

APPLICANT NARRATIVE

Please type or write legibly

1. Describe your current financial hardship and why you are requesting financial assistance:

****THE FOLLOWING IS FOR EXAMPLE PURPOSES ONLY****

I am currently \$8000 in debt and have no way of paying down the balance. In May of 2017, I lost my job due to excessive absenteeism. I was working a good paying job that allowed me to cover all of my expenses, however I began to have issues in my personal life that affected my ability to show up for work. As a direct result, I have found it increasingly harder to find employment due to being fired and due to all of the medical and psychological issues I am being treated for. I am married and I have two kids, and my wife stays at home with the children because we can't afford daycare. I am currently working with an employment specialist at DES and have enrolled in Vocational Rehabilitation with the VA. I am requesting this assistance because I am on the course to turn my life around but with the current debt I have, I am at risk of losing my home.

2. Explain in detail how your current or past deployment affects your ability to meet your current financial obligations:

****YOU MUST EXPLAIN (TIE-IN) HOW YOUR CURRENT OR PAST DEPLOYMENT RELATES TO YOUR CURRENT FINANCIAL SITUATION****

****THE FOLLOWING IS FOR EXAMPLE PURPOSES ONLY****

I was deployed to Iraq in 2008 and I was attached to a Marine Corps infantry unit as a combat medic. During that I deployment I was in a HUMVEE that was hit by an IED, it caused the vehicle to flip over and everyone on board was injured. I suffered a concussion as well as a ruptured disk in my back. I treated the Marines on board, some of which suffered severe injuries, such as shrapnel wounds and loss of limbs. At the time I knew I was injured physically, but didn't realize the impact it would have on my mind after I was discharged from the Navy in 2012. I went to the VA after being discharged and I was diagnosed with arthritis in my back, a bulging disk, TBI, and PTSD. The symptoms I had were treated well with medication, which allowed me to work in the construction trade until 2016, when I had a flare up in my back. This caused me to miss three weeks of work. My back has not been the same since I injured it in Iraq, I have tried to push through the pain so I could support my family, but there are times that I find it difficult to get out of bed or even walk. I have struggled with depression since getting out of the Army, and missing work has just compounded the depression even more. I have more medical appointments coming up and with no sick leave we will be in an even bigger financial hole. If I hadn't deployed to Iraq, I would not be disabled, and I would not be in the financial bind I am in right now.

3. Describe how this assistance will help you achieve financial stability:

****THE FOLLOWING IS FOR EXAMPLE PURPOSES ONLY****

I am currently receiving mental health care treatment from the VA, as well as rehabilitation for my back issues. Additionally, I am enrolled in Vocational Rehabilitation and I start school to become a teacher in a month. My landlord has been very understanding, but she is at the point where she will evict me next month if I don't get caught up on my rent. I plan to return my vehicle and use public transportation to get to and from school and to make all of my appointments. If I can get my past due balances paid to zero, I can maintain my rent, utilities and credit cards with my service-connected disability income and Vocational Rehabilitation stipend. Once I complete school, I should be able to find a job teaching since it is in high demand here in Phoenix. I will then be able to work, pay my bills and never be in this position again.

State of Arizona Substitute W-9: Request for Taxpayer Identification Number and Certification

Submit completed form to the State of Arizona Agency with whom you are doing business with for review and authorization.

1	Type of Request (Must select at least ONE) <input checked="" type="radio"/> New Request <input type="radio"/> New Location (Additional Address ID) <input type="radio"/> Change - Select the type(s) of change from the following: <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td><input type="checkbox"/> Tax ID</td> <td><input type="checkbox"/> Legal Name</td> <td><input type="checkbox"/> Entity Type</td> <td><input type="checkbox"/> Minority Business Indicator</td> </tr> <tr> <td><input type="checkbox"/> Main Address</td> <td><input type="checkbox"/> Remittance Address</td> <td><input type="checkbox"/> Contact Information</td> <td></td> </tr> </table>				<input type="checkbox"/> Tax ID	<input type="checkbox"/> Legal Name	<input type="checkbox"/> Entity Type	<input type="checkbox"/> Minority Business Indicator	<input type="checkbox"/> Main Address	<input type="checkbox"/> Remittance Address	<input type="checkbox"/> Contact Information																	
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2	Taxpayer Identification Number (TIN) (Provide ONE Only) TIN - OR SSN 123 - 12 - 1234																											
3	Entity Name (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name.) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Legal Name</td> <td>John Robert Doe</td> </tr> <tr> <td>DBA Name</td> <td></td> </tr> </table>				Legal Name	John Robert Doe	DBA Name																					
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8	Vendor Contact Information <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%;">Name John R. Doe</td> <td style="width: 45%;">Title</td> </tr> <tr> <td>Phone (602)555-5555 Ext. Fax</td> <td>Email john.doe@emailaddress.com</td> </tr> </table>				Name John R. Doe	Title	Phone (602)555-5555 Ext. Fax	Email john.doe@emailaddress.com																				
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9	Exemption from Backup Withholding and FATCA Reporting: Complete this section if it is applicable to you. See instructions for more details <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Exemption Code for Backup Withholding</td> <td style="width: 50%;">Exemption Code for FATCA Reporting</td> </tr> </table>				Exemption Code for Backup Withholding	Exemption Code for FATCA Reporting																						
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10	Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct Taxpayer Identification Number, and 2. I am not subject to Backup Withholding because: (a) I am exempt from Backup Withholding, or (b) I have not been notified by the IRS that I am subject to Backup Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Withholding, and 3. I am a US citizen or other US person, and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.																											
	Signature <i>John R. Doe</i>	Print Name John R. Doe	Date Date submitted																									

