacate. Resident shall vacate the Premises and remove all of Resident's personal property therefrom at the expiration of the lease term without further notice or demand from Owner.

FORCE MAJEURE. If we are prevented from completing performances of any obligations hereunder by an act of God, strikes, epidemics, war, acts of terrorism, riots, flood, fire, hurricanes, tornado, sabotage, or other occurrence which is beyond the control of the parties, then we shall be excused from any further performance of obligations and undertakings hereunder, to the full extent allowed under applicable law.

Furthermore, if such an event damages the property to materially affect its habitability by some or all residents, we reserve the right to vacate any and all leases and you agree to excuse us from any further performance of obligations and undertakings hereunder, to the full extent allowed under applicable law.

33. PAYMENTS. Payment of all sums is an independent covenant. At our option and without notice, we may apply money received (other than sale proceeds under paragraph 13 or utility payments subject to governmental regulations) first to any of your unpaid obligations, then to current rent—regardless of notations on checks or money orders and regardless of when the obligations arose. All sums other than rent are due upon our demand. After the due date, we do not have to accept the rent or any other payments.

34. ASSOCIATION MEMBERSHIP. We represent that either: (1) we or (2) the management company that represents us, is at the time of signing this Lease Contract or a renewal of this Lease Contract, a member of both the National Apartment Association and any affiliated state and local apartment (multi-housing) associations for the area where the apartment is located.

Security Guidelines for Residents

35. SECURITY GUIDELINES. In cooperation with the National Apartment Association, we'd like to give you some important safety guidelines. We recommend that you follow these guidelines and use common sense in practicing safe conduct. Inform all other occupants in your dwelling, including any children you may have, about these guidelines.

PERSONAL SECURITY—WHILE INSIDE YOUR APARTMENT

1. Lock your doors and windows—even while you're inside.
2. Engage the keyless deadbolts on all doors while you're inside.
3. When answering the door, see who is there by looking through a window or peephole. If you don't know the person, first talk with him or her without opening the door. Don't open the door if you have any doubts.
4. If children (who are old enough to take care of themselves) are left alone in your apartment, tell them to use the keyless deadbolt and refuse to let anyone inside while you are gone—regardless of whether the person is a stranger or an apartment maintenance or management employee.
5. Don't put your name, address, or phone number on your key ring.
6. If you're concerned because you've lost your key or because someone you distrust has a key, ask the management to rekey the locks. You may request that this be done, and we in our discretion may rekey at your expense.
7. Dial 911 for emergencies. If the 911 number does not operate in your area, keep phone numbers handy for the police, fire, and emergency medical services. If an emergency arises, call the appropriate governmental authorities first, then call the management.
8. Check your smoke detector monthly to make sure it is working properly and the batteries are still okay.
9. Check your doorlocks, window latches, and other devices regularly to be sure they are working properly.
10. If your doors or windows are unsecure due to break-ins or malfunctioning locks or latches, stay with friends or neighbors until the problem is fixed.
11. Immediately report to management—in writing, dated and signed—any needed repairs of locks, latches, doors, windows, smoke detectors, and alarm systems.
12. Immediately report to management—in writing, dated and signed—any malfunction of other safety devices outside your apartment, such as broken gate locks, burned-out lights in stairwells and parking lots, blocked passages, broken railings, etc.
13. Close curtains, blinds, and window shades at night.
14. Mark or engrave your driver's license number or other identification on valuable personal property.

PERSONAL SECURITY—WHILE OUTSIDE YOUR APARTMENT

15. Lock your doors while you're gone. Lock any doorknob lock, keyed deadbolt lock, sliding door pin lock, sliding door handle latch, and sliding door bar that you have.
16. Leave a radio or TV playing softly while you're gone.
17. Close and latch your windows while you're gone, particularly when you're on vacation.
18. Tell your roommate or spouse where you're going and when you'll be back.
19. Don't walk alone at night. Don't allow your family to do so.
20. Don't hide a key under the doormat or a nearby flowerpot. Those are the first places a burglar will look.
21. Don't give entry keys, codes, or electronic gate cards to anyone.
22. Use lamp liners when you go out in the evening or go away on vacation. They can be purchased at most hardware stores.
23. Let the manager and your friends know if you'll be gone for an extended time. Ask your neighbors to watch your apartment since the management cannot assume that responsibility.
24. While on vacation, temporarily stop your newspaper and mail delivery, or have your mail and newspaper picked up daily by a friend.
25. Carry your door key in your hand, whether it is daylight or dark, when walking to your entry door. You are more vulnerable when looking for your keys at the door.

PERSONAL SECURITY—WHILE USING YOUR CAR

26. Lock your car doors while driving. Lock your car doors and roll up the windows when leaving your car parked.
27. Don't leave exposed items in your car, such as cassette tapes, wrapped packages, briefcases, or purses.
28. Don't leave your keys in the car.
29. Carry your key ring in your hand whenever you are walking to your car—whether it is daylight or dark and whether you are at home, school, work, or on vacation.
30. Always park in a well-lighted area. If possible, try to park your car in an off-street parking area rather than on the street.
31. Check the backseat before getting into your car.
32. Be careful when stopping at gas stations or automatic-teller machines at night—or anytime when you suspect danger.

PERSONAL SECURITY AWARENESS

No security system is fallible. Even the best system can't prevent crime. Always act as if security systems don't exist since they are subject to malfunction, tampering, and human error. We disclaim any express or implied warranties of security. The best safety measures are the ones you perform as a matter of common sense and habit.

When Moving Out

36. MOVE-OUT NOTICE. Before moving out, you must give our representative advance written move-out notice as provided below. Your move-out notice will not release you from liability for the full term of the Lease Contract or renewal term. You will still be liable for the entire lease term if you move out early (paragraph 21) except under the military clause (paragraph 22). **YOUR MOVE-OUT NOTICE MUST COMPLY WITH EACH OF THE FOLLOWING:**

- We must receive advance written notice of your move-out date. The advance notice must be at least the number of days of notice required in paragraph 3. Oral move-out notice will not be accepted and will not terminate your Lease Contract.
- Your move-out notice must not terminate the Lease Contract sooner than the end of the lease term or renewal period.

YOUR NOTICE IS NOT ACCEPTABLE IF IT DOES NOT COMPLY WITH ALL OF THE ABOVE. Please use our written move-out form. You must obtain from our representative written acknowledgment that we received your move-out notice. If we terminate the Lease Contract, we must give you the same advance notice—unless you are in default.

37. MOVE-OUT PROCEDURES. The move-out date can't be changed unless we and you both agree in writing. You won't move out before

the lease term or renewal period ends unless all rent for the entire lease term or renewal period is paid in full. Early move-out may result in acceleration of future rent under paragraph 32. You're prohibited by law from applying any security deposit to rent. You won't stay beyond the date you are supposed to move out. All residents, guests, and occupants must vacate the apartment before the 30-day period for deposit refund begins. You must give us and the U.S. Postal Service, in writing, each resident's forwarding address.

38. CLEANING. You must thoroughly clean the apartment, including doors, windows, furniture, bathrooms, kitchen appliances, patios, balconies, garages, carports, and storage rooms. You must follow move-out cleaning instructions if they have been provided. If you don't clean adequately, you'll be liable for reasonable cleaning charges.

39. MOVE-OUT INSPECTION. You should meet with our representative for a move-out inspection. Our representative has no authority to bind or limit us regarding deductions for repairs, damages, or charges. Any statements or estimates by us or our representative are subject to our correction, modification, or disapproval before final refunding or accounting. You may be present at move-out inspection if you notify us in advance in writing of your request.

07262014174705AZ12050950

INDIVIDUAL ACKNOWLEDGMENT

State/Commonwealth of Arizona } ss.
County of Navajo }

On this the 30th day of July, 2014, before me,
Molly Chambers, the undersigned Notary Public,
Name of Notary Public

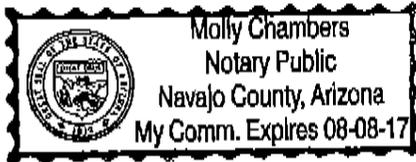
personally appeared [REDACTED]
Name(s) of Signer(s)

personally known to me – OR –

proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.



Place Notary Seal/Stamp Above

Molly Chambers
Signature of Notary Public

Comm. Exp. 08/08/17

Molly Chambers
*Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)*

OPTIONAL

Not required by law, this information can be useful to those relying on the document and prevent fraud.

Description of Any Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT OF SIGNER #1	RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here	Top of thumb here

40. SECURITY DEPOSIT DEDUCTIONS AND OTHER CHARGES. You'll be liable for the following charges, if applicable: unpaid rent; unpaid utilities; unreimbursed service charges; repairs or damages caused by negligence, carelessness, accident, or abuse, including stickers, scratches, tears, burns, stains, or unapproved holes; replacement cost of our property that was in or attached to the apartment and is missing; replacing dead or missing smoke-detector batteries; utilities for repairs or cleaning; trips to let in company representatives to remove your telephone or TV cable services or rental items (if you so request or have moved out); trips to open the apartment when you or any guest or occupant is missing a key; unreturned keys; missing or burned-out light bulbs; removing or rekeying unauthorized security devices or alarm systems; packing, removing, or storing property removed or stored under paragraph 12; removing illegally parked vehicles; special trips for trash removal caused by parked vehicles blocking dumpsters; false security-alarm charges unless due to our negligence; animal-related charges under paragraphs 6 and 26; government fees or fines against us for violation (by you, your occupants, or guests) of local ordinances relating to smoke detectors, false alarms, recycling, or other matters; late-payment and returned-check charges; a charge (not to exceed \$100) for owner/manager's time and inconvenience in our lawful removal of an animal or in any valid eviction proceeding against you, plus attorney's fees, court costs, and filing fees actually paid; and other sums due under this Lease Contract.

You'll be liable to us for: (1) charges for replacing all keys and access devices referenced in paragraph 6 if you fail to return them on or before your actual move-out date; and (2) accelerated rent if you have violated paragraph 31.

41. DEPOSIT RETURN, SURRENDER, AND ABANDONMENT. We'll mail you your security deposit refund (less lawful deductions) and an itemized accounting of any deductions no later than 14 business days after the termination of your tenancy, surrender or abandonment, and return of possession and demand by you.

You have surrendered the apartment when: (1) the move-out date has passed and no one is living in the apartment in our reasonable judgment; or (2) all apartment keys and access devices listed in paragraph 5 have been turned in where rent is paid—whichever date occurs first. An apartment is also "surrendered" 10 days after the death of a sole resident.

You have abandoned the apartment when all of the following have occurred: (1) you have been absent from the premises for at least 7 consecutive days; (2) rent is at least 10 days past due; and (3) you do not appear to be occupying the premises in our reasonable judgment; OR (1) you have been absent from the premises for at least 5 days; (2) rent is at least 5 days delinquent; and (3) your personal property has been removed from your dwelling unit.

Surrender, abandonment, and judicial eviction end your right of possession for all purposes and gives us the immediate right to: clean up, make repairs to, and relet the apartment; determine any security deposit deductions; and remove property left in the apartment in accordance with state law. Surrender, abandonment, and judicial eviction affect your rights to property left in the apartment (paragraph 12), but do not affect our mitigation obligations (paragraph 31).

Signatures, Originals and Attachments

42. ORIGINALS AND ATTACHMENTS. This Lease Contract has been executed in multiple originals, with original signatures—one for you and one or more for us. Our rules and community policies, if any, will be attached to the Lease Contract and given to you at signing. When an Inventory and Condition form is completed, both you and we should retain a copy. The items checked below are attached in this Lease Contract and are binding even if not initialed or signed.

- Animal Addendum
- Inventory and Condition Form
- Mold Addendum
- Enclosed Garage Addendum
- Community Policies Addendum
- Lease Contract Guaranty (_____ guarantees, if more than one)
- Notice of Intent to Move Out Form
- Parking Permit or Sticker (quantity: _____)
- Satellite Dish or Antenna Addendum
- Asbestos Addendum (if asbestos is present)
- Lead Hazard Information and Disclosure Addendum (federal)
- Utility Addendum
- Remote Control, Card or Code Access Gate Addendum
- Lease Contract Buy-Out Agreement
- Intrusion Alarm Addendum
- Other _____
- Other _____

Name and address of locator service (if applicable)

You are legally bound by this document.
 Read it carefully before signing.

Resident or Residents (all sign below)

Owner or Owner's Representative (signing on behalf of owner)

Address and phone number of owner's representative for notice and service of process purposes

_____ AZ 85206
 (480) 396-8200

Name of property manager
 San Montego Luxury Apartments

Date form is filled out (same as on top of page 1) 07/31/2014

A copy of the Arizona Residential Landlord and Tenant Act is available through the Arizona Department of Housing. It can be found online at <http://www.azhousing.gov/azcms/uploads/PUBLICATIONS/Landlord%20Tenant%20Act%2012-31-12.pdf>

SPECIAL PROVISIONS (CONTINUED FROM PAGE 2). All Rent Paid After The Fifth Of Each Month Must Be Paid In Certifiable Funds. Total Amount Due On The First Of Each Month Is \$691.33 (This Amount Includes Rent, Water, Sewer, Trash And Tax.) ADMINISTRATIVE CHARGES: I agree to pay \$1,692.00 to defray management's administrative and marketing costs if resident does either of the following: (1) Fails to fulfill the agreed upon term of the apartment rental agreement or, (2) fails to deliver a written "VACATE NOTICE" to management at least 30 days prior to move out. MUST BE PAID IN CERTIFIED FUNDS.

San Montego I, L.L.C.

072620141.74706AZ12050950

RECEIPT		DATE <u>9/2/14</u>	No. <u>778631</u>
RECEIVED FROM <u>[REDACTED]</u>		\$ <u>891.33</u>	
DOLLARS			
<input checked="" type="checkbox"/> FOR RENT <u>Sept 2014</u>			
<input type="checkbox"/> FOR _____			
ACCOUNT		<input type="checkbox"/> CASH	<u>#518</u>
PAYMENT		<input checked="" type="checkbox"/> CHECK	FROM <u>[Signature]</u> TO _____
BAL. DUE		<input type="checkbox"/> MONEY ORDER	BY <u>[Signature]</u>
		<input type="checkbox"/> CREDIT CARD	

CRSC PAY STATEMENT

STATEMENT EFFECTIVE DATE AUG 20, 2014	PAYMENT DATE AUG 29, 2014	SSN ***-**-****
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RETIREE'S NAME AND ADDRESS	HOW TO CONTACT US
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<p>PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES</p> <p>██████████ ██████████ ██████████ -5637</p> <p>PAYMENT ADDRESS DIRECT DEPOSIT</p>	<p>DEFENSE FINANCE AND ACCOUNTING SERVICE US MILITARY RETIREMENT PAY PO BOX 7130 LONDON, KY 40742-7130</p> <p>COMMERCIAL (216) 522-5955 TOLL FREE 1-800-321-1080 TOLL FREE FAX 1-800-469-6559</p> <p>myPay https://myPay.dfas.mil</p>
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PAYMENT INFORMATION	ENTITLEMENT INFORMATION
----------------------------	--------------------------------

CRSC Amount	521.00	Retired Pay Before Deductions	1,565.00
CRSC Debt Deduction	0.00	Retired Pay Offset By DVA Compensation	2,033.34
CRSC Garnishment Deduction	0.00	CRSC Debt Balance	0.00
CRSC Net Pay	521.00	Branch of Military Service	MARINE
		Garnishment Being Withheld	NO

THE DVA OR YOUR BRANCH OF SERVICE PROVIDED THE FOLLOWING

CRSC Special Monthly Compensation Code	00
Unemployable	NO
DVA Disability %	90
Combat Related Disability %	60
Purple Heart %	00
CRSC Start Date	JUL 01, 2013
Special Monthly Compensation Start Date	

REMARKS

This is your monthly CRSC statement. Please refer to myPay frequently asked questions for additional information about CRSC and this statement.

