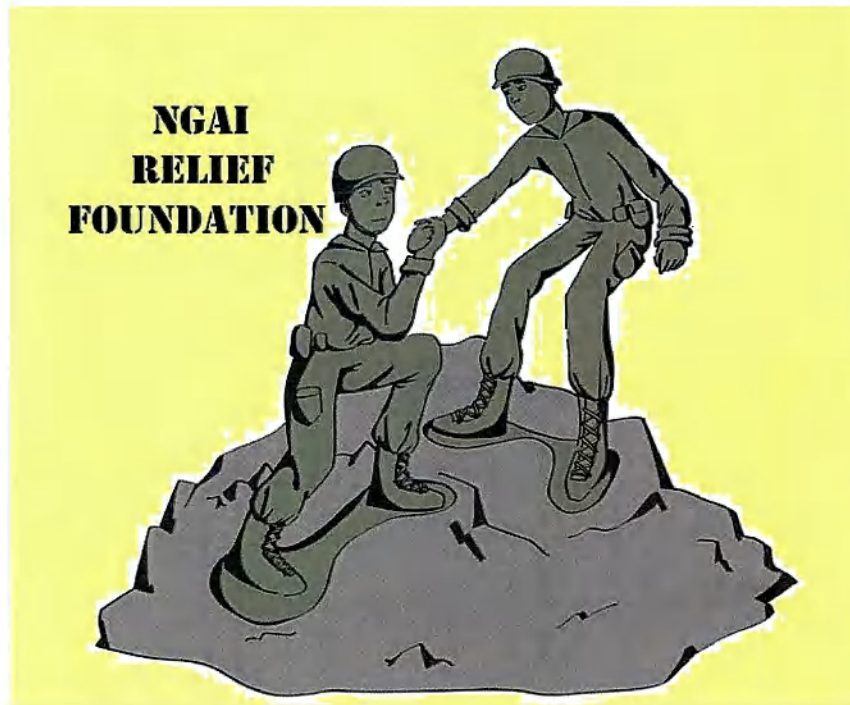


NGAI Relief Foundation, Inc.

Relief Grant Application Form



Mission Statement:

"To provide emergency assistance and relief to members of the Illinois National Guard and their families during periods of personal or financial distress"

Contact your local Military and Family Readiness Specialist / Airmen and Family Readiness

Specialist for NGAI for application assistance.

Visit: <https://www.ngai.com> for more information

NGAI Relief Foundation (NGAIRF) Overview

Overview:	
<p>The NGAI Relief Fund is a private, non-profit, tax exempt activity of the National Guard Association of Illinois. It is not an Army or Department of Defense organization. Funds are not for use by the Army and the government cannot dictate the use of funds. Our mission is accomplished by giving funds to service members and their families for limited financial relief.</p>	
Stipulations:	Who is Eligible?
<ul style="list-style-type: none"> • Meet eligibility requirements • Submit written application packet • Provide required documents • Note: This is NOT an emergency relief fund (approximate processing time is 30 days) 	<p>Illinois Army or Air National Guard Service Members (SM) in good standing are eligible to apply. <i>(*Eligibility to apply does not guarantee a grant award. Application packet must prove a financial hardship related to deployment or unexpected event(s) beyond his or her control)</i></p>
<p>National Guard Hardship Grant</p> <ul style="list-style-type: none"> • Up to \$5,000 (Max) • Targeted towards Title 32 status (AGR, Dual Status, and MDay) • Prove an unexpected financial hardship beyond his/her control • National Guard Member in good standing • Benefit paid directly to identified creditors <p><i>(Members on T10 status should apply to AER, AFAS, or IMFRF)</i></p>	
Eligible Areas of Assistance (including but not limited to):	Ineligible Areas of Assistance (including but not limited to):
<ul style="list-style-type: none"> • Non-receipt of pay • Loss of income • Medical, dental, & hospital expenses • Clothing • Utilities • Fire or other disasters • Essential repairs to privately owned vehicle • Unexpected major home repairs • Dependent funerals expenses • Rent/Mortgage payments • Food • Other essential expenses approved by the committee 	<ul style="list-style-type: none"> • Divorce/marriage expenses • Lease or purchase of a vehicle • Ordinary leave • Continuing assistance (same hardship, multiple applications) • Bad checks • Liquidation or consolidation of debts • Business ventures or investments • Goods/items of convenience or luxury • Court fees, fines, judgments, liens, bails, legal fees, income tax, or child support • Civil suits/bankruptcies • Credit cards • Student loans/college tuition • Cell phone bills • Personal Loans