APPLICANT CERTIFICATION

Please initial each line then sign and date below

JMD

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I am providing the enclosed information to apply for financial assistance and authorize the Arizona Department of Veterans' Services (ADVS) to speak with any organization cited in this application packet to verify the information I provide. I understand that knowingly making a false statement in the application may be cause for denial of this application and/or referral for legal action, including but not limited to criminal prosecution.

JMD

I authorize any and all organizations and persons cited in this application, including their representatives, agents, employees, successors and assigns, to provide any and all information requested by the Arizona Department of Veterans' Services for the Arizona Department of Veterans' Services review and verification of this application. I hold harmless any and all organizations and persons cited in this application, including their representatives, agents, employees, successors and assigns, for providing the information herein authorized to the Department as requested.

JMD

I understand all assistance payments are made directly to the Third Party to which I owe or will owe money and that I am responsible for providing accurate billing statements, addresses and account numbers. **I understand I will receive an Arizona 1099 Form for financial assistance and will be required to report my MFRF financial assistance as income at tax time.** I understand that ADVS cannot provide additional information about taxes and I should contact my tax advisor for information about my taxes.

****Sign here****

****list date you are turning in your application****

Applicant Signature

Date

Required Documentation (submit with application):

- | | |
|---|--|
| <input type="checkbox"/> DD214 / military orders | <input type="checkbox"/> Completed W9 (on page 4, only fill out highlighted fields) |
| <input type="checkbox"/> Two months of bank statements | <input type="checkbox"/> Past due/future bills for which you are requesting financial assistance |
| <input type="checkbox"/> Two months of paystubs/income | <input type="checkbox"/> VA decision letter and ratings (if applicable) |
| <input type="checkbox"/> For families: Proof of relationship to service member/Veteran (e.g. birth certificates, marriage license, divorce decree, child support order) | |

****YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL OF THE REQUIRED DOCUMENTATION IS TURNED IN (IF YOU LIST FAMILY MEMBERS YOU ARE REQUIRED TO PROVIDE PROOF OF RELATIONSHIP)****

Submit completed application and all required documentation to one of the following:

Fax: 602-297-6684

Email: mfrf@azdvs.gov

**Mail or Drop off:
Arizona Department of Veterans' Services
Attn: MFRF
3839 N. 3rd Street, Suite 209, Phoenix, AZ 85012**

Service Member / Veteran's Last Name: DOE Last Four SSN: 1234

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) DOE, JOHN ROBERT		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NUMBER 111 22 1234		
4a. GRADE, RATE OR RANK SPC	b. PAY GRADE E04	5. DATE OF BIRTH (YYYYMMDD) 19891512	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20150415			
7a. PLACE OF ENTRY INTO ACTIVE DUTY ALBUQUERQUE, NEW MEXICO		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) PO BOX 11158 SURPRISE ARIZONA 85353				
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 0019 EN BN HHC COMBAT ARMY FC			b. STATION WHERE SEPARATED FORT KNOX, KY 40121			
9. COMMAND TO WHICH TRANSFERRED USAR CON GP (IRR) 1600 SPEARHEAD DIVISION AVE, FT KNOX, KY 40122				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.) 92Y10 UNIT SUPPLY SPEC - 3 YRS 9 MOS// NOTHING FOLLOWS You must validate MFRF eligibility requirements via the member's DD214 (check characterization of service and residency status...member must be an Arizona resident at time of entry or must have been stationed at a base in Arizona and then deployed to an overseas location)		12. RECORD OF SERVICE		YEAR(S)	DAY(S)	
		a. DATE ENTERED AD THIS PERIOD		MONTH(S)	2006 05	
		b. SEPARATION DATE THIS PERIOD		2011 06 04		
		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		0001 10 05		
		g. SEA SERVICE		0000 00 00		
		h. INITIAL ENTRY TRAINING		0000 03 01		
		i. EFFECTIVE DATE OF PAY GRADE		2010 08 02		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) AFGHANISTAN CAMPAIGN MEDAL W/ CAMPAIGN STAR // NATIONAL DEFENSE SERVICE MEDAL // ARMY SERVICE RIBBON // NOTHING FOLLOWS			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE // NOTHING FOLLOWS Foreign service on the DD214 is an indicator that the member deployed; additionally, campaign medals such as the Afghanistan campaign medal is a validation of members past deployment.			
15a. COMMISSIONED THROUGH SERVICE ACADEMY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
18. REMARKS SUBJECT TO ACTIVE DUTY RECALL, MUSTER DUTY AND/OR ANNUAL SCREENING//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20070416-20070604//SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN AFGHANISTAN 20081020-20100424//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//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) 316 CHURCH ST VINE GROVE KENTUCKY 40175			b. NEAREST RELATIVE (Name and address - include ZIP Code) JESSICA DOE 1113 N JAMAICA LN SURPRISE, AZ 85323			
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) KY OFFICE OF VETERANS AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
21a. MEMBER SIGNATURE DESIGNED BY: DOE, JOHN ROBERT. 1298215484		b. DATE (YYYYMMDD) 20110503	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) DESIGNED BY: CUNNINGHAM, DANITA.Y. 1102382729 DANITA CUNNINGHAM, ACTING CHIEF, TRANS CTR		b. DATE (YYYYMMDD) 20110503	