APPOINTMENT DATE
 07/15/2014

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 UNITED STATES

PSA: UNKNOWN

SC Percent: 90%	
Disabilities:	
KNEE CONDITION	0% - SERVICE CONNECTED
BURSITIS	10% - SERVICE CONNECTED
MIGRAINE HEADACHES	10% - SERVICE CONNECTED
LUMBOSACRAL OR CERVICAL STRAIN	10% - SERVICE CONNECTED
TRAUMATIC BRAIN DISEASE	0% - SERVICE CONNECTED
RESIDUALS OF FOOT INJURY	30% - SERVICE CONNECTED
TINNITUS	10% - SERVICE CONNECTED
LIMITED MOTION OF ANKLE	0% - SERVICE CONNECTED
SCARS	0% - SERVICE CONNECTED
LIMITATION ON MOTION, RING OR LITTLE FINGER	0% - SERVICE CONNECTED
IMPAIRED HEARING	0% - SERVICE CONNECTED
LUMBOSACRAL OR CERVICAL STRAIN	0% - SERVICE CONNECTED
SUPERFICIAL SCARS	10% - SERVICE CONNECTED
KNEE CONDITION	0% - SERVICE CONNECTED
LOWER LEG CONDITION	0% - SERVICE CONNECTED
POST-TRAUMATIC STRESS DISORDER	50% - SERVICE CONNECTED
LOWER LEG CONDITION	0% - SERVICE CONNECTED
LIMITED MOTION OF ANKLE	0% - SERVICE CONNECTED
RESIDUALS OF FOOT INJURY	30% - SERVICE CONNECTED

Health Insurance: NO

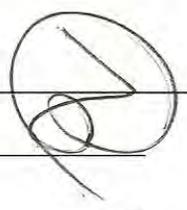
Insurance	COB	Subscriber ID	Group	Holder	Effective	Expires
TRICARE(SE	p	[REDACTED]	STANDARD	SELF	06/30/13	06/20/14

***CURRENT APPOINTMENTS**

TIME	CLINIC	LOCATION
10:30 AM	PHX-C&P PSO OBITZ (TOPAZ)	TOPAZ CLINIC

List diagnosis (ICD9) _____

List any procedures performed during this clinic visit _____



Was treatment for SC Condition? ___ Yes ___ No
 Was treatment related to Combat? ___ Yes ___ No

***FUTURE APPOINTMENTS**

DATE	TIME	CLINIC	LOCATION
07/21/2014	10:00 AM	PHX-ORTHO CRANFORD NEW (SURG)	SURGICAL CLINIC
07/21/2014	11:30 AM	PHX-POLY TBI RN (AMET)	AMETHYST CLINIC
07/24/2014	8:00 AM	PHX-SL PCT TMH-PRO-X (SHOW LOW)	SHOW LOW VA HCS
07/24/2014	8:01 AM	PHX-PCT TMH-PRO-X	SILVER CLINIC

Michelle Sullivan

From: [REDACTED]
Sent: Friday, September 05, 2014 4:00 PM
To: Michelle Sullivan
Subject: Re: MFRF
Attachments: scan0005.jpg; CRSC statement.pdf

Hello Michelle,

1. My wife is not working. She filled out the application for the caregiver thing already, but no she does not work and has no other income.
2. A letter from the VA with a breakdown of my disabilities is attached.
3. I started receiving unemployment in March.
4. CRSC pay statement is attached.
5. I have applied for employability through the VA because I lost my job because of PTSD.
6. The \$150 a month on my application for school expenses is for my daughter's pre-school.

Thank you, if there is anything you need from me please let me know.

On Fri, Sep 5, 2014 at 11:37 AM, Michelle Sullivan <msullivan@azdvs.gov> wrote:

Good Morning,

We received your application for MFRF. There are few questions and other documents needed;

1. Is your wife currently working? If not, is she able to apply for VA caregiver assistance while you are recovering from your surgeries.
2. I need a copy of your most current award letter showing the amount received as well as the breakdown of what you are service connected for.
3. When did your unemployment start?
4. Your CRSC documents.
5. If you are currently unable to work, there is an option to apply for temporary 100% service connection until you have recovered from your surgeries if they are combat related, that can be done at VA regional office.
6. Your applications shows a \$150 school expense, are you currently going to school? If so are you using the GI bill.

Also, you will need to sign and date the first page of the application, you can fax or email it to me, as well as all other documents to [602-297-6684](tel:602-297-6684) or MFRF@azdvs.gov.

Please let me know if you have any questions.

Thank you,

Michelle H. Sullivan

Arizona Military Family Relief Fund

Woman Veteran Coordinator

Homeless Veterans Prevention Specialist

Arizona Department Of Veterans' Services

3839 North Third Street, Suite 209

Phoenix, AZ 85012

[602-234-8403](tel:602-234-8403) Office

[602-297-6684](tel:602-297-6684) Fax

msullivan@azdvs.gov

www.azdvs.gov



DEPARTMENT OF VETERANS AFFAIRS

Phoenix Regional Office
3333 N Central Avenue
Phoenix, AZ USA 85012-2402

Jul 03, 2014

[Redacted]

In Reply Refer To: [Redacted]
[Redacted] S

Dear V [Redacted]:

We made a decision on your claim for additional benefits for your dependents received on Jul 3, 2014. This notification letter only pertains to the dependency claim we received on the date above. Any additional pending dependency claims will be decided separately.

This letter tells you what we decided, how we made our decision and the evidence used to decide your claim. We have also included information about what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

Your Award Amount and Payment Change Date

Your monthly payment amount is shown below:

Monthly Award Amount	Payment Change Date	Reason For Change
\$2033.34	Jan 1, 2014	Cost of Living Adjustment
		Leah was added to your award
\$1962.34	Dec 17, 2028	[Redacted] will turn 18 and be removed from your award
\$1857.34	Dec 13, 2031	[Redacted] will turn 18 and be removed from your award

Applicant 2014 - September C

Recently discharged from army, I don't have a job, I am struggling for bills and food. My was providing but then recently laid off. I have 2 kids and bills to pay. I have been seeking for employment since before I was separated from the army but to no avail. I am still searching fervently. I need some assistance. I will be able to feed my family with anything you help me with. I need help to pay my bills. I am currently searching for a job to get back on my feet and also I am currently a full time Ashford university student studying supply chain management ontime.

Assistance Requested: 2 months 09/02/2014

Type	Amount	Total
Rent	\$ 752.52	\$ 1,505.04
Utility- electric	\$ 409.13	\$ 818.26
Utility- water	\$ 108.06	\$ 216.12
Utility- gas	\$ 46.97	\$ 93.94
Total	\$1,316.68	\$2,633.36

*Ineligible for assistance per award criteria

*Only Eligible amount included in total

Total Received if Awarded

\$2,633.36

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

Complete all applicable fields

Submit completed application to MFRF@azdvs.gov or fax to (602) 297-6684

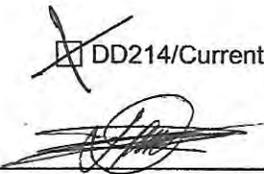
Name of Service Member (Last, First, MI) [REDACTED]		Grade SGT	Branch of Service ARMY	Home of Record PHOENIX	Date of Application 9/2/14	
SSN [REDACTED]	DOB [REDACTED]	Yrs Service 4	DOS Deployed Location(s) and Date(s) of Deployment Aug 2012 - May 2013 AFGHANISTAN			
Service Member's Current Status / Family Hardship: <input type="checkbox"/> Currently Deployed <input type="checkbox"/> Wounded <input type="checkbox"/> Deceased <input type="checkbox"/> Medically Retired/SC Disability (%)		Date (if WIA/KIA)	Cause (if WIA/KIA)	Location (if WIA/KIA)		
<input checked="" type="checkbox"/> Other (explain) <u>ETS</u>						
Home Address (include City, State & Zip Code): [REDACTED]		Home Phone	Cell Phone	Email		
Name of Applicant [REDACTED]		DOB [REDACTED]	Relationship to SM?	Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by:	
LIST ALL MEMBERS OF HOUSEHOLD, INCLUDING SPOUSE/SIGNIFICANT OTHER			List all previous assistance received within the past 12 months.			
Age	Name	Relationship	Full Time Custody?	Organization	Date	\$ Amount
27	[REDACTED]	Wife		N/A		
10	[REDACTED]	Daughter	✓	N/A		
4	[REDACTED]	Daughter	✓	N/A		
					TOTAL	
Applied for Food Stamps?						

APPLICANT'S CERTIFICATION

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I understand that knowingly making a false statement in this application may be cause for denial of this application and/or referral for legal action. I have attached copies of the most current DD Form 214 and/or copies of all documentation substantiating deployment to a combat zone, death or service connected disability, and/or combat wound(s) and how that has caused, contributed to or is related to my hardship. I am providing the enclosed information to apply for financial assistance, and request and authorize the Arizona Department of Veterans' Services to speak with any organization cited in this application packet to verify the information I provide. I understand I will receive an AZ1099 for any financial assistance received.

The following documents **must** be attached:

- DD214/Current Orders/Enlisted Records Brief
 Bills/Statements/Receipts/Quotes
 Signed AZ W9
 VA/Service Connected Disability info (if cited as reason for hardship)



SIGNATURE OF APPLICANT AND DATE

OFFICE USE ONLY

THIS APPLICATION HAS BEEN DECLINED
I have apprised the applicant of the reason(s) and/or circumstances under which this request for assistance was disapproved.

SIGNATURE OF MFRF REPRESENTATIVE AND DATE

THIS APPLICATION HAS BEEN APPROVED IN THE AMOUNT OF \$ _____

SIGNATURE OF MFRF REPRESENTATIVE AND DATE

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

APPLICANT FINANCIAL WORKSHEET

COMPLETE ALL APPLICABLE FIELDS

HOUSEHOLD MONTHLY INCOME		
A.	(Monthly Average)	Gross Net
1.	Salary of Service Member	
1b	- Place of employment	
2.	Salary of Spouse/Significant Other	
2b	- Place of employment	
3.	VA Disability Income	
4.	GI Bill Monthly Stipend	
5.	Other VA Benefits:	
6.	Social Security Income (i.e. SSI, SSDI, TANF)	
7.	Other Social Security Benefits	
8.	Child Support (Received)	
9.	Food Stamps/W.I.C.	
10.	Rental income	
11.	Other Household Income (list)	
12.		
13.		
19.		
20.		
(A)	TOTAL INCOME	

AVERAGE MONTHLY EXPENSES		
B.	Essential Expenses	Amount
21.	Alimony/Child/Family Support	
22.	Electricity	400
23.	Gas	25
24.	Water/Sewer/Garbage	100
25.	Telephone	86
26.	Internet	29.95
27.	Health Insurance	
28.	Medical Expenses/Prescriptions	
29.	Home Owners/Renters Insurance (not included w/ mortgage)	
30.	Life Insurance/SGLI	
31.	Auto Insurance	123
32.	Auto Gasoline (average)	200
33.	Food/Household Items	400
34.	Child Care	162 by
35.	VEAP / School Expenses	
36.	Other (list):	
37.		
	Essential Total	1,525

B.	Variable Expenses	Amount
38.	Cable/Satellite	
39.	Recreation/Entertainment	
40.	Clothing/Laundry/Dry Cleaning	50
41.	Charity/Church Contributions	
42.	Savings	
43.	Other (list):	
44.		
45.		
46.		
47.		
	Variable Total	50

	(B) TOTAL EXPENSES	1,575
--	---------------------------	--------------

HOA

C. MORTGAGE / RENT (include any HOA fees)

C.	Mortgage / Rental Company Name	Date Purchased / Leased	Original Loan Amount	Balance Owed	Current Value (if owned)	Months to go	Past Due Amount	Monthly Payment
48.	Wells Fargo Bank	1-15-12		\$109,078	167,000		752 ⁵²	752 ⁵²
49.	Country Club Association	1-15-12						\$43.50
50.								
(C)	TOTAL MORTGAGE/RENT*							(C)

D. INDEBTEDNESS

Include Auto Loans and all unsecured debt with balances over \$100

C.	Creditor Name	Purpose (if Auto, include YR/Make/Model)	Date Incurred	Original Amount	Balance Owed	Past Due Amount	Months to go	Monthly Payment
51.								
52.								
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.								
(D)	TOTAL INDEBTEDNESS*							(D)

E. ASSET INFORMATION

Type	Value	Description
Savings		N/A
Checking	50	N/A
IRA		N/A
401k		N/A
Auto		
Auto		
Home		

F. PAYCHECK/BENEFIT INFORMATION

1. Date last pay received:	6-20-14
Amount:	\$3,241.04
2. Date next pay received:	
Amount:	\$

G. TOTAL MONTHLY CASH FLOW

TOTAL INCOME: (A)	\$
TOTAL EXPENSES: (B+C+D)	\$2,371.97
SURPLUS or DEFICIT: (Income - Expenses)	\$

Failure to complete financial worksheet, including totaling each section, may cause a delay in consideration or outright denial.

*I have received financial counseling in the past

*I am interested in receiving financial counseling to assist with my long term financial stability

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) D [REDACTED]		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NUMBER [REDACTED]		
4a. GRADE, RATE OR RANK SGT	b. PAY GRADE E05	5. DATE OF BIRTH (YYYYMMDD) [REDACTED]	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20180309			
7a. PLACE OF ENTRY INTO ACTIVE DUTY PHOENIX, ARIZONA		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 6 [REDACTED] PHOENIX ARIZONA 86015-0000				
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 0026CSCO A FC			b. STATION WHERE SEPARATED FORT STEWART TC, GA 31314			
9. COMMAND TO WHICH TRANSFERRED 2220 TRANS CO (LMT) (WQQHAA) 1750 E SILVERLAKE RD, TUCSON, AZ 85713				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$ 250,000.00		
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.) 92A20 AUTOMATED LOGISTICAL - 3 YRS 7 MOS// NOTHING FOLLOWS		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)
		a. DATE ENTERED AD THIS PERIOD		2010	06	21
		b. SEPARATION DATE THIS PERIOD		2014	06	20
		c. NET ACTIVE SERVICE THIS PERIOD		0004	00	00
		d. TOTAL PRIOR ACTIVE SERVICE		0000	00	00
		e. TOTAL PRIOR INACTIVE SERVICE		0000	00	00
		f. FOREIGN SERVICE		0000	00	00
		g. SEA SERVICE		0000	00	00
		h. INITIAL ENTRY TRAINING		0000	05	11
		i. EFFECTIVE DATE OF PAY GRADE		2013	12	01
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) AFGHANISTAN CAMPAIGN MEDAL W/ CAMPAIGN STAR //ARMY COMMENDATION MEDAL//ARMY ACHIEVEMENT MEDAL//ARMY GOOD CONDUCT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//NON COMMISSIONED OFFICER PROFESSIONAL DEVELOPMENT RIBBON// ARMY SERVICE RIBBON//CONT IN BLOCK 18			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) AUTOMATED LOGISTICAL, 12 WEEKS, 2010//COMBAT LIFE SAVERS CRS, 1 WEEK, 2011//FUEL HANDLERS CRS, 1 WEEK, 2011//INFO ASSURANCE CRT PRG, 1 WEEK, 2012//MV TFC MGT & ACDC PVTN, 1 WEEK, 2011//PR LDRSHP DEV CRS, 2 WEEKS, 2012//NOTHING FOLLOWS			
15a. COMMISSIONED THROUGH SERVICE ACADEMY			YES	X	NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)			YES	X	NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA)			YES	X	NO	
16. DAYS ACCRUED LEAVE PAID 0.5	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				YES NO X	
18. REMARKS BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20100310-20100620//SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN AFGHANISTAN 20120828-20130519//BLOCK 1: OTHER NAME(S) OF RECORD: ADZANOH-PASSAH, GABRIEL//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE// /CONT FROM BLOCK 13: //OVERSEAS SERVICE RIBBON//MILITARY OUTSTANDING VOLUNTEER SERVICE MEDAL//NATO MEDAL//NOTHING FOLLOWS						
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) 10121 W PAYSON RD TOLLESON ARIZONA 85353			b. NEAREST RELATIVE (Name and address - include ZIP Code) ERIC MINTA 3243 E. SILVERBELL RD QUEEN CREEK ARIZONA 85143-0000			
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) AZ		OFFICE OF VETERANS AFFAIRS		X	YES NO	
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				X	YES NO	
21a. MEMBER SIGNATURE ESIGNED BY: [REDACTED]	b. DATE (YYYYMMDD) 20140429	22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) ESIGNED BY: DOUGHERTY.MELVIN.L.1024066300 M L DOUGHERTY, GS09, CH, TRANSITION CENTER		b. DATE (YYYYMMDD) 20140429		

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-200, CHAP 4	26. SEPARATION CODE MBK	27. REENTRY CODE 1	
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE			30. MEMBER REQUESTS COPY 4 (Initials) GKD

478-39-4491

Copy 1

Circle the appropriate copy designator
Copy 2 Copy 3

Copy 4

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) COMMANDER 26TH BSB, 2BCT, 3ID ATTN: PROMOTIONS FORT STEWART, GA 31314	3. FROM (Include ZIP Code) COMMANDER ALPHA, 26TH BSB, 2BCT, 3ID FORT STEWART, GA 31314
----------------------------	--	---

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) [REDACTED]	5. GRADE OR RANK/PMOS/AOC PFC/E-3/92A10	6. SOCIAL SECURITY NUMBER [REDACTED]
---	--	---

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) ADVANCE TO SPC w/ WAIVER
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

[REDACTED]

20140902

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

The above Soldier is advanced as follows:

- Advanced to Specialist
- Effective Date: 1 February 2012
- Date of Rank: 1 February 2012
- Authority: AR 600-8-19 para 2-3
- Special Instructions: Promote with waiver