If Granted: Checks will not be issued to the service member or family member. All checks will be made payable to the creditor/service provider directly

NGAIRF Application - Service Member Basic Information

Military Member's Information

Name: <u>Joseph Green</u>	Birth Date: <u>2/17/1999</u>
Home Address: <u>110 Providence Dr.</u>	
City: <u>Matteson</u>	State: <u>IL</u> ZIP: <u>60443</u>
Best Contact Phone: <u>(708) 965-9018</u>	Civilian Email: <u>Joseph Green 1999@yahoo.com</u>
Rank: <u>E-5</u>	SSN (last 4) <u>4213</u>
Employment Status (pick one): Employed: <input checked="" type="checkbox"/> Unemployed/Underemployed: <input type="checkbox"/>	
Home station Unit of Assignment: <u>BRAVO BATTALY 2-122FA</u>	
Is Member married? <u>NO</u> IF NO, does Member have a family member in DEERS? <input type="checkbox"/>	

Spouse's or Cohabiting Partner Information (or if other than military member)

Name: _____	SSN (last 4): _____
Mailing Address: _____	
City: _____	State: _____ ZIP: _____
Phone: _____	Relationship to Military Member: _____
Employment Status (pick one): Employed: <input type="checkbox"/> Unemployed/Underemployed: <input type="checkbox"/>	

I/We **HAVE** / **HAVE NOT** (Circle One) previously applied for the National Guard Association of Illinois Relief Fund grant.

I/We **ARE** / **ARE NOT** (Circle One) currently in a Title 32 Status (AGR, Dual Status Technician, or **MDay**)

I verify that service member is in good standing (not flagged/barred - no AWOL's in previous 12 months) with the unit and all necessary documentation is attached. (Unit Representative)

Name: Jeremy Gipsen / E-7
Position/Title: RUCO Phone Number: 309-567-6323



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
BRAVO BATTERY, 2D BATTALION, 122D FIELD ARTILLERY
13838 SOUTH SPRINGFIELD AVE
CRESTWOOD, ILLINOIS 60418

NGIL-BFA-BFT

29 February 2024

MEMORANDUM FOR RECORD

SUBJECT: Letter of Service

1. This memorandum is to verify that SGT Green, Joseph is currently serving as an active member of the Illinois Army National Guard. SGT Green is assigned to Bravo Battery 2-122 Field Artillery of 1 October 2022. SGT Green is currently in an Honorable status and is also in good standard with Bravo Battery 2-122 Field Artillery, and the Illinois National Guard.

2. The point of contact is the undersigned at Jeremy.a.gipson.mil@army.mil or 309-567-6323.

GIPSON.JEREMY Digitally signed by
.ALEXANDER.13 GIPSON.JEREMY.ALEXAND
64250459 ER.1364250459
Date: 2024.02.29 22:13:13
-06'00'