Look at Separation Date to Determine Pre or Post 9/11 eligibility

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 LBK		27. REENTRY CODE 3	
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE Member must have been discharged under honorable conditions					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE				30. MEMBER REQUESTS COPY 4 (Initials) LLS	

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Phoenix VA Health Care System

In Reply Refer To:

October 13, 2017

Arizona Department of Veterans' Services
3839 North Third Street, Suite 209
Phoenix, AZ 85012
Re: JOHN DOE (1234)

*****NOT ALL OF THE FOLLOWING DOCUMENTS ARE
REQUIRED (see page 5 of application); HOWEVER,
ADDITIONAL EVIDENCE MAY SUPPORT YOUR REQUEST
FOR ASSISTANCE*****

To Whom It May Concern:

John would benefit from being enrolled in the Arizona Department of Veterans' Services Arizona Military Family Relief Fund emergency assistance program. John deployed in support of Operation Enduring Freedom in 2008 as shown on his DD214. As a result of his deployment, he developed problems with sleep such as night terrors and anxiety. Further, John developed chronic pain in his back and feet and has initiated medical and mental health care through the VA as of 2017. John is currently working with veteran benefits to establish service connection.

Explanation of current situation:

At present John has multiple stressors including first and foremost housing, mental health, physical health, and financial stressors. With the emergency financial assistance through the AMFRF program, I feel confident he would be able to prioritize his needs and goals and would be able to access the needed resources, and would eventually be able to transition from needing the assistance. If you have any questions, please feel free to contact me at 602-248-6040 x 1131 or via email at Nerissa.moser@va.gov.

Thank You in Advance for your Support.

Sincerely,

Nerissa Moser
Health Care for Homeless Veterans
Outreach Social Worker

Carl T. Hayden VA Medical Center • 650 E. Indian School Road • Phoenix, Arizona 85012-1892 • (602) 277-5551

Buckeye VA Health Care Clinic
306 E. Monroe Avenue
Buckeye, Arizona 85326
(623) 386-4814

Northwest VA Health Care Clinic
10147 W. Grand Avenue
Sun City, Arizona 85351-3014
(602) 222-2630

Payson VA Health Care Clinic
1106 North Beeline Highway
Payson, Arizona 85541
(928) 472-3148

Show Low VA Health Care Clinic
2450A Show Low Lake Road
Show Low, Arizona 85901
(928) 532-1069

Southeast VA Health Care Clinic
6950 E. Williams Field Road
Mesa, Arizona 85212
(602) 222-6568

RECEIPT No. 674920

DATE 10/13/17

FROM JOHN R DOE \$

Claim for benefits DOLLARS

FOR RENT
 FOR

ACCT.		<input type="radio"/> CASH	FROM		TO
PAID		<input type="radio"/> CHECK			
DUE		<input type="radio"/> MONEY ORDER	BY	<i>[Signature]</i>	
		<input type="radio"/> CREDIT CARD			

A-1152
T-4101



DEPARTMENT OF VETERANS AFFAIRS
810 Vermont Ave NW
Washington, D.C. 20420

November 22, 2017

Mr. John Robert Doe

In Reply Refer to:
xxx-xx-1234
27/eBenefits

Dear Mr. Doe:

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

Our records contain the following information:

Personal Claim Information

Your VA claim number is: xxx-xx-1234

You are the Veteran.

Military Information

Your most recent, verified periods of service (up to three) include:

Branch of Service	Character of Service	Entered Active Duty	Released/Discharged
Army	Under Honorable Conditions	September 12, 2006	November 09, 2012

(There may be additional periods of service not listed above.)

VA Benefit Information

You have one or more service-connected disabilities:	Yes
Your combined service-connected evaluation is:	80%
Your current monthly award amount is:	\$1909.13
The effective date of the last change to your current award was:	December 01, 2016
You are considered to be totally and permanently disabled due solely to your service-connected disabilities:	No

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

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.



**DEPARTMENT OF VETERANS AFFAIRS
Veterans Benefits Administration
Regional Office**

JOHN ROBERT DOE

**VA File Number
111-22-1234**

**Represented By:
WOUNDED WARRIOR PROJECT**

**Rating Decision
07/30/2016**

INTRODUCTION

The records reflect that you are a veteran of the Gulf War Era. You served in the Marine Corps from July 10, 2002 to July 9, 2007 and from May 5, 2008 to August 29, 2008 and the Air Force from June 9, 2009 to September 23, 2009 and from October 19, 2009 to May 1, 2010. You filed a new claim for benefits that was received on January 26, 2016. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

DECISION

1. Evaluation of post traumatic stress disorder (PTSD) (also claimed as panic/anxiety), which is currently 30 percent disabling, is increased to 50 percent effective January 26, 2016.
2. Service connection for migraine is granted with an evaluation of 0 percent effective January 26, 2016.
3. The claim for service connection for tinnitus remains denied because the evidence submitted is not new and material.