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

THOMAS J. CUNNINGHAM LTC, LG, CMD

[REDACTED SIGNATURE]

20120301



Customer Assistance
Asistencia al Cliente
Toll Free/Llamada Gratis
1-877-860-6020

PO Box 98890
Las Vegas NV 89193-8890

Hearing Impaired: Dial 711
www.swgas.com

PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS



DUPLICATE

Service Address: 10 [Redacted]
Rate Schedule: [Redacted]

Your Local Office Is 2200 N CENTRAL, STE 101, PHOENIX AZ 85004

ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	PLEASE PAY AMOUNT DUE	
[Redacted]	15	08/27/14	09/15/14	\$46.97	
PREVIOUS BILLING:					
Previous Balance				23.06	
Payment(s) Since Last Bill				0.00	
Late Pay Charge Including Tax				0.38	
Balance Forward				\$23.44	
CURRENT BILLING:					
31 Days					
Meter Reading:	Current	Previous	Billing Factor	Total Therms	
	Aug. 25	July 25	8 X 1.0167 =	8	
	2532 -	2524 =			
Usage Charges				10.46	
Basic Service Charge				10.70	
DOT Safety Surcharge				0.01	
Applicable Revenue Taxes				2.36	
Current Bill				\$23.53	
*** Sign up for paperless billing at www.swgas.com ***					
Due on or before: 09/15/14 Amount due: \$46.97					
Important Messages:					
Your next meter read date is: Sep. 24, 2014					
SIGN UP TO RECEIVE A TEXT MESSAGE DURING A NATURAL GAS INTERRUPTION IN YOUR AREA BY VISITING SWGAS.COM , THROUGH MYACCOUNT, OR BY CALLING CUSTOMER ASSISTANCE AT 877-860-6020.					
Gas Usage History Information:					
	Therms / Days =	Aug Daily	Therms		
This Month	8 / 31 =		0.26		
Last Month	8 / 30 =		0.27		
Last Year	6 / 30 =		0.20		
Previous Balance	Payments & Adjustments	Balance Forward	Current Bill	Current Balance	AMOUNT DUE
23.06	+ 0.38	= 23.44	+ 23.53	= 46.97	\$46.97

PLEASE SEE REVERSE SIDE FOR RULES AND REGULATIONS • RETURN BOTTOM PORTION WITH PAYMENT

*** Sign up for paperless billing at www.swgas.com ***

ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	AMOUNT DUE
421-6310798-005	15	08/27/14	09/15/14	\$46.97



SOUTHWEST GAS CORPORATION
PO Box 98890
Las Vegas NV 89193-8890

421631079800500000046970000023063

This bill is now due and payable. Please make check payable to SWG and write account number on front of check or money order. Do not send cash through the mail or place cash in the night depository.

0000,359

Country Place Community Master Association
 c/o AAM, LLC.
 1600 W. Broadway Rd, Suite 200
 Tempe, AZ 85282-1112

DUE DATE	ACCOUNT NUMBER	AMOUNT DUE
10/01/14	[REDACTED]	SEE COUPON

For Billing Inquiries
 Call: (602) 906-4940 / Toll Free: (866) 516-7424
 Fax: (602) 870-8234 / Toll Free: (866) 477-9188
 Email: csr@aamaz.com
 Office Hours: Monday - Friday 8:30 a.m. to 5:00 p.m.

Homeowners on SurePay, please disregard this invoice

Save a stamp, sign up for SurePay or pay online at
www.homeownerresources.com

Please allow five business days for online payments to process.

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.

STATEMENT

DATE	DESCRIPTION	CHARGE	CREDITS	BALANCE
06/30/14	Beginning Balance	\$0.00		\$35.14
07/01/14	Quarterly Assessment	\$143.38		\$178.52
07/31/14	Late Fee	\$15.00		\$193.52
08/08/14	Lckbx Pmt 005051		\$-150.00	\$43.52
10/01/14	Quarterly Assessment	\$143.38		\$186.90

For your convenience AAMs Main Number is 602.957.9191. Please visit the community website at www.countryplacecma.org.

FOLD AND DETACH HERE

FOLD AND DETACH HERE

[REDACTED]	[REDACTED]
ACCOUNT NUMBER	DUE DATE
[REDACTED]	10/01/14

TOTAL DUE: \$186.90

IF PAID AFTER	ADD
10/30/14	\$15.00

MAKE CHECKS PAYABLE TO:

Country Place Community Master Association
 c/o AAM, LLC.
 PO Box 62465
 Phoenix, AZ 85082-2465



Return Mail Operations
PO Box 14411
Des Moines, IA 50306-3411

Statement date 08/08/14
Loan number 0410576011
Property address [REDACTED]

Customer Service Online
wellsfargo.com
 Fax 1-877-491-2937
 Telephone 1-866-936-7272
Correspondence PO Box 10335 Des Moines, IA 50306
Hours of operation Mon - Fri 6 a.m. - 10 p.m. Sat 8 a.m. - 2 p.m. CT
 Payments PO Box 51965 Los Angeles CA 90051
Purchase or refinance 1-866-867-3026

We accept telecommunications relay service calls.

1AT 15289/110259/030577 0375 1 ACRXXS 036



Payment summary

Principal	\$168.05
Interest	\$409.05
Escrow	\$175.48
Current monthly payment	\$752.58
<hr/>	
Total payment due 09/01/14	\$752.58
After 09/16/14 a late charge may apply	\$30.10

Balance summary

Unpaid principal balance	\$109,078.92
Escrow balance	\$779.29
<i>(Contact Customer Service for your payoff balance)</i>	
Interest rate	4.500%
Maturity date	02/42

Year to date summary

Total received*	\$6,035.03
Principal	\$1,376.08
Interest	\$3,295.72
Escrow	\$1,363.23
<hr/>	
Taxes disbursed	\$561.32
Insurance disbursed	\$739.00
<small>*This total may include the Unapplied funds balance from the Balance summary section.</small>	

Activity since your last statement

Date	Description	Total	Principal	Interest	Escrow	Other
08/08	Payment	\$752.58	\$167.43	\$409.67	\$175.48	

Important messages

Ready to buy your next home?
We're here to help you understand your home financing options, so you can make informed home financing decisions. Learn about our low down payment programs, financing options, and how we can help make buying your next home a rewarding experience. Call 1-866-418-3476, stop by your local branch, or visit wellsfargo.com/newhome. Mention Code DMR7AB1.

Protect your home and wallet
See if you can save
Talk to a Wells Fargo Insurance agent today to see if your homeowners insurance coverage is keeping pace with the replacement value of your home. And, to see if you are still paying a competitive price. Visit Wells Fargo Insurance today at: wellsfargo.com/homeownerinsurance

Insurance is: Not insured by the FDIC or any federal government agency. Not a deposit or guaranteed by any bank.

TR11-S-110259/030577 ACRXXS S1-ET-M1-C014 1 4



Please detach and return with your payment

Loan number [REDACTED]
Current monthly payment due \$752.58
Total payment due 09/01/14 \$752.58
After 09/16/14 a late charge may apply \$30.10

Monthly payment ^A \$ [REDACTED]
Additional principal ^B \$ [REDACTED]
Late charges ^C \$ [REDACTED]
Please specify additional funds
Other charges ^D \$ [REDACTED]
Additional escrow ^E \$ [REDACTED]
Total amount enclosed ^F \$ [REDACTED]
(Please do not send cash)

Check here and see reverse for address correction.



WELLS FARGO HOME MORTGAGE
PO BOX 51965
LOS ANGELES CA 90051-6265



936 0410576011 0 1000007525800782680075258000000 00000014758123874 5



DEPARTMENT OF VETERANS AFFAIRS
Phoenix VA Health Care System

PHOENIX
 VA
 HEALTH
 CARE
 SYSTEM

ARIZONA

In Reply Refer To:

644/122

September 6, 2014

AMFRF

To Whom It May Concern:

This letter is to provide confirmation that Mr. [REDACTED] is enrolled and actively seeking treatment in the VA Phoenix health care system. He is scheduled with a primary care provider on 9/24/14. Mr. Dosseh discharged from active duty in the Army on June 20, 2014. He attended the OEF/OIF/OND new Veteran orientation here at the Phoenix VA Medical Center in order to obtain assistance with establishing medical care and filing claims for service related injuries.

Mr. [REDACTED] is married with children and seeking employment. He plans to attend the Employment Workshop held in the Amethyst clinic on 9/19/14 @1000 for assistance and has applied at multiple locations.

Mr. [REDACTED] is also a student and waiting for his educational funds to arrive. Mr. [REDACTED] is requesting any assistance your committee can provide with meeting his family's basic needs and would greatly appreciate any assistance provided. Should you have any questions, feel free to contact me.

Sincerely,

Cindy Huerta Montoya, LISW
 Phone: (602) 277-5551 ext.5762
 Fax: (602) 200-2371

650 E. Indian School Road • Phoenix, Arizona 85012-1892 • (602) 277-5551

Carl T. Hayden VA Medical Center, Phoenix, AZ

Buckeye VA Health Care Clinic, Buckeye, Arizona
 Payson VA Health Care Clinic, Payson, Arizona

Globe - Miami VA Health Care Clinic, Globe, Arizona
 Show Low VA Health Care Clinic, Show Low, Arizona
 Thunderbird VA Health Care Clinic, Phoenix, Arizona

Northwest VA Health Care Clinic, Surprise, Arizona
 Southeast VA Health Care Clinic, Mesa, Arizona

Michelle Sullivan

From: [REDACTED]
Sent: Thursday, September 11, 2014 9:43 PM
To: Michelle Sullivan
Subject: Re: MFRF assistance
Attachments: Employment separation frm.pdf

Hello,

Since [REDACTED] returned home, he attempt's to avoid situations, easily upset. He have Sevier chronic back pain, knee and ankle. Trouble sleeping and night sweat. All these issues are affecting his performance and the job search.

Please get back with me ASAP.Thx

On Wed, Sep 10, 2014 at 7:19 PM, [REDACTED] wrote:

Our mortgage is due in 3 more days. We need answer to know where we stand ASAP!

Thanks

Sent from my iPhone

On Sep 9, 2014, at 4:42 PM, Michelle Sullivan <msullivan@azdvs.gov> wrote:

I just want to make sure I have as much information as possible for the committee, do you or your husband have any income? If assistance is approved how will you guys be able to sustain your household?

From: [REDACTED]

Sent: Tuesday, September 09, 2014 12:34 PM

To: Michelle Sullivan

Subject: Re: MFRF assistance

When would we get answer?

Sent from my iPhone

On Sep 5, 2014, at 11:23 AM, Michelle Sullivan <msullivan@azdvs.gov> wrote:

Ok, thank you.

From: [REDACTED]

[REDACTED] September 04, 2014 6:12 PM

To: Michelle Sullivan

Subject: Re: MFRF assistance

Hi Michelle,

This is just to inform you that my husband had been to the VA hospital and had registered for eligibility and enrolment and had made some appointment. Attached is the slips and some information.

Thanks for your time and help.

On Wed, Sep 3, 2014 at 10:42 [REDACTED] wrote:

Okay. I will informed my husband about it.

Sent from my iPhone

On Sep 3, 2014, at 10:02 AM, Michelle Sullivan <msullivan@azdvs.gov> wrote:

Ok, I just spoke with a social worker at the VA hospital here on 7th st and Indian School. He will need to go down to the VA o get enrolled at the eligibility desk and at 1pm tomorrow they have a orientation at the OEF/OIF Amethyst clinic, where Cindy Huerta-Montoya would like to meet him. If you want to give her a call prior to get a good understanding of what to expect you can [602-277-5551 X 5762](tel:602-277-5551). You will need to bring your DD214. This will help with your application as your husband will need to have his hardship tied to his deployment.

From: [REDACTED]

Sent: Wednesday, September 03, 2014 9:45 AM

To: Michelle Sullivan

Subject: Re: MFRF assistance

Not here in Phoenix but when he was in Georgia, he went to the Hospital several time for back pains and lack of sleep. He had MRI done but haven't get the result yet. He have not seeked disability, he is looking for full time Job.

Michelle Sullivan

From: [REDACTED]
Sent: Thursday, September 11, 2014 9:43 PM
To: Michelle Sullivan
Subject: Re: MFRF assistance
Attachments: Employment separation frm.pdf

Hello,

Since Germain returned home, he attempt's to avoid situations, easily upset. He have Sevier chronic back pain, knee and ankle. Trouble sleeping and night sweat. All these issues are affecting his performance and the job search.

Please get back with me ASAP.Thx

On Wed, Sep 10, 2014 at 7:19 PM, Coco Dosseh <akofa12@gmail.com> wrote:

Our mortgage is due in 3 more days. We need answer to know where we stand ASAP!

Thanks

Sent from my iPhone

On Sep 9, 2014, at 4:42 PM, Michelle Sullivan <msullivan@azdvs.gov> wrote:

I just want to make sure I have as much information as possible for the committee, do you or your husband have any income? If assistance is approved how will you guys be able to sustain your household?

From: Coco Dosseh [<mailto:akofa12@gmail.com>]

Sent: Tuesday, September 09, 2014 12:34 PM

To: Michelle Sullivan

Subject: Re: MFRF assistance

When would we get answer?

Sent from my iPhone

On Sep 5, 2014, at 11:23 AM, Michelle Sullivan <msullivan@azdvs.gov> wrote:

Ok, thank you.

Employment Separation Agreement

Allison-Shelton Real Estate Services, Inc.

Effective 8/25/14 your employment with Allison-Shelton Real Estate Services, Inc. shall terminate.

[Redacted] at Mountain View
Employee Name Site Name

The nature of your separation is:

You voluntarily resigned and have given Allison-Shelton Real Estate Services a resignation letter. Your wages will be paid on or before your next regularly scheduled payday for the period in which your employment ceases.

You are involuntarily terminated. Your wages will be paid within three (3) business days of your last day of work or at the end of the next pay period, whichever is sooner.

new management takeover - lay off/no work

Allison-Shelton Real Estate Services shall deduct amounts from your final paycheck as applicable which may include:

- Your portion of the cost for insurance benefits which remain in force until the end of the calendar month following employment termination.
- The balance of any loan amounts to repay outstanding employee advances (if applicable).
- Repayment of any used by unearned vacation time, sick time, or any other paid time off.
- The cost to replace any business property assigned to you which is not returned on or before your last day of work. (See Equipment Return Form #154).
- Reimbursement for any outstanding amount due for personal purchases made through Allison-Shelton Real Estate Services vendors.
- Any other good faith offset to wages which may apply.

Your available vested vacation time will be paid to you on your final paycheck in accordance with Allison Real Estate Service's current Vacation payout policy.

Your final paycheck will be forwarded to the site per your request at Allison-Shelton Real Estate Services Corporate Office for you to pick up or mailed to the following address per your request:

10121 W. Payson Rd Tolleson AZ 85353

Information regarding COBRA (continuation of your insurance) will be sent out to you within the timeframe required by law. Instructions regarding payment schedule and deadlines for application will be included. If you elect COBRA, your health and or dental insurance coverage will resume as of the first of the month following your separation of employment.

If you live on site, the agreed upon move out date is 08/21. By signing below, you understand and agree that you will be billed for any damages to the apartment. You also agree to pay these charges immediately. If the amount is not paid, it will be turned over to a professional collection agency and the additional collection fee will also become due.

This agreement also serves as a 5-day / 3-day (check one) Notice to Move, effective 08/21, which is 5 days / 3 days prior to the date specified above. This notice is hereby given pursuant to state statute stating you must vacate apartment # 0 by close of business on the date specified in the paragraph above. If you do not vacate, legal action will be taken.

I understand that if I have any further questions, I should call the Human Resource Department at Allison-Shelton Real Estate Services, Inc. at 602/474-3558. We appreciate your service to the company and wish you luck in your future endeavors.