JEREMY A. GIPSON
SFC, FA, IL ARNG
Battery Readiness NCO

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) GREEN, JOSEPH JACOB IAN JR		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ ARNGUS		3. SOCIAL SECURITY NUMBER 324 96 4213	
4a. GRADE, RATE OR RANK SPC	b. PAY GRADE E04	5. DATE OF BIRTH (YYYYMMDD) 19990217		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20260509	
7a. PLACE OF ENTRY INTO ACTIVE DUTY SYCAMORE, ILLINOIS		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 110 PROVIDENCE DR MATTESON ILLINOIS 60443-1397			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 33RD BTRY A, 2D BN, 122D FA NG			b. STATION WHERE SEPARATED JFHQ - IL ARNG, IL 62702-2317		
9. COMMAND TO WHICH TRANSFERRED N/A				10. SGLI COVERAGE 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.) 13B10 CANNON CREWMEMBER - 1 YRS 8 MOS// NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	2020	04	21
		b. SEPARATION DATE THIS PERIOD	2020	05	28
		c. NET ACTIVE SERVICE THIS PERIOD	0000	01	08
		d. TOTAL PRIOR ACTIVE SERVICE	0000	03	22
		e. TOTAL PRIOR INACTIVE SERVICE	0001	07	19
		f. FOREIGN SERVICE	0000	00	00
		g. SEA SERVICE	0000	00	00
		h. INITIAL ENTRY TRAINING	0000	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL// ARMED FORCES SERVICE MEDAL (AFSM)// ARMY SERVICE RIBBON// NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title, number of weeks, and months and year completed) NONE//NOTHING FOLLOWS			
15a. COMMISSIONED THROUGH SERVICE ACADEMY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: <u>NA</u>) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
16. DAYS ACCRUED LEAVE PAID 0		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
18. REMARKS ////////////////////////////////////// DD FORM 215 WILL BE ISSUED TO PROVIDE MISSING INFORMATION//////// MEMBER PERFORMED DUTY IN RESPONSE TO OR IN SUPPORT OF COVID-19 UNDER PRESIDENTIAL PROCLAMATION 9994 FOR PROJECT CODE X10 DURING THE PERIOD (20200421-20200528) ///// THIS WAS NOT A CONTINGENCY OPERATION ///// EID WAS NOT AUTHORIZED ///// TAMP IS NOT AUTHORIZED ///// NOTHING FOLLOWS //////////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) 110 PROVIDENCE DR MATTESON ILLINOIS 60443-1397			b. NEAREST RELATIVE (Name and address - include ZIP Code) GREEN SR, JOSEPH L 110 PROVIDENCE DR MATTESON ILLINOIS 60443-1397		
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) IL OFFICE OF VETERANS AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>					
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>					
21.a. MEMBER SIGNATURE NOT AVAILABLE TO SIGN		b. DATE (YYYYMMDD)	22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) ESIGNED BY: BERRIMAN, ASHLEIGH, DANIELLE, 1255548910 ASHLEIGH DANIELLE BERRIMAN, SFC, RECORDS TEA		b. DATE (YYYYMMDD) 20201208

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 NA	
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) YES	

NGAIRF Application – Expense Urgency Disclosure

This page is intended to evaluate the Service Member's (SM) current need and should be filled out as accurately as possible by the Family Assistance Personnel (FAS).

Military and Family Readiness Specialist / Airmen and Family Readiness Program Manager

Specialist: Ivy Sanek
Location: Crestwood

Which type of hardship(s) are you facing (check all that apply)?

- 1. Illness / Medical emergency:
- 2. Job Loss / Reduced compensation:
- 3. Family emergency / Death in family:
- 4. Natural disaster / Accident:
- Other (please specify below):

For each expense type, rate the **AVERAGE** urgency of your expenses **ONE** of the following (check one box per row):

- **1 – Less Urgent:** Due in a month or more
- **2 – Moderately Urgent:** Due in less than two weeks
- **3 – Extremely Urgent:** Due now (as of application date) or past due

	Expense Type	1	2	3
1	Medical / Dental Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Rent / Mortgage Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Car Payments for Essential Vehicle(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Funeral Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Insurance Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Unexpected Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Other (any eligible expense not covered in above categories)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NGAIRF Application - Ineligible Expense Disclosure

Is SM underemployed/unemployed currently? Yes No

If SM answers the above question as **NO**, please describe the ineligible expenses where current income is being spent. Ineligible expenses are listed on the first page of the application and the sheet below should only contain **major ineligible expenses** that constitute a **significant** portion of your current income/savings (i.e. student/personal loans, legal expenses/fees, extra homes/vehicles, travel expenses, cell/cable bills, etc.)

This is **REQUIRED** for the application review committee to determine eligibility for either Fund A or Fund B.