4. Service connection for knee condition right is denied.

EVIDENCE

- VA Form 21-526EZ Veteran's Fully Developed Claim, received January 26, 2016
- Section (§) 5103 Notice, dated March 17, 2016
- VAMC (Veterans Affairs Medical Center) treatment records, Phoenix, from September 14, 2010 through April 7, 2016
- VA Examination, Headaches, dated April 22, 2016
- VA Examination, PTSD, dated July 2, 2016
- Service treatment records received November 4, 2011
- Complete review of your claims folder

REASONS FOR DECISION

1. Evaluation of post traumatic stress disorder (PTSD) (also claimed as panic/anxiety) currently evaluated as 30 percent disabling.

The evaluation of post traumatic stress disorder (PTSD) (also claimed as panic/anxiety) is increased to 50 percent disabling effective January 26, 2016.

The effective date of this grant is January 26, 2016. Entitlement to an increased evaluation has been established from the date the claim was received. When an increased evaluation is granted based on VA medical evidence showing an increase in disability after the date the claim was received, the effective date of the increase is the date the claim was received.

We have assigned a 50 percent evaluation for your post traumatic stress disorder (PTSD) (also claimed as panic/anxiety) based on:

- Forgetting names
- Depressed mood
- Disturbances of motivation and mood
- Mild memory loss
- Forgetting recent events
- Chronic sleep impairment
- Difficulty in adapting to stressful circumstances
- Difficulty in adapting to work
- Difficulty in adapting to a worklike setting
- Anxiety

- Difficulty in establishing and maintaining effective work and social relationships
- Occupational and social impairment with reduced reliability and productivity
- Forgetting directions

The overall evidentiary record shows that the severity of your disability most closely approximates the criteria for a 50 percent disability evaluation.

A higher evaluation of 70 percent is not warranted for posttraumatic stress disorder unless the evidence shows occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as:

- suicidal ideation
- obsessional rituals which interfere with routine activities
- speech intermittently illogical, obscure, or irrelevant
- near-continuous panic or depression affecting the ability to function independently, appropriately and effectively
- impaired impulse control (such as unprovoked irritability with periods of violence)
- spatial disorientation
- neglect of personal appearance and hygiene
- difficulty in adapting to stressful circumstances (including work or a worklike setting)
- inability to establish and maintain effective relationships.

2. Service connection for migraine.

Service connection for migraine has been established as directly related to military service.

The effective date of this grant is January 26, 2016. Service connection has been established from the day VA received your claim. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA received the claim.

A noncompensable evaluation is assigned from January 26, 2016.

We have assigned a noncompensable evaluation for your migraine based on:

- Less frequent attacks

A higher evaluation of 10 percent is not warranted unless there are characteristic prostrating attacks averaging one in 2 months over last several months.

JOHN DOE
111-22-1234
4 of 5

3. Service connection for tinnitus.

The claim for service connection for tinnitus remains denied because the evidence submitted is not new and material.

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim. You were previously denied because there was no link between your tinnitus and your military service. As the evidence submitted still does not provide a link, we have continued our previous denial.

A claimant may reopen a finally adjudicated claim by submitting new and material evidence. New evidence means existing evidence not previously submitted to agency decisionmakers. Material evidence means existing evidence that, by itself or when considered with previous evidence of record, relates to an unestablished fact necessary to substantiate the claim. New and material evidence can be neither cumulative nor redundant of the evidence of record at the time of the last prior final denial of the claim sought to be reopened, and must raise a reasonable possibility of substantiating the claim.

The evidence from a review of your claims folder and VA Treatment records submitted in connection with the current claim does not constitute new and material evidence because it does not relate to an unestablished fact necessary to substantiate the claim and does not raise a reasonable possibility of substantiating the claim.

4. Service connection for knee condition right.

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

Service connection for knee condition right is denied since this condition neither occurred in nor was caused by service.

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service.

We did not find a link between your medical condition and military service. We are unable to link this condition to your military service in the absence of a diagnosis or treatment for it, or and event in service.



CHECKS PAID

CHECK NUMBER	DESCRIPTION	DATE PAID	AMOUNT
XXXX ^		07/14	\$1,471.99
XXXX ^		07/08	1,697.05
Total Checks Paid			53,169.04

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

^ An image of this check may be available for you to view on Chase.com.