Agreed By:

[Signature]
Employee Signature

8/25/14
Date

[Signature]
Manager Signature

8/25/14
Date

Form #159 (06/10) Word

Applicant 2014 September D

My husband Drew Wright has served two deployments. The first deployment was to Iraq where he was injured. Second deployment was to Afghanistan. Both deployments have caused injury to his L4 and his L5 where he has bulging discs. These injuries have prohibited him from completing his job as a correctional officer. Drew was discharged from the Army January 17th 2014 he did not start his correctional training until May 2014 due to the amount of time for them to complete the rest of the hiring process. We remained without an income during those months causing us to rely solely on our savings account and credit cards. In May he finally got cleared to start his training but was injured on the job 3 days later and sent home to see the doctor. The doctor ordered image testing and for him to attend physical therapy just like the army had done in the past. After his injury we only collected 60% of his pay which caused us to fall extremely behind on bills to the point our credit cards are maxed out, services are being terminated or threatened to be shut off, truck is up for repossession and we are now in collection for all our bills causing our credit to take a nose dive. Since the dept of corrections refused to clear him for work he was forced to find another job to bring income in. He is now working for Canyon State Academy 50+ hrs a week at \$12/hr which doesn't even come close to covering our expenses. We were hoping my husband could pass on his GI bill to me so I could get a degree and collect on the VA to help contribute income but unfortunately we were denied. I am unable to get a job due to the fact we have three small children who need supervision and the cost of day care is not within our means. We are losing hope that we will ever survive civilian life. Both of us have been so depressed. We have been through hell and back as a family. In 2011 while my husband was deployed to Afghanistan our oldest son who was 2 at the time was brutally mauled by a dog in which he came 1cm away from dying. Doctors only gave him a 30% chance of survival due to the amount of extensive injuries to the skull and brain. Luckily he survived but has undergone services for his speech and motor skills since then. Shortly after our oldest son came out of surgery I was forced to deliver my second son due to my hypertension and preeclampsia. When my second son was born he had jaundice and torticollis. The torticollis later caused plagiocephaly and brachiocephaly resulting a doc band to be worn for months. He too is now showing signs of developmental delays in his speech. At first they thought it was his hearing since he failed both hearing tests at the school but just recently was confirmed by specialist that his hearing is fine but his attention span is short. So the possibility of ADD or ADHD is a concern. He will be meeting with the Florence school district Oct 29 for speech evaluation. Another tragedy struck last September when my husband's father died at the hands of a doctor. We were in NY at the time so my husband never got the chance to say goodbye to his dad just like he couldn't be here for me and the kids when our oldest almost died. It seems like we are cursed and can never catch a break. I feel that we can only take so much before we begin to break and our family has suffered enough in these past few years. My husband got out of the army in hopes of a better future for our family but so far this has proven to be false. We need help and we keep reaching out only to be rejected. We are at our lowest and need direction of where to go next so we can survive.

I feel that if we receive help in paying these most important past due bills will help us climb out from under all the debt we are drowning in and allow us to maintain a more stable lifestyle and promote for a more promising future. It will also assist in rebuilding our savings so I could pay for my tuition at the West Coast Ultrasound Institute where I will receive my degree in 18 months. Once this is achieved I will more likely land a

career which could provide the financial needs of the family. This will also give my husband the opportunity to attend college and live out his dream as a physical therapist without the fear of living from paycheck to paycheck and going further into debt.

Assistance Requested: One-Time and 2 months reoccurring

Type	One-Time	Reoccurring	Total
Utility - Electric		\$ 405.00	\$ 810.00
Utility - Water		\$ 84.50	\$ 169.00
Auto	\$ 1,090.73		\$ -
Auto Insurance		\$ 193.71	\$ 387.42
**Credit Card	\$ 2,131.67	\$ 252.00	\$ 504.00
Internet	\$ 212.20		\$ -
Pest Control	\$ 85.00		\$ -
Cell phone	\$ 421.48		\$ -
**Credit Card	\$ 2,426.26		\$ -
**Credit Card	\$ 429.79	\$ 104.00	\$ 208.00
Total	\$ 6,797.13		\$ 2,078.42

*Ineligible for assistance per award criteria

*Only Eligible amount included in total

Total Received if Awarded

\$8,875.55

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

Complete all applicable fields

Submit completed application to MFRF@azdvs.gov or fax to (602) 297-6684

Name of Service Member (Last, First, MI) [REDACTED]			Grade E-4	Branch of Service Army	Home of Record AZ	Date of Application 09/06/2014
SSN [REDACTED]	DOB 1[REDACTED]	Yrs Service 8	DOS 01/17/2014	Deployed Location(s) and Date(s) of Deployment Afghanistan 10/10-10/11, Iraq 01/04-02/05		
Service Member's Current Status / Family Hardship: <input type="checkbox"/> Currently Deployed <input type="checkbox"/> Wounded <input type="checkbox"/> Deceased <input type="checkbox"/> Medically Retired/SC Disability (%)			Date (if WIA/KIA)	Cause (if WIA/KIA)	Location (if WIA/KIA)	
Home Address (include City, State & Zip Code): [REDACTED] 85143			Home Phone	Cell Phone [REDACTED]	Email D[REDACTED]4@aol.com	
Name of Applicant [REDACTED]		DOB 04/14/85	Relationship to SM? Wife	Power of Attorney? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Referred by: VA	
LIST ALL MEMBERS OF HOUSEHOLD, INCLUDING SPOUSE/SIGNIFICANT OTHER				List all previous assistance received within the past 12 months.		
Age	Name	Relationship	Full Time Custody?	Organization	Date	\$ Amount
29	[REDACTED]	Husband	Yes	Operation first response	08/05/14	\$500
29	[REDACTED]	Self	Yes	AZ Food Stamps	08/12/14	\$790
5	[REDACTED]	Son	Yes			
3	[REDACTED]	Son	Yes			
0	[REDACTED]	Son	Yes			
					TOTAL	\$1,290
				Applied for Food Stamps? Yes		

APPLICANT'S CERTIFICATION

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I understand that knowingly making a false statement in this application may be cause for denial of this application and/or referral for legal action. I have attached copies of the most current DD Form 214 and/or copies of all documentation substantiating deployment to a combat zone, death or service connected disability, and/or combat wound(s) and how that has caused, contributed to or is related to my hardship. I am providing the enclosed information to apply for financial assistance, and request and authorize the Arizona Department of Veterans' Services to speak with any organization cited in this application packet to verify the information I provide. I understand I will receive an AZ1099 for any financial assistance received.

The following documents **must** be attached:

- DD214/Current Orders/Enlisted Records Brief
 Bills/Statements/Receipts/Quotes
 Signed AZ W9
 VA/Service Connected Disability info (if cited as reason for hardship)


SIGNATURE OF APPLICANT AND DATE

OFFICE USE ONLY

THIS APPLICATION HAS BEEN DECLINED
I have apprised the applicant of the reason(s) and/or circumstances under which this request for assistance was disapproved.

SIGNATURE OF MFRF REPRESENTATIVE AND DATE

THIS APPLICATION HAS BEEN APPROVED IN THE AMOUNT OF \$ _____

SIGNATURE OF MFRF REPRESENTATIVE AND DATE

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

APPLICANT NARRATIVE

Complete All Narratives - Please feel free to use additional paper if needed

1. **Describe your current circumstances and how combat deployment brought you to this point.** If you are a combat injured veteran, describe the circumstances of your injury and how your injury has caused your financial hardship. *Use additional paper if needed.*

My husband [REDACTED] has served two deployments. The first deployment was to Iraq where he was injured. Second deployment was to Afghanistan. Both deployments have caused injury to his L4 and his L5 where he has bulging discs. These injuries have prohibited him from completing his job as a correctional officer. [REDACTED] was discharged from the Army January 17th 2014 he did not start his correctional training until May 2014 due to the amount of time for them to complete the rest of the hiring process. We remained without an income during those months causing us to rely solely on our savings account and credit cards. In May he finally got cleared to start his training but was injured on the job 3 days later and sent home to see the doctor. The doctor ordered image testing and for him to attend physical therapy just like the army had done in the past. After his injury we only collected 60% of his pay which caused us to fall extremely behind on bills to the point our credit cards are maxed out, services are being terminated or threatened to be shut off, truck is up for repossession and we are now in collection for all our bills causing our credit to take a nose dive. Since the dept of corrections refused to clear him for work he was forced to find another job to bring income in. He is now working for canyon state academy 50+ hrs a week at \$12hr which doesn't even come close to covering our expenses. We were hoping my husband could pass on his GI bill to me so I could get a degree and collect on the VA to help contribute income but unfortunately we were denied. I am unable to get a job due to the fact we have three small children who need supervision and the cost of day care is not within our means. We are losing hope that we will ever survive civilian life. Both of us have been so depressed. We have been through hell and back as a family. In 2011 while my husband was deployed to Afghanistan our oldest son who was 2 at the time was brutally mauld by a dog in which he came 1st.

2. **Specifically, what financial assistance are you requesting?** Please list the assistance you are requesting. *Bills/Statements/Receipts/Quotes must be attached for each request. Use additional paper if needed.*

Name	Type (rent, utility, etc)	Acct #	Emergency Assistance*	One-Time Assistance	Reoccurring Assistance**
SRP	Electricity	25 [REDACTED]	\$405.00		\$405.00
Johnson utilities	Water	0 [REDACTED]	\$84.50		\$84.50
Honda financial	Truck	[REDACTED]	\$1,090.73	\$1,090.73	
Usaa auto insurance	Auto insurance	[REDACTED] 710	\$193.71		\$193.71
Usaa credit card	Credit card	37 [REDACTED] 63		\$2,131.67	\$252.00
Cox	Internet	001 [REDACTED] 9704		\$212.20	
Moxie pest	Pest control	[REDACTED]		\$85.00	
Verizon	Cell phone	31 [REDACTED]		\$421.48	
Military star card	Credit card	[REDACTED] 8690		\$2,426.26	
Capital one	Credit card	40 [REDACTED] 866		\$429.79	\$104.00
Total:			\$1,773.94	\$6,797.13	\$1,039.21

*Emergency Assistance limited to a total of \$3,000.00.

**If you seeking reoccurring monthly assistance, please state how many months: _____

3. **Describe how assistance will help you achieve personal well-being and/or financial stability.** Briefly describe your immediate and future goals or financial plan and how assistance will contribute. *Use additional paper if needed.*

I feel that if we receive help in paying these most important past due bills will help us climb out from under all the debt we are drowning in and allow us to maintain a more stable lifestyle and promote for a more promising future. It will also assist in rebuilding our savings so I could pay for my tuition at the west coast ultrasound institute where I will receive my degree in 18 months. once this is achieved I will more likely land a career which could provide the financial needs of the family. This will also give my husband the opportunity to attend college and live out his dream as a physical therapist without the fear of living from paycheck to paycheck and going further into debt.

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

APPLICANT FINANCIAL WORKSHEET

COMPLETE ALL APPLICABLE FIELDS

HOUSEHOLD MONTHLY INCOME				AVERAGE MONTHLY EXPENSES					
(Monthly Average)		Gross	Net	Essential Expenses		Amount	Variable Expenses		Amount
1.	Salary of Service Member	\$1,111.72	\$2,939.00	21.	Alimony/Child/Family Support		38.	Cable/Satellite	\$123.75
1b	- Place of employment	Canyon state academy		22.	Electricity	\$405.00	39.	Recreation/Entertainment	
2.	Salary of Spouse/Significant Other	\$0.00	\$0.00	23.	Gas		40.	Clothing/Laundry/Dry Cleaning	
2b	- Place of employment	Not employed		24.	Water/Sewer/Garbage	\$137.25	41.	Charity/Church Contributions	
3.	VA Disability Income			25.	Telephone	\$208.84	42.	Savings	
4.	GI Bill Monthly Stipend			26.	Internet	\$78.45	43.	Other (list):	
5.	Other VA Benefits:			27.	Health Insurance		44.		
6.	Social Security Income (i.e. SSI, SSDI, TANF)			28.	Medical Expenses/Prescriptions		45.		
7.	Other Social Security Benefits			29.	Home Owners/Renters Insurance (not included w/ mortgage)	\$15.00	46.		
8.	Child Support (Received)			30.	Life Insurance/SGLI		47.		
9.	Food Stamps/W.I.C.	\$790.00		31.	Auto Insurance	\$193.71			
10.	Rental income			32.	Auto Gasoline (average)	\$250.00			
11.	Other Household Income (list)			33.	Food/Household Items				
12.				34.	Child Care				
13.				35.	VEAP / School Expenses				
19.				36.	Other (list):				
20.				37.					
(A) TOTAL INCOME		\$1,901.72	\$2,939.00	Essential Total		\$1,288.25	(B) TOTAL EXPENSES		\$1,412.00

C. MORTGAGE / RENT (include any HOA fees)

C.	Mortgage / Rental Company Name	Date Purchased / Leased	Original Loan Amount	Balance Owed	Current Value (if owned)	Months to go	Past Due Amount	Monthly Payment
48.	Brewer and Stratton property management	02/2014				5		\$1,034.80
49.								
50.								
(C) TOTAL MORTGAGE/RENT*								(C) \$1,034.80

D. INDEBTEDNESS

Include Auto Loans and all unsecured debt with balances over \$100

C.	Creditor Name	Purpose (if Auto, include YR/Make/Model)	Date Incurred	Original Amount	Balance Owed	Past Due Amount	Months to go	Monthly Payment
51.	Honda finance	Truck	10/13/11	\$20,185.26		\$1,073.14	7	\$351.85
52.	Honda finance	Van	9/16/13	\$31,818.45			24	\$490.00
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.								
(D) TOTAL INDEBTEDNESS*					\$0.00	\$1,073.14	(D) \$841.85	

E. ASSET INFORMATION

Type	Value	Description
Savings	\$3.00	N/A
Checking	\$0.00	N/A
IRA		N/A
401k		N/A
Auto		
Auto		
Home		

F. PAYCHECK/BENEFIT INFORMATION

1. Date last pay received: 8/29/14
 Amount: \$ \$1,111.72

2. Date next pay received: 9/12/14
 Amount: \$ \$1,111.72

G. TOTAL MONTHLY CASH FLOW

TOTAL INCOME: \$ \$2,939.00
 (A)

TOTAL EXPENSES: \$ \$3,288.65
 (B+C+D)

SURPLUS or DEFICIT: \$ -\$349.65
 (Income - Expenses)

Failure to complete financial worksheet, including totaling each section, may cause a delay in consideration or outright denial.

*I have received financial counseling in the past

*I am interested in receiving financial counseling to assist with my long term financial stability

Michelle Sullivan

From: Todd Bogert
Sent: Friday, September 05, 2014 11:41 AM
To: Lee Sevy; Michelle Sullivan
Cc: Information Technology
Subject: FW: Form submission from: azdvs.gov

Lee, Michelle,
This looks like needs to go to both, Lee for Education and Michelle for maybe MFRF?

Thank you,

Todd Bogert – Chief Information Officer
Arizona Department of Veterans' Services
4141 North S. Herrera Way
Phoenix, AZ 85012
Ph: (602) 370-9864
Helpdesk: (602) 263-1848
Fax: (602) 297-6678
tbogert@azdvs.gov
dvs.az.gov

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-----Original Message-----

From: noreply@dvs.az.gov [<mailto:noreply@dvs.az.gov>] On Behalf Of donotreply@azdvs.gov
Sent: Friday, September 05, 2014 11:36 AM
To: Information Technology
Subject: Form submission from: azdvs.gov

Submitted on Friday, September 5, 2014 - 11:36am Submitted by anonymous user: [10.251.28.75] Submitted values are:

Full Name: [REDACTED]
Agency: self
Email: [\[REDACTED\]](mailto:[REDACTED])
Phone: [REDACTED]

Message: Can you please provide me with education scholarships/grants for spouse of veteran? Im trying to go to school to get my degree is diagnostic sonography that way I can help contribute to our family's financial needs. My husband thought he could transfer a portion of his gi bill post 911 in my name but he doesnt meet the requirements to transfer. We were really counting on this gi bill to assist in tuition/books cost along with the bah since we have been struggling to make it in the civilian world. He is currently working 50+hrs week at only \$12 hr which doesnt even come close to paying our expenses. We are due to get our electricity, water, trash, and cell phones turned off bc we can't afford our bills. My husband's truck is up for repossession which is his means of transportation to and from work. We have ruined both our credits and are over our heads in debt due to the struggle of transitioning from military to civilian. Our only hope was for me to use part of his gi bill to go to school for 18 months and collect bah while in school to help

contribute to bills but now ive lost all hope and have become extremely depressed. I feel like the army through us out into the world unprepared and uneducated. Can you please help us find the right sources to contact about school grants and possibly financial assistance?

Ive already contacted operation first response, salvation army and the local american legion but everyone is tapped out and cant provide assistance.

The results of this submission may be viewed at:

<https://dvs.az.gov/node/17/submission/385>

Michelle Sullivan

From: [REDACTED]
Sent: Monday, September 08, 2014 9:04 PM
To: Michelle Sullivan
Subject: RE: Emailing MFRF_Application_2013-07-02-1.pdf

Do you know of any organizations that help with college tuition? I really want to go to the West Coast Ultrasound Institute to be a diagnostic sonographer but its nearly 36,000 for the 18 month program. I got approved for the full pell grant but it doesnt cover the full amount. Because I'm so far into debt from the military transition I don't want to take out student loans that only accumulate interest and put me further in the hole. I feel like a college degree is my only ticket out of living from pay check to paycheck.