Note additional supporting documentation **IS NOT REQUIRED** for the expenses listed below at this point. However, NGAIRF **MAY REQUEST** additional documentation prior to fund approval if deemed necessary to make a fair evaluation of your application.

Budgeting Sheet for Ineligible Expenses:

Expense Name	Brief Description	Recurring? (Yes/No)	Cost (\$)
C.C	Credit Card Bill	Y	1469. ⁴⁷
Loan	Navy Fed. Loan	Y	1725. ⁵³
Phone	Cell Phone Bill	Y	90. ⁸³
Utilities	Trash gas Power	Y	275. ⁰⁰
Food	Groceries	Y	450. ⁰⁰
Fuel	Gas for Car	Y	720. ⁰⁰
TOTAL			\$ 4730.⁸³

Please use the box below to add additional information/context to the above expenses. Using the space below is **optional but recommended**:

Had lost of. hours and fell behind on payments.
 Behind on Rent, Car payment and Cell phone bills.
 I am behind on Credit Cards too.

Income:

NGAIRF Application - Eligible Expense Disclosure & Documentation

Total SM civilian monthly income (after taxes; before deployment): \$ 6652.48
 Total Military monthly income (after taxes): \$ 155.30
 Total Household monthly income (include spouse, roommates, etc.): \$ _____
 Estimated total monthly living expenses: \$ 6807.48

I (Printed Name) Joseph Green am requesting a grant* to pay for the following items:

*All grant payments will be made to the service provider directly

Bills:

List bills in order of importance (overdue first). **Payment Address** of creditors MUST BE INCLUDED with bills

Item (Repair, Electric, Rent, etc.)	Service Provider (Company Name & Phone Number)	Amount (\$)
1. <u>Rent</u>	<u>Arbors at Hickory Creek</u>	\$ <u>4646.00</u>
2. _____	<u>708-481-8100</u>	\$ _____
3. <u>Car loan</u>	<u>Chrysler Capital</u>	\$ <u>1685.48</u>
4. _____	<u>815-563-5625</u>	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____

(Please use extra sheets if additional space if necessary) Total Amount Requested \$ 6331.48

Required Documents

Please initial to the left of each item below when each item is attached. Incomplete packets WILL NOT be accepted for review.

<u>JG</u>	(TAB A) Attach a written statement or letter from a server member describing the financial hardship that the grant will be used for. Please describe the circumstances that caused the hardship
<u>JG</u>	(TAB B) Attach copies of bills/invoices/estimates/notices for expenses the grant will be used for
<u>JG</u>	(TAB C) Attach a copy of two of your most recent civilian paystubs (include spouse's if married)
<u>JG</u>	(TAB D) Attach a copy of two of your most recent military (LES) Salary
<u>JG</u>	(TAB E) Attach a copy of your most recent W-2s AND 1040 Tax Return
<u>JG</u>	(TAB F) Attach copies of the signed Financial Verification of Services form, and Employment Verification of Services form, if under or unemployed. Forms follow here.

INGRF Application – Other Grant Disclosure & Acknowledgement

- 1. Have you applied/are applying to other aid/grant programs relating to this specific hardship?
Yes _____ No X
- 2. If the answer to the above question is **Yes**, please state ALL the organization name(s) and amount(s) requested/received?

Organization Name(s) _____
Amount Requested (\$) _____
Amount Received to date (\$) _____

*I certify the above information to be true and correct. I authorize the verification/release of the information I am providing on this application. I authorize the Relief Fund and the INNG Joint Forces Headquarters access to my pertinent records, including information maintained in DEERS, as necessary to evaluate my application. Disclosure of information on this form including social security numbers is voluntary. Failure to provide requested information, however, may prohibit the processing of this grant application, in accordance with applicable laws, the Relief Fund and the Joint Forces Headquarters will maintain confidentiality regarding the application and any grant approved or denied, except as required to process this or subsequent applications, or as otherwise required by law. **I also understand that if funds are granted, a photo of myself and my statement of appreciation may be kept on file for the purpose of documentation for donors to the NGAIRF.***