OTHER WITHDRAWALS, FEES & CHARGES

DATE	DESCRIPTION	AMOUNT
07/11	Online Payment XXXXX To Vendor	\$8,109.00
07/11	Online Payment XXXXX To Vendor	2,090.00
07/25	Online Payment XXXXX To Vendor	250.00
07/30	ADP TX First Svc ADP	7,887.68
Total Other Withdrawals, Fees & Charges		\$15,025.68

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT
07/02	\$91,727.40	07/21	129,174.06
07/08	97,030.35	07/24	142,311.06
07/09	121,640.35	07/25	102,041.06
07/11	109,752.35	07/28	109,175.06
07/14	109,280.36	07/30	109,299.11
07/16	121,053.36		

SERVICE CHARGE SUMMARY

TRANSACTIONS FOR SERVICE FEE CALCULATION

	NUMBER OF TRANSACTIONS
Checks Paid / Debits	3
Deposits / Credits	19
Deposited Items	21
Transaction Total	34

SERVICE FEE CALCULATION

Service Fee	\$0.00
Service Fee Credit	\$0.00
Net Service Fee	\$0.00
Excessive Transaction Fees (Above 200)	\$0.00
Total Service Fees	\$0.00

YOUR COMPANY NAME
 555 CIRCLE STREET, JACKSONVILLE FL

EARNINGS STATEMENT

EMPLOYEE NAME / ADDRESS		SSN	REPORTING PERIOD	PAY DATE	+ 1045	
John Doe, 123 ABC Street, Jax FL		XXX-XX-1234	08/22/2013 - 08/28/2013	08/30/2013	Employee # 123	
INCOME	RATE	HOURS	CURRENT PAY	DEDUCTIONS	TOTAL	YTD TOTAL
GROSS EARNINGS	11.47	40	458.8	STATUTORY DEDUCTIONS		
				FICA - MEDICARE	6.65	206.15
				FICA - SOCIAL SECURITY	27.53	853.43
				FEDERAL TAX	45.88	1422.28
				STATE TAX	0	0.00
YTD GROSS				TOTAL DEDUCTIONS		
14222.80				98.39		
YTD DEDUCTIONS			YTD NET PAY			NET PAY
3050.09			11172.71			560.41
			TOTAL			
			458.8			

BIRTH CERTIFICATE

It is certified that Leia Doe

Child Description

Sex: Male/Female

Weight: 7.1502

Height: 20 inches

Mother

Given Name: Meredith Doe

Family Name: John Doe

Father Name:

Date of Birth: 2/17/2007

Place of Birth: Area, City, State Phoenix, AZ

Doctor Signature [Signature]

MS Signature [Signature]

BIRTH CERTIFICATE

It is certified that Chewey Doe

Child Description

Sex: Male Female

Weight: 8.502

Height: 21 inches

Mother

Given Name: Jane Doe

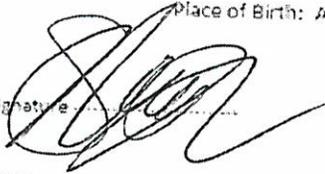
Family Name: John Doe

Father Name:

Date of Birth: 8/15/2009

Place of Birth: Area, City, State Phoenix, AZ

Doctor Signature



MIS Signature



LEASE

BASIC RENTAL AGREEMENT OR RESIDENTIAL LEASE

This Rental Agreement or Residential Lease shall evidence the complete terms and conditions under which the parties whose signatures appear below have agreed. Landlord/Lessor/Agent, Jay Lopez, shall be referred to as "OWNER" and Tenant(s)/Lessee, John E. DCC, shall be referred to as "RESIDENT." As consideration for this agreement, OWNER agrees to rent/lease to RESIDENT and RESIDENT agrees to rent/lease from OWNER for use solely as a private residence, the premises located at 1113 N. Jamaica LN in the city of Suprise, AZ 85323.

- TERMS:** RESIDENT agrees to pay in advance \$1500 per month on the 1st day of each month. This agreement shall commence on 6/11/2018 and continue; (check one)
A. until _____, _____ as a leasehold. Thereafter it shall become a month-to-month tenancy. If RESIDENT should move from the premises prior to the expiration of this time period, he shall be liable for all rent due until such time that the Residence is occupied by an OWNER approved paying RESIDENT and/or expiration of said time period, whichever is shorter.
B. until _____, _____ on a month-to-month tenancy until either party shall terminate this agreement by giving a written notice of intention to terminate at least 30 days prior to the date of termination.
- PAYMENTS:** Rent and/or other charges are to be paid at such place or method designated by the owner as follows 5718 E. 5th St, Phoenix, AZ 85012. All payments are to be made by check or money order and cash shall be acceptable. OWNER acknowledges receipt of the First Month's rent of \$ 1500.00, and a Security Deposit of \$ 500.00, and additional charges/fees for 0, for a total payment of \$ 2000.00. All payments are to be made payable to Jay Lopez.
- SECURITY DEPOSITS:** The total of the above deposits shall secure compliance with the terms and conditions of this agreement and shall be refunded to RESIDENT within 30 days after the premises have been completely vacated less any amount necessary to pay OWNER; a) any unpaid rent, b) cleaning costs, c) key replacement costs, d) cost for repair of damages to premises and/or common areas above ordinary wear and tear, and e) any other amount legally allowable under the terms of this agreement. A written accounting of said charges shall be presented to RESIDENT within 30 days of move-out. If deposits do not cover such costs and damages, the RESIDENT shall immediately pay said additional costs for damages to OWNER.
- LATE CHARGE:** A late fee of \$ 50, (not to exceed 10% of the monthly rent), shall be added and due for any payment of rent made after the 3rd of the month. Any dishonored check shall be treated as unpaid rent, and subject to an additional fee of \$ 100.00.
- UTILITIES:** RESIDENT agrees to pay all utilities and/or services based upon occupancy of the premises except N/A utilities included in rent
- OCCUPANTS:** Guest(s) staying over 15 days without the written consent of OWNER shall be considered a breach of this agreement. ONLY the following individuals and/or animals, AND NO OTHERS shall occupy the subject residence for more than 15 days unless the expressed written consent of OWNER obtained in advance Children (3)
- PETS:** No animal, fowl, fish, reptile, and/or pet of any kind shall be kept on or about the premises, for any amount of time, without obtaining the prior written consent and meeting the requirements of the OWNER. Such consent if granted, shall be revocable at OWNER'S option upon giving a 30 day written notice. In the event laws are passed or permission is granted to have a pet and/or animal of any kind, an additional deposit in the amount of \$ 25 shall be required along with additional monthly rent of \$ 25 along with the signing of OWNER'S Pet Agreement. RESIDENT also agrees to carry insurance deemed appropriate by OWNER to cover possible liability and damages that may be caused by such animals.