Sent from my Verizon Wireless 4G LTE smartphone

----- Original message -----

From: Michelle Sullivan
Date: 09/08/2014 3:01 PM (GMT-07:00)
To: [REDACTED]
[REDACTED] Application_2013-07-02-1.pdf

Ok thank you, I will take a look at everything and get back to you if I need any more documents.

Thank you,

Michelle H. Sullivan

Arizona Military Family Relief Fund

Woman Veteran Coordinator

Homeless Veterans Prevention Specialist

Arizona Department Of Veterans' Services

3839 North Third Street, Suite 209

Phoenix, AZ 85012

602-234-8403 Office

602-297-6684 Fax

msullivan@azdvs.gov

www.azdvs.gov

From: deltagoddess14@aol.com [<mailto:deltagoddess14@aol.com>]
Sent: Saturday, September 06, 2014 10:33 PM
To: Michelle Sullivan
Subject: Emailing MFRF_Application_2013-07-02-1.pdf

I hope I filled out everything correctly. We don't have internet bc it was shut off so I had to fill everything out on my phone so it was super hard typing it all up on Adobe. I provided most the bills for all the things I requested help for. There are a few things I didnt send copies of bc I dont recieve paper bills from them but I can provide the customer service numbers for you all to get the automated service and type in my credit card number to hear the balance info. Realisticly I know you all can't afford to help me with all my accumulated debt but I listed everything we are currently struggling with that is the most important to us that we would like help. At this point we would be grateful for any help towards any of these items to just help us survive. I appreciate the time you are taking to help me and all the other veterans who are struggling. Without organizations such as yourself a lot of us would be homeless or dead. So thank you from the bottom of my heart for even considering us to fill out the application. Any hope is better than no hope at all.



Sent from my Verizon Wireless 4G LTE smartphone

Auto & Property Bill

Account Summary

Statement Balance: \$1487.49

Minimum Due: \$193.71

Last Payment Received: 08/18/2014

Last Payment Amount: \$310.18

Next Payment Due: **09/05/2014**

- [Make a Payment](#)

[Make a Payment](#)

[Account Activity](#)

[REDACTED] WEEK
 EZ-3 (3-6 p.m.) Plan
 Services
 Deposit Paid \$235.00

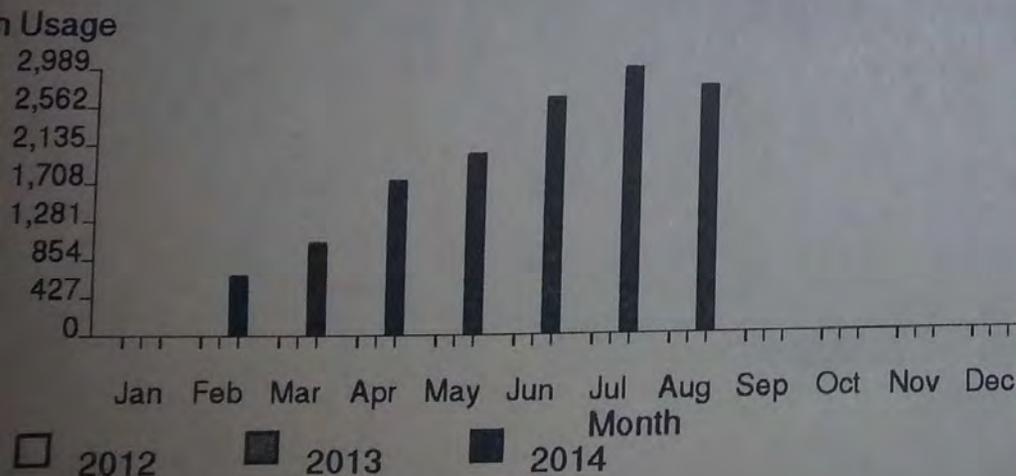
ELECTRICITY YOU USED

Meter No 3205151 was read on 08/25/2014

	Current Read	Previous Read	Energy Used
On Pk kWh	1784	1427	357
Off Pk kWh	12257	9821	2436
Total kWh			2793

COMPARING YOUR MONTHLY USAGE

	Days	Average Daily		
		kWh	Cost	Temperature
August '14 Bill	31	90	\$11.17	91.1°
July '14 Bill	31	96	\$12.19	94.2°



YOUR ACCOUNT SUMMARY AS OF 08/26/2014

Previous Account Balance	\$680.02
08/01 Delinquent Disconnect Fee	\$58.69
08/04 Payment Thank you	\$300.00 CR
08/20 Payment Thank you	\$380.02 CR
Balance Before Usage Charges	\$58.69
Monthly Service Charge	\$17.00
On-Peak Energy Charge	\$124.91
Off-Peak Energy Charge	\$203.65
Economy Price Plan Discount	\$21.00 CR
County and State Tax	\$21.75
This Month's Usage Charges	\$346.31
NEW ACCOUNT BALANCE	\$405.00

NOTES

- You saved \$4.67 this month on the EZ-3 Plan. Savings for the last 12 months are \$15.64.
- The Energy Charge includes a Fuel and Purchased Power Adjustment Factor of \$0.0284 per kWh and an Environmental Programs Cost Adjustment Factor of \$0.0060 per kWh.
- Your meter is read automatically each day ensuring an accurate bill. View your daily usage at srpnet.com/myaccount.
- The summer peak pricing season ends with this bill. Your next bill will reflect summer season pricing.
- Keep your air conditioning filters clean. It is a good rule of thumb to check your filter at least once a month to ensure adequate air flow and proper cooling.
- We have eliminated the return envelope in your bill to save paper. If you need an envelope, make one payment by mail and one will



Account & View Your Usage Details	Account Number	Date Due
www.verizonwireless.com		Past Due
Changed? – go to vzw.com/changeaddress	Invoice Number	3121577661

Quick Bill Summary

Jul 16 – Aug 15

Previous Balance <i>(see back for details)</i>	\$458.14
Payment – Thank You	-\$245.70
Balance Forward Due Immediately	\$212.44
Account Charges and Credits	
Includes Late Fee of \$5.00	\$5.00
Monthly Charges	\$164.12
Equipment Charges	\$24.99
Verizon Wireless' Surcharges and Other Charges & Credits	\$9.41
Taxes, Governmental Surcharges & Fees	\$5.32
Total Current Charges Due by September 10, 2014	\$208.84
 Total Amount Due	 \$421.28

RITE OF PASSAGE, INC.
 2560 Business Parkway, Suite A
 Minden, NV 89423

Employee Name Drew Wright	Payroll Start 08/07/2014	Payroll End 08/20/2014	Site CSA	Employee # 1000470
------------------------------	-----------------------------	---------------------------	-------------	-----------------------

Earnings		Deductions				
Description	Hours/Days	Current	Year to Date	Description	Current	Year to Date
Overtime Pay	20.00	353.00	803.35	FICA	75.70	201.90
Regular Pay	80.00	888.00	2453.10	Medicare	17.71	47.22
				AZ Inc Tax	15.87	42.33
				Clothing	0.00	26.00
Pay date: 8/29/2014				Total Employee Deductions	109.28	317.45
Total Earnings				Employee Net Pay Amounts	1111.72	2939.00
				Total Employer Contributions	0.00	0.00

INSURANCE

Auto & Property Bill

Your auto and property policies are paid together

(\$1,162.31)

RENTERS

RENTERS

Auto Insurance Policy (AZ)

Auto Insurance Policy (AZ)

Total: (\$1,162.31)

Insure Your Jewels, Guns and More.

Get a free, no-obligation quote.

BANKING

USAA SAVINGS

Financial Services

Payment Information

Payment Due Date **September 13, 2014**

Current Payment Due \$ 351.85

Past Due \$ 703.70

Total Fees Due \$ 17.59

Total Amount Due \$ 1,073.14

Payoff Summary

Payoff Amount \$ 20,185.26

Payoff Good Through September 13, 2014

**PAST
DUE**

Account Information

Account Number 1 [REDACTED]
Vehicle Description 2011 HONDA RIDGELINE
VIN Number 5FPYK1F22BB451860
Regular Payment Amount \$ 351.85
Maturity Date April 13, 2015
Payments Remaining 9
Annual Mileage Allowance 12,000

IMPORTANT

Your account is currently past due and this and other information about your account may be reported to the credit bureaus. Please see the important **NOTICE ABOUT NEGATIVE CREDIT REPORTING on the reverse side**. This statement includes an amount from a prior billing, which is now past due. Go to hondafinancialservices.com to make a one-time payment or contact us for payment arrangements and other options.

Activity Since Last Statement

Date	Description	Amount	Total
07/23/2014	Late Payment Fee		\$ 17.59

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Applicant 2014 September E

Had a 700lb. dirt compactor dropped on my right foot in Balad, Iraq. This has given me bone spurs on my right and left feet. I cannot walk or stand for a long distance, or stand for long periods of time. I also have PTSD.

Assistance Requested: 4 months 9/04/2014

Type	Amount	Total
Rent (Moving 9/11)	\$400.00	\$1,600.00
Auto	\$795.59	\$795.59
Total	\$1,159.59	\$2,359.59

*Ineligible for assistance per award criteria

*Only Eligible amount included in total

Total Received if Awarded **\$2,359.59**

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

Complete all applicable fields

Submit completed application to MFRF@azdvs.gov or fax to (602) 297-6684

Name of Service Member (Last, First, MI) [REDACTED]		Grade E-5	Branch of Service NAVY AIRBORNE	Home of Record AZ	Date of Application 9-9-14	
SSN [REDACTED]	DOB [REDACTED]	Yrs Service 56 26	DOS 11-12-74	Deployed Location(s) and Date(s) of Deployment BALAD, IRAQ - SEPT. 08 - JAN 04 BALAD, IRAQ - APRIL 04 - JUNE 04		
Service Member's Current Status / Family Hardship: <input type="checkbox"/> Currently Deployed <input type="checkbox"/> Wounded <input type="checkbox"/> Deceased <input checked="" type="checkbox"/> Medically Retired/SC Disability (40%) <input type="checkbox"/> Other (explain) _____		Date (if WIA/KA) 06-07-04	Cause (if WIA/KA) BROKKN FOOT	Location (if WIA/KA) BALAD, IRAQ		
Home Address (include City, State & Zip Code): IN MY CAR		Home Phone	Cell Phone	Email [REDACTED]		
Name of Applicant	DOB	Relationship	Power of Attorney	Reviewed by: <input type="checkbox"/> Yes <input type="checkbox"/> No		
LIST ALL MEMBERS OF HOUSEHOLD, INCLUDING SPOUSE/SIGNIFICANT OTHER			List all previous assistance received within the past 12 months.			
Age	Name	Relationship	Full Time Custody?	Organization	Date	\$ Amount
[Large handwritten signature]						
					TOTAL	
Applied for Food Stamps?						

APPLICANT'S CERTIFICATION

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I understand that knowingly making a false statement in this application may be cause for denial of this application and/or referral for legal action. I have attached copies of the most current DD Form 214 and/or copies of all documentation substantiating deployment to a combat zone, death or service connected disability, and/or combat wound(s) and how that has caused, contributed to or is related to my hardship. I am providing the enclosed information to apply for financial assistance, and request and authorize the Arizona Department of Veterans' Services to speak with any organization cited in this application packet to verify the information I provide. I understand I will receive an AZ1099 for any financial assistance received.

The following documents **must** be attached:

- DD214/Current Orders/Enlisted Records Brief
- Bills/Statements/Receipts/Quotes
- Signed AZ W9
- VA/Service Connected Disability info (if cited as reason for hardship)

9-10-14

SIGNATURE OF APPLICANT AND DATE

OFFICE USE ONLY
THIS APPLICATION HAS BEEN DECLINED I have apprised the applicant of the reason(s) and/or circumstances under which this request for assistance was disapproved.
SIGNATURE OF MFRF REPRESENTATIVE AND DATE
THIS APPLICATION HAS BEEN APPROVED IN THE AMOUNT OF \$ _____
SIGNATURE OF MFRF REPRESENTATIVE AND DATE

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

APPLICANT NARRATIVE

Complete All Narratives - Please feel free to use additional paper if needed

1. Describe your current circumstances and how combat deployment brought you to this point. If you are a combat injured veteran, describe the circumstances of your injury and how your injury has caused your financial hardship. Use additional paper if needed.

HAD A 700LB. DIRT COMPACTOR DROPPED ON MY RIGHT FOOT IN BALAB, IRAQ. THIS HAS GIVEN ME BONE SPURS ON MY RIGHT AND LEFT FEET. I CANNOT WALK OR STAND FOR LONG DISTANCE OR STAND FOR LONG PERIODS OF TIME. I ALSO HAVE PTSD.

2. Specifically, what financial assistance are you requesting? Please list the assistance you are requesting. Bills/Statements/Receipts/Quotes must be attached for each request. Use additional paper if needed.

Name	Type (rent, utility, etc)	Acct #	Emergency Assistance*	One-Time Assistance	Reoccurring Assistance**
Brake Masters	RENT AUTO FOOD	HOMELESS 62844		797.59	400.00
Total:					

moving
9/11/14

*Emergency Assistance limited to a total of \$3,000.00.

**If you seeking reoccurring monthly assistance, please state how many months: 4

3. Describe how assistance will help you achieve personal well-being and/or financial stability. Briefly describe your immediate and future goals or financial plan and how assistance will contribute. Use additional paper if needed.

I WANT BE HOMELESS ANYMORE AND I CAN MAKE MY DOCTOR'S APPOINTMENTS

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

APPLICANT FINANCIAL WORKSHEET

COMPLETE ALL APPLICABLE FIELDS

HOUSEHOLD MONTHLY INCOME			AVERAGE MONTHLY EXPENSES				
(Monthly Average)			Essential Expenses		Variable Expenses		
A.	Gross	Net	B.	Amount	B.	Amount	
1.	Salary of Service Member		21.	Alimony/Child/Family Support	38.	Cable/Satellite	
1b	- Place of employment		22.	Electricity	39.	Recreation/Entertainment	
2.	Salary of Spouse/Significant Other		23.	Gas	40.	Clothing/Laundry/Dry Cleaning 20.08	
2b	- Place of employment		24.	Water/Sewer/Garbage	41.	Charity/Church Contributions	
3.	VA Disability Income	640.54	25.	Telephone	42.	Savings	
4.	GI Bill Monthly Stipend		26.	Internet	43.	Other (list):	
5.	Other VA Benefits:		27.	Health Insurance	44.		
6.	Social Security Income (i.e. SSI, SSDI, TANF)		28.	Medical Expenses/Prescriptions	45.		
7.	Other Social Security Benefits		29.	Home Owners/Renters Insurance (not included w/ mortgage)	46.		
8.	Child Support (Received)		30.	Life Insurance/SGLI	47.		
9.	Food Stamps/W.I.C.	85.00	31.	Auto Insurance			
10.	Rental Income		32.	Auto Gasoline (average)	100.00		
11.	Other Household Income (list)		33.	Food/Household Items		Variable Total 20.08	
12.			34.	Child Care			
13.			35.	VEAP / School Expenses			
19.			36.	Other (list):			
20.			37.				
(A) TOTAL INCOME		725.54	Essential Total		135.00	(B) TOTAL EXPENSES	155.00

C. MORTGAGE / RENT (include any HOA fees)

C.	Mortgage / Rental Company Name	Date Purchased / Leased	Original Loan Amount	Balance Owed	Current Value (if owned)	Months to go	Past Due Amount	Monthly Payment
48.								
49.								
50.								
(C) TOTAL MORTGAGE/RENT*								(C)

D. INDEBTEDNESS

Include Auto Loans and all unsecured debt with balances over \$100

C.	Creditor Name	Purpose (If Auto, include YR/Make/Model)	Date Incurred	Original Amount	Balance Owed	Past Due Amount	Months to go	Monthly Payment
51.	L & J Motors	Auto, 2002 Dodge ^{RAM}	DEC 13	4,000.00	940.00	0	4	250.00
52.								
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.								
(D) TOTAL INDEBTEDNESS*								(D) 250.00

E. ASSET INFORMATION

Type	Value	Description
Savings		N/A
Checking		N/A
IRA		N/A
401k		N/A
Auto	1500.00	
Auto		
Home		

F. PAYCHECK/BENEFIT INFORMATION

1. Date last pay received: **8-29-14**
 Amount: **\$640.54**

2. Date next pay received: **10-1-14**
 Amount: **\$640.54**

G. TOTAL MONTHLY CASH FLOW

TOTAL INCOME: \$ **725.54**
 (A)

TOTAL EXPENSES: \$ **405.00**
 (B+C+D)

SURPLUS or DEFICIT: **320.54**
 (Income - Expenses)

Failure to complete financial worksheet, including totaling each section, may cause a delay in consideration or outright denial.