8. **LIQUID FILLED FURNISHINGS:** No liquid filled furniture, receptacle containing more than ten gallons of liquid is permitted without prior written consent and meeting the requirements of the OWNER. RESIDENT also agrees to carry insurance deemed appropriate by OWNER to cover possible losses that may be caused by such items.

9. **PARKING:** When and if RESIDENT is assigned a parking area/space on OWNER'S property, the parking area/space shall be used exclusively for parking of passenger automobiles and/or those approved vehicles listed on RESIDENT'S Application attached hereto. RESIDENT is hereby assigned or permitted to park only in the following area or space A501. The parking fee for this space (if applicable is \$ 0 monthly. Said space shall not be used for the washing, painting, or repair of vehicles. No other parking space shall be used by RESIDENT or RESIDENT'S guest(s). RESIDENT is responsible for oil leaks and other vehicle discharges for which RESIDENT shall be charged for cleaning if deemed necessary by OWNER.

10. **NOISE:** RESIDENT agrees not to cause or allow any noise or activity on the premises which might disturb the peace and quiet of another RESIDENT and/or neighbor. Said noise and/or activity shall be a breach of this agreement.

11. **DESTRUCTION OF PREMISES:** If the premises become totally or partially destroyed during the term of this Agreement so that RESIDENT'S use is seriously impaired, OWNER or RESIDENT may terminate this Agreement immediately upon three day written notice to the other.

12. **CONDITION OF PREMISES:** RESIDENT acknowledges that he has examined the premises and that said premises, all furnishings, fixtures, furniture, plumbing, heating, electrical facilities, all items listed on the attached property condition checklist, if any, and/or all other items provided by OWNER are all clean, and in good satisfactory condition except as may be indicated elsewhere in this Agreement. RESIDENT agrees to keep the premises and all items in good order and good condition and to immediately pay for costs to repair and/or replace any portion of the above damaged by RESIDENT, his guests and/or invitees, except as provided by law. At the termination of this Agreement, all of above items in this provision shall be returned to OWNER in clean and good condition except for reasonable wear and tear and the premises shall be free of all personal property and trash not belonging to OWNER. It is agreed that all dirt, holes, tears, burns, and stains of any size or amount in the carpets, drapes, walls, fixtures, and/or any other part of the premises, do not constitute reasonable wear and tear.

13. **ALTERATIONS:** RESIDENT shall not paint, wallpaper, alter or redecorate, change or install locks, install antenna or other equipment, screws, fastening devices, large nails, or adhesive materials, place signs, displays, or other exhibits, on or in any portion of the premises without the written consent of the OWNER except as may be provided by law.

14. **PROPERTY MAINTENANCE:** RESIDENT shall deposit all garbage and waste in a clean and sanitary manner into the proper receptacles and shall cooperate in keeping the garbage area neat and clean. RESIDENT shall be responsible for disposing of items of such size and nature as are not normally acceptable by the garbage hauler. RESIDENT shall be responsible for keeping the kitchen and bathroom drains free of things that may tend to cause clogging of the drains. RESIDENT shall pay for the cleaning out of any plumbing fixture that may need to be cleared of stoppage and for the expense or damage caused by stopping of waste pipes or overflow from bathtubs, wash basins, or sinks.

15. **HOUSE RULES:** RESIDENT shall comply with all house rules as stated on separate addendum, but which are deemed part of this rental agreement, and a violation of any of the house rules is considered a breach of this agreement.

16. **CHANGE OF TERMS:** The terms and conditions of this agreement are subject to future change by OWNER after the expiration of the agreed lease period upon 30-day written notice setting forth such change and delivered to RESIDENT. Any changes are subject to laws in existence at the time of the Notice of Change Of Terms.