*I have received financial counseling in the past

*I am interested in receiving financial counseling to assist with my long term financial stability

DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
REPORT OF SEPARATION AND RECORD OF SERVICE

REPORT OF SEPARATION

AND RECORD OF SERVICE IN THE ¹ Air NATIONAL GUARD OF ARIZONA

XNEYASXK

KESDREVEKEXKHEX ²

1. Insert either Army or Air

2. Enlisted personnel only - insert only Army or Air Force

1. LAST NAME - FIRST NAME - MIDDLE NAME

2. DEPARTMENT, COMPONENT AND BRANCH

3. SOCIAL SECURITY NUMBER

Air Force-ANGUS

4. DATE OF ENL	YR	MO	DA	5a. RANK	5b. PAY GRADE	6. DATE OF RANK	YR	MO	DA	7. DATE OF BIRTH	YR	MO	DA
	00	07	08	SSG	E-5		00	07	08				

8a. STATION OR INSTALLATION AT WHICH EFFECTED

PHOENIX, AZ 85034

8b. EFFECTIVE

DATE

YR	MO	DA
06	07	04

9. COMMAND TO WHICH TRANSFERRED

HQ ARPC DENVER, CO 80280

10. RECORD OF SERVICE

YRS	MO	DAYS
-----	----	------

(a) NET SERVICE THIS PERIOD

05	11	27
----	----	----

(b) PRIOR RESERVE COMPONENT SERVICE

09	08	19
----	----	----

(c) PRIOR ACTIVE FEDERAL SERVICE

05	01	26
----	----	----

11. TERMINAL DATE OF RESERVE/MILITARY SERVICE OBLIGATION

YR	MO	DA
00	00	00

(d) TOTAL SERVICE FOR PAY

20	10	12
----	----	----

12. MILITARY EDUCATION (Course Title, number of weeks, month and year completed)

NONE THIS PERIOD

13. PRIMARY SPECIALITY NUMBER, TITLE AND DATE AWARDED (Additional speciality numbers and titles)

2T355 VEH BODY MAINT JMAN 050823

14. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED

SECONDARY/HIGH SCHOOL GE_YRS(Gr 1-12) COLLEGE DO_YRS

15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED THIS PERIOD (State Awards may be included)

16. SERVICEMAN'S GROUP LIFE INSURANCE COV

 YES NO

AMT \$ 400,000

17. PERSONNEL SECURITY INVESTIGATION

a. TYPE

b. DATE COMPLETED

PRS

020709

SECRET

DECORATIONS CAMPAIGN RIBBONS STATE AWARDS

NONE	CLR WAR TER SVC MDL 0 N/A XPL DEF SVC MDL 0 N/A AF CE SVC LY RBN 0 N/A AR COMP ACHVMT MDL 0 N/A ARF MER SVC MDL 1 N/A ADP RES MDL 1 N/A AF LCY SVC AWD 3 N/A AF TRAINING RBN 0 N/A N/A N/A N/A N/A	AZ SVC RBN
------	---	------------

18. REMARKS

Blood Type: O Factor: POS
 Pay Dt: 850823 EDIGS: 000708 SAT SVC: 241016 DAFSC: 2T355
 AFQT%: 65 AFQT SCR GP: 2 APTITUDE TEST ID: AQE (CONV 80)
 TEST SCORES: ADMIN: 71 ELECT: 66 GEN: 68 MECH: 94

BLOCK 15 CONTINUED:

FOREIGN AWARDS UNIT AWARDS

NONE	N/A
	N/A
	N/A
	N/A
	N/A

19. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and Zip Code)

MESSA, AZ 85206

20. SIGNATURE OF PERSON BEING SEPARATED

21. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER

JENNI PETTETT, TSGT, AZ ANG
NGOIC RELOCATIONS

22. SIGNATURE OF AUTHORIZING OFFICER

23. AUTHORITY AND REASON

AFI 36-3209 PARA 3.12.6 TRANSFER TO THE USAF RETIRED RESERVE SPD: RBD

24. CHARACTER OF SERVICE

HONORABLE

25. TYPE OF CERTIFICATE USED

NGB FM 438A

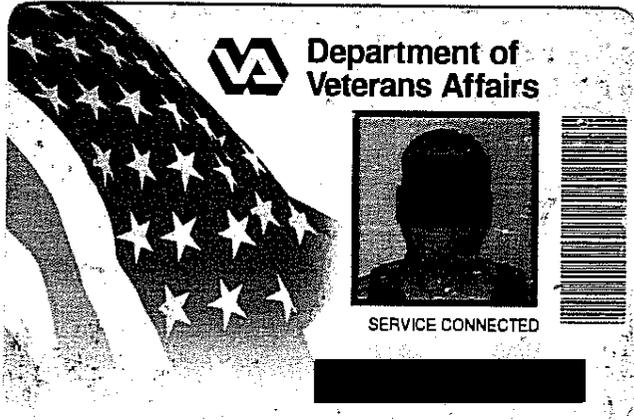
26. REENLISTMENT ELIGIBILITY

INELIGIBLE

27.

 REQUEST DECLINE COPIES OF MY NGB FORM 22

INITIALS BTH





3837998

DEPARTMENT OF VETERANS AFFAIRS
 Medical and Regional Office Center
 2101 Elm Street
 Fargo ND 58102

JUN 07 2014

In Reply Refer To: 437/211

CSS [REDACTED]

F [REDACTED]

[REDACTED]
 PHOENIX AZ 85008

Dear Mr. [REDACTED]

We made a decision on your claim for an increase in your service connected compensation received on January 24, 2014.

This letter tells you what we decided. It includes a copy of our rating decision that gives the evidence used and reasons for our decision. We have also included information about additional benefits, what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

What We Decided

We determined that the following service connected condition has worsened, so we granted an increase in your assigned percentage:

Medical Description	Old Percent (%) Assigned	New Percent (%) Assigned	Effective Date
residuals of fracture, mid-shaft, right first metatarsal, post surgical	0%	10%	Jan 24, 2014

RECEIVED
 AUG 04 2014
 FAA/138C

Your overall or combined rating remains at 40%. We do not add the individual percentages of each condition to determine your combined rating. We use a combined rating table that considers the effect from the most serious to the least serious conditions.

Your compensation rate remains unchanged at \$640.54 effective January 1, 2014.

If there is any change in the status of your dependents, please send us the enclosed VA Form 21-686c, Declaration of Status of Dependents. This form is provided for your **future** use. Please do **not** submit unless you need to report changes in your dependency status.





DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office
3333 N. Central Ave
Phoenix AZ 85012-2402

September 11, 2014

[Redacted]

MESA, ARIZONA 85201

In Reply Refer To: 345/PCT/AI
CSS xxx [Redacted]

To Whom It May Concern:

This letter certifies that [Redacted] is receiving service-connected disability compensation from the Department of Veterans Affairs.

The current benefit paid is as follows:

Gross Benefit Amount	\$640.54
Net Amount Paid	\$640.54
Effective Date	December 1, 2013
Combined Evaluation	40 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://iris.va.gov>.

Sincerely yours,

David Luzi

David Luzi
Veterans Service Center Manager

Corporate Award and Rating Data

File Help

Person Military Claims/Denials Award/Ratings PreConven Master Rcd

File No: [REDACTED] Name: [REDACTED]

General Information Award Information Rating Information Additional Rating Decisions EVR Information Income/Expenses/Net Worth VA&E Information

SC Combined Degree 40 NSC Combined Degree 40 Date 02/01/2014

***NOTE:** Click individual line to see expanded diagnosis

Decision	Diag Code	Diagnosis	Pct	From	To	Bilet	Major	Las
Service Connected	9411	post traumatic stress disorder (PTSD)	30	02/19/2008			N	
Service Connected	5284	residuals of fracture, mid-shaft, right first m	10	01/24/2014		Right Lower		
Service Connected	6260	tinnitus	10	04/01/2010			N	
Service Connected	6100	left ear hearing loss	0	04/01/2010			N	
Not Service Connected	7338	umbilical hernia repair					N	
Not Service Connected	8099 - 8004	essential tremors					N	

Special Issue Information Special Issue Information Basis

Expanded Diagnostic Description

From: Department of Veterans Affairs 6026272804

08/08/2014 12:16

#254 P.002/004



Department of Veterans Affairs

COUNSELING RECORD - MEDICAL INFORMATION AND RELATED FINDINGS

1. FIRST NAME - MIDDLE INITIAL - LAST NAME OF COUNSELEE Mr [REDACTED]		2. FILE NUMBER XXX-XX-[REDACTED] 00	
3. DATE OF NEXT MEDICAL EXAMINATION, IF SCHEDULED	4. DATE OF LAST MEDICAL EXAMINATION 8/13/14	5. VA REGIONAL OFFICE 345 Department of Veterans Affairs VR&E Division 3333 N. Central Ave Phoenix, AZ 85012	
PART I - REFERRAL AND RECOMMENDATIONS			
6. REFER TO: (Name, Office Symbol and Location of Medical Consultant) VAMC Gold Clinic Attn: Dr. Samer Ein Alshaeba			
7. REASON FOR REFERRAL (Identify specific medical information or opinions requested, including feasibility, reduced work tolerance, and physical limitations) Mr. Hoff is interested in participating in the Chapter 31 program, Vocational Rehabilitation program. He is interested in re-entering the workforce. Vet stated that he is under your care for his physical health issues. Based on your professional opinion, is Vet physically stable to re-enter the workforce based on the limitations associated with his physical issues? Please enter your response in block #10. I also have access to medical notes in CAPRI. Also, I can be reached at (602) 627-3219 or via email at wendy.hughes2@va.gov. My fax number is (602) 627-2804. Thanks for your assistance.			
8. NAME AND SIGNATURE OF COUNSELING PSYCHOLOGIST OR VOCATIONAL REHABILITATION SPECIALIST Wendy M. Hughes		9. DATE SIGNED 8/7/14	
10. MEDICAL CONSULTANT'S OPINION AND RECOMMENDATION (note Part II before completing this section) patient not able to work at this time secondary to numbness in both hands - Right Foot pain (R) Foot Spurring			
11. NAME, TITLE, AND SIGNATURE OF CONSULTANT Ein Alshaeba SAMBR Ein Al		12. DATE SIGNED 8/13/2014	

2014/09/09 09:39:03

2 /2

4326611195 THRU 09-08-14 TRANSACTION SYSTEM - MEMBER STATEMENT 20-700
 [REDACTED] BAL AS OF 8-25-14 5.38-
 MESA AZ 85201 +DEP/CR 1 640.54
 -CK/DR 10 626.04
 -SVC CHARGE .00
 +DIV PAID .00
 CURRENT BAL 9.12

Pst Dt	TC	Description	Amount	Balance
Eff Dt		Serial Number	Str/Run/Bat/Seq#	
082914	18	VACP TREAS 310 XXVA BENE	640.54	635.16
082914		[REDACTED]	00-891-9071423-0004623-00	
082914	53	DESERT SCHOOLS	200.00-	435.16
082914		ATM W/D W/U 2500 N 44TH ST, PHX AZ	00-949-0000046-0219228-01	
082914	161	3721 EAST THOMAS RO	38.92-	396.24
082914		PIN POS WAL-MART # PHOENIX AZ	00-949-0000045-0066985-01	
082914	161	5332 WAL-SAMS	37.76-	358.48
082914		PIN POS Wal-Mart S MESA AZ	00-949-0000045-0072138-01	
090214	61	L AND J MOTORS	250.00-	108.48
090214		DDA PUR L AND J MO 701-663-0600 ND	00-949-0000052-0452507-01	
090214	53	DESERT SCHOOLS	20.00-	88.48
090214		ATM W/D W/U 2500 N 44TH ST, PHX AZ	00-949-0000053-0840753-01	
090214	161	MAS WIRELESS LLC	32.00-	56.48
090214		PIN POS MAS WIRELE PHOENIX AZ	00-949-0000052-0106942-01	
090214	161	MAX MART	11.87-	44.61
090214		PIN POS MAX MART MESA AZ	00-949-0000052-0129558-01	
090214	161	25 W MCKELLIPS RD	20.00-	24.61
090214		PIN POS ARCO PAYPO MESA AZ	00-949-0000052-0185951-01	
090214	161	339 E. BROWN ROAD	15.14-	9.47
090214		PIN POS BASHAS' #0 MESA AZ	00-949-0000052-0187997-01	
090214	936	Surcharge	.35-	9.12
090214			00-949-0000052-0185952-01	

STATEMENT COMPLETE

*** THIS IS AN ESTIMATE ***

BRAKE MASTERS #122

Complete Car Care

3812 E. Thomas Rd.

Phoenix, AZ 85018

Phone (602) 957-6500

62853

NAME		PLATE#	KDU589	VEHICLE ID	29850
ADDRESS		MAKE	2002 DODGE-RAM	INVOICE#	62844
		MODEL	CARAVAN MINI VAN	DATE	09-10-2014 07:38AM
		MILEAGE	240548	EMP#	297

TECH	DESCRIPTION	PART CODE	QTY	TOTAL
	FAULT/PENDING TROUBLE CODE-P1698+FAULT WITH TRANSMISSION CONTROL MODULE, REC TRANSMISSION SHOP			
2204	FULL SERVICE LUBE OIL AND FILTER CHANGE	LABOR		15.00
	VALVOLINE 5W-30 OIL	O-VALV530	5.0	12.95
	OIL FILTER 758705	VO107	1.0	4.00
	21 POINT INSPECTION PERFORMED			
	LUBE CHASSIS - WHERE APPLICABLE			
	CHECK AND SET TIRE PRESSURE			
	COUPON	*IC&	1.0	-7.00
	LOF DISPOSAL FEE	LOF WASTE	1.0	3.00
		Subtotal		27.95
	INNER CV BOOT LEAKING GREASE			
	CV UNLIMITED R NEW CV COMPL ASSY	#14-CVBA% CVF3073	1.0	129.95
2204	R&I F AXLE SHAFT ASSEMBLY ONE SIDE Front Axle	LABOR		98.00
	DISPOSAL FEE	WASTE	1.0	3.50
		Subtotal		231.45
	FRONT BRAKES APPROX 75% WORN			
	CUSTOMER ADVISED THAT DELUXE BRAKE PADS CARRY NO WARRANTY AGAINST SQUEAKING			
2204	FRONT DISC BRAKES (12MO/12K WARRANTY)	LABOR		78.00
	BENDIX GLOBAL BRAKE PADS	MRD856	1.0	31.95
	BRAKE HARDWARE KIT	*BILLABLE	1.0	24.95
	RESURFACED LEFT FRONT ROTOR			
	RESURFACED RIGHT FRONT ROTOR			
	DISPOSAL FEE	WASTE	1.0	3.50
		Subtotal		138.40
	REAR BRAKES HAVE ABNORMAL WEAR			
2204	REAR DRUM BRAKE SERVICE	LABOR		78.00
	BENDIX GLOBAL BRAKE SHOES	RS841	1.0	31.95
	R BRAKE HARDWARE KIT	*BILLABLE	1.0	24.95
	LAST RESURFACE ON LEFT REAR DRUM			
	LAST RESURFACE ON RIGHT REAR DRUM			
	DISPOSAL FEE	WASTE	1.0	3.50
		Subtotal		138.40
2204	BRAKE FLUID FLUSH SERVICE	LABOR		28.00
	DOT 3 BRAKE FLUID	PYBF32	1.0	11.95
	BLEED AND ADJUST BRAKING SYSTEM OK			
	ROAD TEST VEHICLE COMPLETED			
	DISPOSAL FEE	WASTE	1.0	3.50
		Subtotal		43.45
	A/C SYSTEM HAS NO PRESSURE/FREON, NEED STARTING POINT TO EVALUATE			
	AIR CONDITIONING CHARGE OR DIAGNOSIS			

Thank you for your business!!!

*** THIS IS AN ESTIMATE ***

BRAKE MASTERS #122

Complete Car Care

3812 E. Thomas Rd.

Phoenix, AZ 85018

Phone (602) 957-6500

62853

NAME		PLATE#	KDU589	VEHICLE ID	29850
ADDRESS		MAKE	2002 DODGE-RAM	INVOICE#	62844
		MODEL	CARAVAN MINI VAN	DATE	09-10-2014 07:38AM
		MILEAGE	240548	EMP#	297

TECH	DESCRIPTION	PART CODE	QTY	TOTAL
2204	AIR CONDITIONING CHARGE AND EVACUATION	LABOR		69.95
	R-134A REFRIGERANT	SP-134A	2.7	80.57
	UNIVERSAL A/C DYE	SP-A/CDYE	1.0	19.95
	DISPOSAL FEE	WASTE	1.0	3.50
			Subtotal	173.96

All parts are new unless otherwise stated.
Reference Estimate/Work Order # _____
I acknowledge notice and oral approval of an increase
in the original estimated price.