17. **TERMINATION:** After expiration of the leasing period, this agreement is automatically renewed from month to month, but may be terminated by either party giving to the other a 30-day written notice of intention to terminate. Where laws require "just cause", such just cause shall be so stated on said notice. The premises shall be considered vacated only after all areas including storage areas are clear of all RESIDENT'S belongings, and keys and other property furnished for RESIDENT'S use are returned to OWNER. Should the RESIDENT hold over beyond the termination date or fail to vacate all possessions on or before the termination date, RESIDENT shall be liable for additional rent and damages which may include damages due to OWNER'S loss of prospective new renters.
18. **POSSESSION:** If OWNER is unable to deliver possession of the residence to RESIDENTS on the agreed date, because of the loss or destruction of the residence or because of the failure of the prior residents to vacate or for any other reason, the RESIDENT and/or OWNER may immediately cancel and terminate this agreement upon written notice to the other party at their last known address, whereupon neither party shall have liability to the other, and any sums paid under this Agreement shall be refunded in full. If neither party cancels, this Agreement shall be prorated and begin on the date of actual possession.
19. **INSURANCE:** RESIDENT acknowledges that OWNERS insurance does not cover personal property damage caused by fire, theft, rain, war, acts of God, acts of others, and/or any other causes, nor shall OWNER be held liable for such losses. RESIDENT is hereby advised to obtain his own insurance policy to cover any personal losses.
20. **RIGHT OF ENTRY AND INSPECTION:** OWNER may enter, inspect, and/or repair the premises at any time in case of emergency or suspected abandonment. OWNER shall give 24 hours advance notice and may enter for the purpose of showing the premises during normal business hours to prospective renters, buyers, lenders, for smoke alarm inspections, and/or for normal inspections and repairs. OWNER is permitted to make all alterations, repairs and maintenance that in OWNER'S judgment is necessary to perform.
21. **ASSIGNMENT:** RESIDENT agrees not to transfer, assign or sublet the premises or any part thereof.
22. **PARTIAL INVALIDITY:** Nothing contained in this Agreement shall be construed as waiving any of the OWNER'S or RESIDENT'S rights under the law. If any part of this Agreement shall be in conflict with the law, that part shall be void to the extent that it is in conflict, but shall not invalidate this Agreement nor shall it affect the validity or enforceability of any other provision of this Agreement.
22. **NO WAIVER:** OWNER'S acceptance of rent with knowledge of any default by RESIDENT or waiver by OWNER of any breach of any term of this Agreement shall not constitute a waiver of subsequent breaches. Failure to require compliance or to exercise any right shall not be constituted as a waiver by OWNER of said term, condition, and/or right, and shall not affect the validity or enforceability of any provision of this Agreement.
23. **ATTORNEY FEES:** If any legal action or proceedings be brought by either party of this Agreement, the prevailing party shall be reimbursed for all reasonable attorney's fees and costs in addition to other damages awarded.
24. **JOINTLY AND SEVERALLY:** The undersigned RESIDENTS are jointly and severally responsible and liable for all obligations under this agreement.
25. **REPORT TO CREDIT/TENANT AGENCIES:** You are hereby notified that a nonpayment, late payment or breach of any of the terms of this rental agreement may be submitted/reported to a credit and/or tenant reporting agency, and may create a negative credit record on your credit report.
26. **LEAD NOTIFICATION REQUIREMENT:** For rental dwellings built before 1978, RESIDENT acknowledges receipt of the following: (Please check)
Lead Based Paint Disclosure Form
EPA Pamphlet

27. ADDITIONS AND/OR EXCEPTIONS

Ø

28. NOTICES: All notices to RESIDENT shall be served at RESIDENT'S premises and all notices to OWNER shall be served at owner address

29. INVENTORY: The premises contains the following items, that the RESIDENT may use.

Ø

30. KEYS AND ADDENDUMS: RESIDENT acknowledges receipt of the following which shall be deemed part of this Agreement: (Please check)

Keys #of keys and purposes 3 keys (Front & Back entrance)
 House Rules Pet Agreement Other

31. ENTIRE AGREEMENT: This Agreement constitutes the entire Agreement between OWNER and RESIDENT. No oral agreements have been entered into, and all modifications or notices shall be in writing to be valid.

32. RECEIPT OF AGREEMENT: The undersigned RESIDENTS have read and understand this Agreement and hereby acknowledge receipt of a copy of this Rental Agreement.

RESIDENT'S Signature John Robert Doe

Date 5/11/2017

RESIDENT'S Signature N/A

Date _____

OWNER'S or Agent's Signature [Signature]

Date 5/11/17

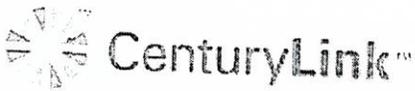


John R. Doe
 1113 N. Jamaica Lane
 Surprise, AZ 85323

Account #
 Billing Date Aug 07, 2017

Previous Balance	170.08
Payment Received 7/21/17 <i>Thank you!</i>	-170.08
New Charges Due 8/30/17	73.15
Total Amount Due	\$73.15
Payment Due By	8/30/17

Please detach here



Account Number 65489120055874

Total Amount Due \$73.15

Payment Due By 8/30/17

Amount Enclosed _____

CenturyLink
 P O Box 91155
 Seattle, WA 98111-9255

Keeping You Connected

Charges for your local monthly service are billed one month in advance. Charges for other monthly services may be billed one month in advance or in arrears, for example, usage charges may be billed after the charges are incurred. CenturyLink should receive your payment for the total amount due on or before the due date on your bill. If you are unable to pay by the due date, please contact Customer Service to avoid possible collection action. All charges must be paid each month to keep your account current. Failure to pay non-basic charges may result in other collection activities, including restriction of long distance calls or removal of other services. CenturyLink packages of features and the amounts shown on the summary page may include both basic and charges that are not basic.