X

Payments

Charge Summary

Parts	373.17
Labor	366.95
Hazardous Waste	20.50
Discount	-7.00
Warranty	0.00
Customer Sat	0.00
Shop Supplies	12.00
State Tax	24.27
City Tax	7.70
TOTAL =>	797.59

Service History

Miles

Date

Next Service Due

SUBJECT TO TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS CONTRACT. PLEASE READ REVERSE SIDE.

Authorizing Signature: **X**

Total Paid	0.00
Balance Due	797.59

Thank you for your business!!!



**PHOENIX VET CENTER
READJUSTMENT COUNSELING SERVICE
DEPARTMENT OF VETERANS AFFAIRS
4020 N. 20th St., Suite 110
Phoenix, Arizona 85016
(602) 640-2981/ Fax (602) 640-2967**

August 15, 2014

To Whom It May Concern:

██████████ has been in treatment with the Phoenix Vet Center for post-traumatic stress disorder. It is important that he continue to be with his dogs as part of his treatment. Mr Hoff's Therapy dogs are a necessary tool in Barney's managing his day to day life.

I recommend that he continue his therapeutic support with his dogs and that it be a strong consideration in selecting his next living environment. I strongly encourage any housing authority to all Mr. Hoff the support of his animals.

Sincerely,

Danny R. Guckenburg

Danny R. Guckenburg, MA, LCSW
Phoenix Vet Center
Readjustment Counselor

Vet
Center



Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION

Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA19 "Patient Medical Record - VA" and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.

TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)	PATIENT NAME (Last, First, Middle Initial)
650 E Indian School Rd Phoenix, AZ 85012	[REDACTED]
	SOCIAL SECURITY NUMBER
	[REDACTED]

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

Arizona Department Of Veteran Services
 3839 North 3rd Street Ste 209, Phoenix Az 85012

VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

DRUG ABUSE ALCOHOLISM OR ALCOHOL ABUSE TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) SICKLE CELL ANEMIA

INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)

COPY OF HOSPITAL SUMMARY COPY OF OUTPATIENT TREATMENT NOTE(S) OTHER (Specify)

Information needed to assist w/ sustainable housing

PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

Coordination of Care and assistance with housing.

NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redislosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on [REDACTED] (date supplied by patient); (3) under the following condition(s):

[REDACTED]

I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

DATE	SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)
9-10-14	[REDACTED]

FOR VA USE ONLY

IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)	TYPE AND EXTENT OF MATERIAL RELEASED	
	DATE RELEASED	RELEASED BY

April 2, 2014

[REDACTED]
Phoenix, AZ 85008

Dear Mr. [REDACTED]

Thank you for completing the Request for a Hearing before an Administrative Law Judge with me. Nationally, the average wait time for a hearing is approximately 12 months; the average wait time traditionally ranges from 11-13 months and can sometimes be longer. We typically receive notice of the hearing date around 3 months prior to the actual hearing and we will notify you once the hearing has been scheduled.

If you do not hear from me or from our office for extended periods of time, don't worry. We do our best to call only when we have updates for you or need information. Please continue to contact me with important updates: visits to a new clinic; new diagnoses; drastic changes in your condition(s); address or phone number changes; and employment changes.

Should you have any questions, please feel free to contact me.

While thanking you in advance for your attention and consideration of this matter, I remain

Very truly yours,


Alicia Lamountain
Case Manager

ALICA@GREEMANTOOMEY.COM



**Department of
Veterans Affairs**

0V September 8, 2014

**3333 N CENTRAL AVE
PHOENIX AZ 85012**

In Reply Refer To:

[REDACTED]

File Number:

[REDACTED]

MESA AZ 85201

We are still processing your application for COMPENSATION. We apologize for the delay. You will be notified upon completion of processing. If you need to contact us, be sure to show the file number and full name of the veteran.

If your mailing address is different than that shown above, please advise us of your new mailing address. You should notify us immediately of any changes in your mailing address.

If you reside in the Continental United States, Alaska, Hawaii, Guam, the Northern Marianas, or Puerto Rico, you may contact VA with questions and receive free help by calling our toll-free number 1-800-827-1000 (for hearing impaired TDD 1-800-829-4833). From American Samoa you may dial toll free 684-699-3730.

Note: TDD phone number 1-800-829-4833 does not work for callers residing in Guam and the Northern Marianas.

D. LUZI

VETERANS SERVICE CENTER MANAGER

NH 502-68-0271

SG-SSA-16

: UNIT: DDDDDD :
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[REDACTED] F
BISMARCK ND 58501

APPLICATION SUMMARY FOR DISABILITY INSURANCE BENEFITS

On July 8, 2013, we talked with you and completed your application for SOCIAL SECURITY BENEFITS. We stored this information electronically in our records. We are enclosing a summary of your statements.

I APPLY FOR A PERIOD OF DISABILITY AND/OR ALL INSURANCE BENEFITS FOR WHICH I AM ELIGIBLE UNDER TITLE II AND PART A OF TITLE XVIII OF THE SOCIAL SECURITY ACT, AS PRESENTLY AMENDED.

MY NAME IS BARNEY THOMAS HOFF.

MY SOCIAL SECURITY NUMBER IS [REDACTED]

MY DATE OF BIRTH IS J [REDACTED]

I AM A CITIZEN OF THE UNITED STATES.

I BECAME UNABLE TO WORK BECAUSE OF MY DISABLING CONDITION ON May 22, 2012.

I AM STILL DISABLED.

NO PREVIOUS APPLICATION HAS BEEN FILED WITH THE SOCIAL SECURITY ADMINISTRATION BY OR FOR ME.

I DO NOT WANT TO FILE FOR SSI.

I HAVE NOT FILED NOR DO I INTEND TO FILE FOR ANY WORKERS' COMPENSATION, PUBLIC DISABILITY OR BLACK LUNG BENEFITS.

I AM NOT ENTITLED TO NOR DO I EXPECT TO BECOME ENTITLED TO A PENSION OR ANNUITY BASED IN WHOLE OR IN PART ON WORK AFTER 1956 NOT COVERED BY SOCIAL SECURITY.

THE SOCIAL SECURITY ADMINISTRATION AND THE STATE AGENCY REVIEWING MY CLAIM DO HAVE MY PERMISSION TO CONTACT MY EMPLOYER(S).

I AM MARRIED TO CLARICE ZENNER. WE WERE MARRIED ON June 18, 2007 IN AZ BY A CLERGYMAN OR PUBLIC OFFICIAL. MY SPOUSE'S AGE OR BIRTHDATE IS June 28, 1957 AND

NH [REDACTED]

SOCIAL SECURITY NUMBER IS [REDACTED]

I HAD NO PREVIOUS MARRIAGES THAT LASTED 10 YEARS OR MORE OR ENDED IN DEATH.

I DO NOT HAVE ANY CHILDREN UNDER AGE 18; AGE 18-19 ATTENDING ELEMENTARY OR SECONDARY SCHOOL FULL TIME; OR AGE 18 OR OVER AND DISABLED BEFORE AGE 22 WHO MAY BE ELIGIBLE FOR SOCIAL SECURITY BENEFITS ON THIS RECORD. THIS INCLUDES CHILDREN WHO MAY OR MAY NOT BE LIVING WITH ME.

I UNDERSTAND THAT I MUST PROVIDE MEDICAL EVIDENCE ABOUT MY DISABILITY, OR ASSIST THE SOCIAL SECURITY ADMINISTRATION IN OBTAINING THE EVIDENCE.

I UNDERSTAND THAT I MAY BE REQUESTED BY THE STATE DISABILITY DETERMINATION SERVICES TO HAVE A CONSULTATIVE EXAMINATION AT THE EXPENSE OF THE SOCIAL SECURITY ADMINISTRATION AND THAT IF I DO NOT GO, MY CLAIM MAY BE DENIED.

I AUTHORIZE ANY PHYSICIAN, HOSPITAL, AGENCY, OR OTHER ORGANIZATION TO DISCLOSE ANY MEDICAL RECORD OR INFORMATION ABOUT MY DISABILITY TO THE SOCIAL SECURITY ADMINISTRATION OR TO THE STATE DISABILITY DETERMINATION SERVICES THAT MAY REVIEW MY CLAIM OR CONTINUING DISABILITY.

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE ANY INFORMATION ABOUT ME TO A PHYSICIAN OR MEDICAL FACILITY PREPARATORY TO AN EXAMINATION OR TEST. RESULTS OF SUCH EXAMINATION OR TEST MAY BE RELEASED TO MY PHYSICIAN OR OTHER TREATING SOURCE.

I AUTHORIZE THAT INFORMATION ABOUT MY DISABILITY MAY BE FURNISHED TO ANY CONTRACTOR FOR CLERICAL SERVICES BY THE STATE DISABILITY DETERMINATION SERVICES.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION OF ALL EVENTS AS EXPLAINED TO ME.

REMARKS:

I AGREE WITH THE EARNINGS AS SHOWN ON MY SOCIAL SECURITY STATEMENT.
WORK:FOREIGN-2012=N 2013=N USTAXESPD-2012=? 2013=?

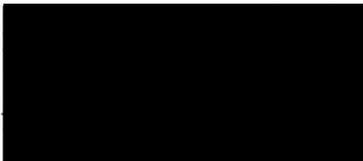
I KNOW THAT ANYONE WHO MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF MATERIAL FACT IN AN APPLICATION OR FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW BY FINE, IMPRISONMENT OR BOTH. I AFFIRM THAT ALL INFORMATION I HAVE GIVEN IN CONNECTION WITH THIS CLAIM IS TRUE.

MY TELEPHONE NUMBER IS (701) 751-1270.

NH [REDACTED]

SOCIAL SECURITY ADMINISTRATION
IMPORTANT INFORMATION

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY DISABILITY INSURANCE BENEFITS



YOUR APPLICATION FOR SOCIAL SECURITY BENEFITS HAS BEEN RECEIVED AND WILL BE PROCESSED AS QUICKLY AS POSSIBLE.

YOU SHOULD HEAR FROM US WITHIN 120 DAYS AFTER YOU HAVE GIVEN US ALL THE INFORMATION WE REQUESTED. SOME CLAIMS MAY TAKE LONGER IF ADDITIONAL INFORMATION IS NEEDED.

IN THE MEANTIME, IF YOU CHANGE YOUR ADDRESS, OR IF THERE IS SOME OTHER CHANGE THAT MAY AFFECT YOUR CLAIM, YOU - OR SOMEONE FOR YOU - SHOULD REPORT THE CHANGE.

We are providing the attached application for your records.

We stored your application information electronically so there is no reason for us to retain a paper copy of your application.

IMPORTANT REMINDER

Penalty of Perjury

You declared under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge. You were told that you could be liable under law for providing false information.

THE TELEPHONE NUMBERS TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT ARE:

BEFORE YOU RECEIVE A NOTICE ABOUT YOUR CLAIM:

Local 877-319-6044 xt _____

Toll Free 800-772-1213

AFTER YOU RECEIVE A NOTICE ABOUT YOUR CLAIM:

Fax 701-250-4230

SOCIAL SECURITY INFORMATION IS ALSO AVAILABLE TO INTERNET USERS AT WWW.SOCIALSECURITY.GOV.

What You Need To Do

- o Review the summary to make sure we recorded your statements correctly.
- o If you agree with all your statements, you may keep the information for

NH [REDACTED]

SG-SSA-16

your records.

- o If you disagree with any of your statements, please contact us within 10 days after receiving this notice to let us know.

ALWAYS GIVE US YOUR CLAIM NUMBER WHEN WRITING OR TELEPHONING ABOUT YOUR CLAIM. IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, WE WILL BE GLAD TO HELP YOU.

WE ARE RETURNING ANY DOCUMENT(S) YOU MAY HAVE SUBMITTED WITH YOUR APPLICATION.

HELPFUL HEALTH CARE WEBSITES

Health Information

The U.S. Department of Health and Human Services provides information on many health topics at www.healthfinder.gov on the Internet. You may wish to visit that site to review that information, which may be helpful to you.

Prescription Drug Assistance Programs

You may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit www.healthfinder.gov/rxdrug on the Internet.

CLAIMANT
BARNEY T HOFF

SOCIAL SECURITY CLAIM NO.
502-68-0271

Social Security

The Official Website of the U.S. Social Security Administration

Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Application Number:

You have successfully started your Disability application. We are providing you with an Application Number. The number can be used to restart an incomplete application. You will need it to complete your online application if you decide to continue the application later or to check the status of your claim.

Application Number: **16936298**

Print this page, or write down the number, so you will have what you need to return to your application at a later time.

[Print this page](#)

In this section...

[Initial Information](#)

[Application Number](#)

Application Number

[Additional Information](#)

544

Application Number for Barney Hoff

If you are unable to complete your online application for any reason, use the "Save & Exit" option at the bottom left corner of each page. We will save all the information you provided prior to the page where you use the "Save & Exit" option.

After waiting at least five minutes, you will be able to continue this application again by selecting "Return to a Saved Application" from the Welcome page. You will need to enter **your** Social Security Number and this Application Number to continue your application.

If you lose this number and have not completed the application, you can start a new application and we will give you a new Application Number. The old number will be disabled. Social Security employees will not ask for, or be able to access **your** Application Number.

We may use 06/26/2013 as the official date of this application. In order to use 06/26/2013, we must receive the signed application by **12/27/2013 or you may lose Social Security benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day.

Supplemental Security Income or SSI is a federal program that provides monthly payments to people who have limited income and assets and who are age 65 or older, or blind or have a disability. For more information about the SSI program, please read the pamphlet, Supplemental Security Income. (popup)

If you intend to file an SSI application, you need to send your application to us by **08/25/2013 or you may lose SSI benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day. Call us at 1-800-772-1213 (TTY 1-800-325-0778) to arrange an appointment to apply for SSI. You **cannot** apply for SSI over the Internet.

If you live within the U.S., our territories or commonwealths, you may call our toll-free number **1-800-772-1213 (TTY 1-800-325-0778)**. SSA representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.

If you live outside the U.S., our territories or commonwealths, you may visit our Service Around the World (popup) page or contact your local U.S. embassy or Consulate.

[Next](#)

[Previous](#)

[Save & Exit](#)

Social Security

The Official Website of the U.S. Social Security Administration

Benefit Application

[Identification](#)
[General](#)
[Other Benefits](#)
[Remarks](#)
[Review & Submit](#)
[Next Steps](#)

Evidence and Receipt for [REDACTED]

Your benefit application was received on June 26, 2013 at 3:00:36 PM.

Print this page ...It provides instructions on what you need to do now .

We cannot complete processing of your claim until we have received and verified all documents.

Documents You Need to Submit to Social Security

- Wages from your employer (popup) for last year (e.g., copy of your W-2 form). We can accept a photocopy of this document;
- If we determine that you qualify for benefits as a spouse, we may also need proof of your marriage. We will contact you if we need this document.

We will need, and can accept, uncertified photocopies of the following:

- Any medical evidence (popup) already in your possession regarding your disability.
- Award letters, pay stubs, settlement agreements or other proof of temporary or permanent workers' compensation (popup) type benefits you received.

Do not delay mailing or bringing in your documents, even if you do not have all the documents we need. We will help you get any other documents you need.

You can mail or take your documents to any Social Security office.

If you submit any documents to us, we must have your Social Security Number so that we can match them with your claim. Please write your Social Security Number on a separate sheet of paper and include it with your documents. **Do not write anything on your original documents.**

We will return all documents and photocopies to you unless you specifically tell us otherwise.

Caution: Do not mail foreign records or any Department of Homeland Security (DHS) documents to us - especially those you are required to keep with you at all times. These documents are extremely difficult, time-consuming and expensive to replace if lost; and some cannot be replaced. Instead, **bring them to your Social Security office** where they will be examined and returned to you.

In this section...