Cramming occurs when unauthorized charges appear on your telephone bill. To help prevent unwanted third party charges on your bill, contact CenturyLink and request, at no charge, a bill block that will prevent some third party charges such as charitable contributions, dial-up Internet by non-CenturyLink companies or other non-telecommunications charges from appearing on your bill.

Any amount left unpaid 30 days after bill date is subject to a 1.88% late payment charge, except Internet and Digital Home Phone charges.

Any amount of Internet and related Internet charges left unpaid 30 days after bill date is subject to a \$9.00 late payment charge.

Understanding your bill has become a lot easier. CenturyLink has a wealth of resources that provide information about how to read and understand the contents of your bill. Visit www.centurylink.com/understandmybill today to get started!

Making a payment is fast and easy with CenturyLink. Visit www.centurylink.com/paymentoptions to view the variety of convenient payment options available today!

Summary of New Charges

Service	Total with Savings
Internet	
Internet Monthly Charges	65.00
Related Monthly Charges	13.98
Service Additions & Changes	3.33
Taxes, Fees & Surcharges	0.88
Total Internet	\$83.19
Television	
Related Monthly Charges	-9.90
Taxes, Fees & Surcharges	-0.14
Total Television	-\$10.04
Total New Charges	\$73.15

Details of Your Internet Charges

Internet



ELECTRONIC FUNDS TRANSFER BILL NOTIFICATION

GEICO Casually Company

Policy Number & Period

Auto 64552115878
Policy
Sep-08-17

Billing Activity

Activity Date & Description	Amount
Apr-08-Returned Card Payment	\$ 134.83
Apr-09-Payment Received - Thank You	\$ -134.83
Apr-27-Premium Installment Charge	\$ 1.00
May-08-Payment Received - Thank You	\$ -130.83
May-28-Premium Installment Charge	\$ 1.00
Jun-08-Payment Received - Thank You	\$ -130.83
Jun-27-Premium Installment Charge	\$ 1.00
Jul-08-Payment Received - Thank You	\$ -130.83

SEE NEXT PAGE FOR MORE BILLING ACTIVITY.

Automatic Deductions From Your Checking Account

Due	Amount
Aug-08-17	\$ 130.80
Sep-08-17	\$ 133.34
Oct-08-17	\$ 133.34
Nov-08-17	\$ 133.34
Dec-08-17	\$ 133.34
Jan-08-18	\$ 133.34
Feb-08-18	\$ 133.34

Each installment includes a \$1.00 premium installment charge.

Thank you for enrolling in Auto Pay. We will automatically deduct your payments from your checking account. If you have an email address on file and choose to receive Policy Services emails, you will receive reminder notices via email prior to your scheduled payment. Reminders will not be mailed. To terminate automatic payments, you must notify us by phone or at geico.com at least three business days before your next scheduled transaction to prevent payment processing. To review your billing and payment information, log in online at geico.com. Don't forget, you can also use GEICO's Mobile App to service your policy on the go.

John R. Doe
1113 N. Jamaica Lane
Surprise, AZ 85323

0000214481462382020021250

Account history

My Account (<http://www.srpnet.com/default.asp>) Pay Bill
 (<http://myaccount.srpnet.com/sso/Dashboard>) (<http://myaccount.srpnet.com/MyAccount/eChexPayment.aspx>)

MY ACCOUNT RESIDENTIAL BUSINESS WATER Search COMMUNITY ABOUT US CONTACT
 Outages ACCOUNT ELECTRIC ELECTRIC
 (<http://myaccount.srpnet.com/MyAccount/Outages/Public>)

LOG OUT
 (<http://MYACCOUNT.SRPNET.COM/SO/LOGIN/LOGOUT>)

Account history

Select account:
 05647895212

Service address:

John R. Doe
 1113 N. Jamaica Lane
 Surprise, AZ 85323

Viewing options:

12 months

View history

Date	Transaction	Amount	Unused card amount	Give first	Card value	Amount to balance	Balance
July 2015	2 transactions	\$42.00					
Jul 31, 2015	Payment	\$2.00	\$0.00	\$0.00	\$2.00	\$0.00	\$0.00
Jul 03, 2015	Payment	\$40.00	\$0.00	\$0.00	\$40.00	\$0.00	\$0.00
June 2015	3 transactions	\$160.00					
May 2015	3 transactions	\$170.00					
April 2015	2 transactions	\$70.00					
March 2015	1 transaction	\$60.00					
February 2015	2 transactions	\$120.00					
January 2015	3 transactions	\$130.00					
December 2014	4 transactions	\$140.00					
November 2014	2 transactions	\$100.00					
October 2014	2 transactions	\$125.00					
September 2014	3 transactions	\$220.00					
Total		\$1,337.00					