Receipt

[What's Next](#)

Receipt

Identification : Initial Information

Applicant Identification

Applicant Name: [REDACTED]

Social Security Number [REDACTED]

Gender: **Male**

Date of Birth: [REDACTED]

During the last 14 months, unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death: **Yes**

Unable to work as of: **June 13, 2013**

Blind: **No**

Contact Information

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Page 123

Mailing Address

Applicant Address: [REDACTED]

Reside at this address: **Yes****Phone and Email**

Daytime telephone number: ([REDACTED]) --- Home

Best time to call: **Anytime between 9 a.m. and 5 p.m.**Email address: **barneyhoff1@yahoo.com**Confirm Email Address: **barneyhoff1@yahoo.com****Language Preferences**Preferred language for speaking: **ENGLISH**Preferred language for reading: **ENGLISH****Birth and Citizenship Information**Place of Birth: **Steele, North Dakota**U.S. Citizen: **Yes**Type of Citizenship: **US citizen born inside US**

Identification : Personal Information

Other Social Security Numbers and Names**Other Social Security Numbers**Any other Social Security Numbers used: **No****Other Names**Any other names used: **No**

General : Family

Marriage InformationCurrently married: **Yes**

Spouse's Name: C [REDACTED]

Spouse's Social Security Number: 481-62-5001

Know Spouse's date of birth: **Yes**Spouse's date of birth: **June 28, 1957**Marriage Date: **June 18, 2007**Place of Marriage: **Tolleason, Arizona**Marriage Type: **Married by Clergy or Public Official****Prior Marriages**Any prior marriages: **Yes**Any prior marriages that lasted at least 10 years: **No**Any prior marriages that ended due to spouse's death: **No****Children**Any children who became disabled prior to age 22: **No**Any unmarried children under age 18: **No**Any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: **No**

General : Earnings

Employer Details

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Page 124

Worked for an employer in 2012: **Yes**
 Worked or will work for an employer in 2013: **Yes**
 First Employer's name: **Bismarck Transitional Center**
 First Employer's address: 2 [REDACTED]
 First Employer - Date employment began: **January 2013**
 First Employer - Date employment ended: **April 2013**
 First Employer - Employment has not ended:
 Second Employer's name: **Dakota West Contracting**
 Second Employer's address: 1 [REDACTED]
 Second Employer - Date employment began: **April 2013**
 Second Employer - Date employment ended: **June 2013**
 Second Employer - Employment has not ended:
 Third Employer's name: **Wal-Mart**
 Third Employer's address: **921 25th St SW, Jamestown, North Dakota 58401**
 Third Employer - Date employment began: **May 2012**
 Third Employer - Date employment ended: **June 2013**
 Third Employer - Employment has not ended:
 Fourth Employer's name: **R T S Shearing**
 Fourth Employer's address: **3710 85 Ave SE, Jamestown, North Dakota 58401**
 Fourth Employer - Date employment began: **December 2011**
 Fourth Employer - Date employment ended: **May 2012**
 Fourth Employer - Employment has not ended:

Self-Employment Details

Self-employed in 2012: **No**
 Self-employed in 2013: **No**

Supplemental Information

Worked outside the US: **No**
 Spouse worked outside the US: **No**
 Agree with earnings history as shown on Social Security statement: **Yes**
 A Corporate Officer of employer: **No**
 Related to a Corporate Officer of employer: **No**
 Receive earnings from a Family Corporation or other closely held corporation: **No**
 Permission granted to contact employer(s) if necessary: **Yes**

Total Earnings

Total of all wages and tips in 2012: **\$23000**
 Worked outside the United States for salary, wages, or self-employment in 2012: **No**
 Total of all wages and tips in 2013: **\$20000**
 Worked outside the United States for salary, wages, or self-employment in 2013: **No**
 Total earnings include any special payments paid in one year but earned in another: **No**

Other Pensions/Annuities

Ever worked in a job where U.S. Social Security taxes were not deducted or withheld? **No**
 Spouse worked for the Railroad 5 years or more: **No**

General : When to Start Benefits

Direct Deposit Details

Own or co-own a bank account to use for Direct Deposit: **Yes**

Account Type: **Checking**
Routing Number: **291370918**
Account Number: **03080426847**

Other Benefits : Benefit Information

Benefit Information

Recent application for Supplemental Security Income submitted to SSA: **No**
Intend to apply for Supplemental Security Income benefits: **No**
Any previous application(s) for Medicare, Social Security, or Supplemental Security Income benefits: **No**

Other Benefits : Disability Questions

Ability To Work

Illnesses, injuries, conditions that limit ability to work: **PTSD TBI Diabetes Tremors History of Spurs on feet**
Illnesses, injuries, conditions related to work: **No**
Now able to work: **No**

Disability Payments

Filed or intend to file for workers' compensation or other public disability benefits: **No**
Received money from employer on/after date unable to work: **No**
Expect to receive money from employer in the future: **No**

Dependents

Has one parent who receives one-half support: **No**

Authorization

Disclosure of medical information authorized: **Yes**

Remarks

Remarks

The following are your remarks:

Next

Applicant 2014 September F

Afghanistan being in the facility with detainees dealing with all there issues and trying to maintain the discipline of The United States Navy and under the orders of The United States Army have symptoms of PTSD from it.I have been on active duty and then went to join the reserves, and was a reservist that was activated goto Afghanistan. I am now in the process of starting a claim within the VA to get checked out for PTSD and possible for Anger Management as well. Because of my PTSD and deployment to Afghanistan, my wife and filed for a divorce because it is just too much for her to deal with right now. I just haven't been able to sustain myself as I once had been able to before my deployment. On top of losing my marriage I have also lost my job of 17 ½ years back in December of 2013 due to being late and not following the work schedule. I have tried many of times to obtain a job but I have had a hard time keeping them because of my inability to adjust to civilian employees. Just recently I was able to gainfully be employed by the VA as a Legal Administration Specialist and I feel good that I will be able to keep this job so that I can sustain myself and provide for me and my kids. Following my return, I have been sleeping at friend's houses and just currently have had t o stay at my brothers' house until the time comes for me to leave. Because of these series of events, I have managed to put myself into a hole with bill continuing to add up monthly. I am currently behind on my SGLI that is now \$650.00 through the Navy, and also behind \$800.00 for my auto Insurance through USAA. I have a strong belief in myself that with a little help, I will be able to get back on my feet and live the life that every man works towards in their life. I will be able to provide for myself as well

and my children from the earning I will receive from my new job at the VA Regional office.

Assistance Requested: 1 months 9/04/2014

Type	Amount	Total
SGLI	\$ 650.00	\$ 650.00
Car Insurance	\$ 850.00	\$ 850.00
Total	\$1,500.00	\$1,500.00

*Ineligible for assistance per award criteria

*Only Eligible amount included in total

Total Received if Awarded **\$1,500.00**

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

APPLICANT NARRATIVE

Complete All Narratives - Please feel free to use additional paper if needed

1. Describe your current circumstances and how combat deployment brought you to this point. If you are a combat injured veteran, describe the circumstances of your injury and how your injury has caused your financial hardship. Use additional paper if needed.

Since being deployed to Afghanistan from October 18, 2009 to October 29, 2010, I believe that the time in Afghanistan being in the facility with detainees dealing with all there issues and trying to maintain the discipline of The United States Navy and under the orders of The United States Army have symptoms of PTSD from it. I have been on active duty and then went to join the reserves, and was a reservist that was activated goto Afghanistan. I am now in the process of starting a claim within the VA to get checked out for PTSD and possible for Anger Management as well. Because of my PTSD and deployment to Afghanistan, my wife and filed for a divorce because it is just too much for her to deal with right now. I just haven't been able to sustain myself as I once had been able to before my deployment. On top of losing my marriage I have also lost my job of 17 1/2 years back in December of 2013 due to being late and not following the work schedule. I have tried many of times to obtain a job but I have had a hard time keeping them because of my inability to adjust to civilian employees. Just recently I was able to gainfully be employed by the VA as a Legal Administration Specialist and I feel good that I will be able to keep this job so that I can sustain myself and provide for me and my kids. Following my return, I have been sleeping at friend's houses and just currently have had to stay at my brothers' house until the time comes for me to leave. Because of these series of events, I have managed to put myself into a hole with bill continuing to add up monthly. I am currently behind on my SGLI that is now \$650.00 through the Navy, and also behind \$1003.43 for my auto insurance through USAA. I have a strong belief in myself that with a little help, I will be able to get back on my feet and live the life that every man works towards in their life. I will be able to provide for myself as well and my children from the earning I will receive from my new job at the VA Regional office.

2. Specifically, what financial assistance are you requesting? Please list the assistance you are requesting. Bills/Statements/Receipts/Quotes must be attached for each request. Use additional paper if needed.

Name	Type (rent, utility, etc)	Acct #	Emergency Assistance*	One-Time Assistance	Reoccurring Assistance**
SGLI	BILL		\$650.00		
USSA CAR INSURANCE	BILL		\$1,003.43		
Total:			\$1,653.43		

*Emergency Assistance limited to a total of \$3,000.00.

**If you seeking reoccurring monthly assistance, please state how many months: _____

3. Describe how assistance will help you achieve personal well-being and/or financial stability. Briefly describe your immediate and future goals or financial plan and how assistance will contribute. Use additional paper if needed.

TO BE ABLE TO GET AN APPARTMENT TO LIVE IN, INSTEAD OF LIVING ON MY BROTHERS COUCH. GOING THRU A DEVIORCE, LOST MY JOB AFTER 17 1/2 YEARS, BEEN OUT OF WORK FOR 6 MONTHS WITH SIDE JOBS JUST TO PUT GAS IN MY AUTOMOBLIE TILL I WAS HIRED AT THE (VA) IN PHONIEX,AZ. MY AUTOMOBILE IS PAID OFF SO I DON'T HAVE TO WORRY ABOUT CAR PAYMENTS RIGHT NOW.

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

APPLICANT FINANCIAL WORKSHEET

COMPLETE ALL APPLICABLE FIELDS

HOUSEHOLD MONTHLY INCOME		
(Monthly Average)		
	Gross	Net
1.	Salary of Service Member	\$2,500.00
1b	- Place of employment	VA REGIONAL
2.	Salary of Spouse/Significant Other	
2b	- Place of employment	
3.	VA Disability Income	\$0.00
4.	GI Bill Monthly Stipend	\$0.00
5.	Other VA Benefits:	\$0.00
6.	Social Security Income (i.e. SSI, SSDI, TANF)	\$0.00
7.	Other Social Security Benefits	\$0.00
8.	Child Support (Received)	\$0.00
9.	Food Stamps/W.I.C.	\$0.00
10.	Rental income	\$0.00
11.	Other Household Income (list)	\$0.00
12.		
13.		
19.		
20.		
(A)	TOTAL INCOME	\$2,500.00

AVERAGE MONTHLY EXPENSES		
	Essential Expenses	Amount
	B. Variable Expenses	Amount
21.	Alimony/Child/Family Support	\$600.00
22.	Electricity	\$0.00
23.	Gas	\$0.00
24.	Water/Sewer/Garbage	\$0.00
25.	Telephone	\$0.00
26.	Internet	\$0.00
27.	Health Insurance	\$300.00
28.	Medical Expenses/Prescriptions	\$0.00
29.	Home Owners/Renters Insurance (not included w/ mortgage)	\$175.00
30.	Life Insurance/SGLI	\$27.00
31.	Auto Insurance	\$175.00
32.	Auto Gasoline (average)	\$200.00
33.	Food/Household Items	\$200.00
34.	Child Care	\$0.00
35.	VEAP / School Expenses	\$0.00
36.	Other (list):	
37.		
	Essential Total	\$1,677.00
36.	Cable/Satellite	\$0.00
39.	Recreation/Entertainment	\$0.00
40.	Clothing/Laundry/Dry Cleaning	\$0.00
41.	Charity/Church Contributions	\$0.00
42.	Savings	\$27.00
43.	Other (list):	
44.		
45.		
46.		
47.		
	Variable Total	\$27.00
(B)	TOTAL EXPENSES	\$1,704.00

C. MORTGAGE / RENT (include any HOA fees)

C.	Mortgage / Rental Company Name	Date Purchased / Leased	Original Loan Amount	Balance Owed	Current Value (if owned)	Months to go	Past Due Amount	Monthly Payment
48.								
49.								
50.								
(C)	TOTAL MORTGAGE/RENT*							(C)

D. INDEBTEDNESS

Include Auto Loans and all unsecured debt with balances over \$100

C.	Creditor Name	Purpose (if Auto, include YR/Make/Model)	Date Incurred	Original Amount	Balance Owed	Past Due Amount	Months to go	Monthly Payment
51.	Cerritos Ford	(TRUCK,FORD,F150,2003)			\$0.00	\$0.00	0	\$0.00
52.								
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.								
(D)	TOTAL INDEBTEDNESS*							(D)

E. ASSET INFORMATION

Type	Value	Description
Savings		N/A
Checking		N/A
IRA		N/A
401k		N/A
Auto		
Auto		
Home		

F. PAYCHECK/BENEFIT INFORMATION

1. Date last pay received: _____
Amount: \$ _____

2. Date next pay received: _____
Amount: \$ _____

G. TOTAL MONTHLY CASH FLOW

TOTAL INCOME: \$ _____
(A)

TOTAL EXPENSES: \$ 1,704.00
(B+C+D)

SURPLUS or DEFICIT: \$ -1,704.00
(Income - Expenses)

Failure to complete financial worksheet, including totaling each section, may cause a delay in consideration or outright denial.

*I have received financial counseling in the past

*I am interested in receiving financial counseling to assist with my long term financial stability



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Account Summary

Overdue Payment for your USAA Auto and Property bill. We have not received a payment for the past due amount. Please submit your payment now.

[View Another Account](#)

September 12, 2014 | [Print](#)

(Opens

I WANT TO ...

- [Set Up Automatic Payments](#)
- [Pay My Auto & Property Insurance Bill](#)
- [View Online Documents](#)
- [Set Up Account Alerts](#)

Auto & Property Insurance — [REDACTED] Nickname

USAA#	24623162	Statement Balance (Opens Pop-up Layer)	\$1,003.41
Billing Address	JOHN J CALENS PO2 USN PO BOX 8986 SURPRISE AZ 85374-0133	Last Payment Received	08/13/2014 \$100.00
		Payment Due Date (Opens	09/15/2014
		Minimum Due (Opens	\$291.83
			PAY

RELATED LINKS

- [View My Auto Insurance Policy](#)
- [Reading Your Statement](#)
- [Change Electronic Delivery Preferences](#)
- [Manage Insurance Dividend & Distribution Preference](#)

FAQS

- [Why is my Minimum Amount Due \(Extended Plan\) higher than last month's Minimum Amount Due?](#)
- [How do I know if my payment is pending?](#)

[View All FAQs](#)

SHAREUSAA

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[Account Activity](#) [Billing Details](#) [Payment History](#) [Statements & Dates](#) [Mortgagee-billed Policies](#) [Tab](#)

Recent Account Activity

Date	Description	Amount
08/21/2014	Statement Balance	\$1,003.41
09/12/2014	Current Account Balance	\$1,003.41

Past Account Activity

Posted Date	Statement Date	Description	Amount	Account Balance
-------------	----------------	-------------	--------	-----------------



Make Your Debts History

Discover 5 tips to take charge of debt.

[Learn More About](#)



Your Online Security

Measure the strength of your password and get tips to help keep yourself secure.

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Save Some Trees

End paper bills and statements. Print only what you need with USAA Documents Online.

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Visit the Member Community.

GO MOBILE
apps & more



Michelle Sullivan

From: [REDACTED]
Sent: Thursday, September 11, 2014 4:41 PM
To: Michelle Sullivan
Subject: Fwd: SGLI/FSGLI DEBT WAIVER ***Time Sensitive***
Attachments: SGLI ltr.pdf; DD_Form_2789_Instructions[1].pdf; DD Form 2789.pdf; SGLI_FSGLI NAVPERS 1070_613.pdf; smime.p7s

----- Forwarded message -----

From: "Chhorn, Sally A PS2(SW) NOSC Phoenix" <sally.chhorn@navy.mil>

Date: Sep 5, 2014 10:30 AM

Subject: SGLI/FSGLI DEBT WAIVER ***Time Sensitive***

To: [REDACTED] " [REDACTED]

Cc: "Higdon, Christina M PSSN NOSC Phoenix, 62109" <christina.higdon@navy.mil>, "Corley, Joseph E YNC NOSC PHOENIX, Admin/Training/Operations LCPO" <joseph.corley@navy.mil>

MN2 C [REDACTED]

In addition to the SGLI Page 13 you have inquired a debt collection of \$650.00 that requires further recommended action. Please see below RCC instructions:

Required Actions: Inform those personnel identified as having incurred a debt that they are advised to submit a waiver NLT 12Sep. Additional information on waiver submission can be found at <http://www.dfas.mil/waiversandremissions.html>. Members are responsible for taking action to address the debt on their account. Waivers should be filled and submitted with supporting documentation, a letter from the unit (on letterhead), and NOSC endorsement sent to RCC.

Purpose: The purpose of this tasker is to ensure personnel that have transferred or will transfer to the VTU understand that they are responsible for payment of their SGLI/FSGLI premium and the consequences of non-payment, which may include prohibition from participation in the Navy Reserve, administrative separation from the Navy Reserve, and possible transfer of debt to an outside collection agency by DFAS.

If there are any further questions that cannot be answered by the instructions provided please feel free to contact either myself or PSSA Higdon. Once complete please send all documentation to NOSC_Phoenix_RESPAY@navy.mil

Very Respectfully,
PS2(SW) Chhorn, Sally
RESPAY Clerk/Manpower LPO/Mob Officer Alt.
Navy Support Center Phoenix
14160 W. Marauder St. Bld. 300
Glendale, AZ 85309
Email: sally.chhorn@navy.mil
COMM: [602-353-3007](tel:602-353-3007)

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