Applicant Signature

2/22/24
Date

To Whom It May Concern:

Hi, my name is Joseph Green and I am seeking financial relief for my extreme financial hardship situation. It all started in July 2023 when I got into my motorcycle accident. I was hit from behind which caused me to run into the car in front of me. I ended up having to go to the emergency room due to my injuries. I had just lapsed my insurance payment 4 days before the accident. So I ended up having to go to court 30 days later for not having insurance. I had about four tickets in total that night due to my plates and everything not being up to date. I had to start paying SR22 and will continue to pay that for two years. I understand that it's completely my fault and I should've stayed up on my bills so that this wouldn't have happened. So just from that situation I ended up having to pay hospital bills and court fees and tickets. That led me down a path that I didn't see coming for myself. My son was just born that previous February and I didn't expect to have these unforeseen things happening. I slowly but surely started to fall behind on my bills because I had to pay them before they came due. It was like a really bad domino effect and each time I thought I would get ahead, something would get in my way. I would dip into my car note to pay the rent which cause me to get behind on my car note. And I would have to hold off on paying the rent because I had to buy food and formula for my son. My household utilities were way beyond repair as well. My water was off twice due to me not having enough to pay it. It's hard trying to care for a baby with no water in the home. I actually accrued a lot of late fees on the rent also by me not having the funds to pay it all for a month or couldn't pay it all. I just had an eviction notice right before Christmas for \$4100. I had to work 12 and 13 hours shifts to get that balance paid before the court date. I had to put every dollar I made towards that which caused me to be behind on every other bill. I thought January would be great for me since I was doing the 12-13 shifts, because with all the overtime I would be able to catch up. My supervisor caught wind of all the extra hours I was pulling and told me I couldn't do anything outside of my 40 hours because they couldn't have me working all of those hours. Just when I thought things were looking up for me, I got smacked back down. I'm doing things to try to get myself ahead but I always seem to fall short. I go to pantries almost every other day to put food into my home. I've been working with a financial advisor to help me with my troubles. I've been doing everything he's told me to do, it's just I don't have that much income coming in to get everything back afloat. It's overwhelming and stressful when I don't even have enough money to buy my son a box of diapers. I feel less than a man at the fact that I can't even provide for my child. I'm trying the best I can and my efforts just aren't enough. My son is such a happy baby and I feel as though u don't deserve him because I'm not contributing to his happiness. Christmas was a bust due to my hardship. And it sucked not really be able to celebrate my son's first Christmas and his Birthday. It just feels like I'm drowning and there's no way for me to get out of the water. I'm looking for a little help so I can breathe just a little. So I can attack these bills I'm behind on and finally get out of debt.

Sincerely,

A handwritten signature in black ink, appearing to be the name 'Joseph Green', written in a cursive style.

FIVE-DAY NOTICE OF TERMINATION OF TENANCY

TO: Joseph Green,
And all unknown occupants
4749 Hickory Creek Drive Apt 2
University Park, IL 60484

DATE: 2/13/2024

1. You are hereby notified there is now due the undersigned landlord the sum of \$3,149.00 being rent for the above-described premises together with all other accommodations used by you in connection with the above-described premises.
2. You are hereby notified that payment of said sum so due has been and is hereby demanded of you, and that unless payment thereof is made on or before the expiration of FIVE (5) days after service of this notice your tenancy of said premises together with all other accommodations used by you in connection with the above-described premises will be terminated.
3. ONLY FULL PAYMENT of the rent demanded in this notice will waive the landlord's right to terminate the lease under this notice unless the landlord agrees in writing to continue the lease in exchange for receiving partial payment.
4. If you remain in the above-described leased premises on the date specified for termination, the landlord may seek to enforce the termination only by bringing a judicial action, at which time you may present a defense.

Dated this 13 day of Feb.

Arbors at Hickory Creek

BY: Lamar Parker
Agent

PROOF OF SERVICE

I, Lu Johnson, the undersigned, being at least eighteen years of age, under penalty of perjury as provided by law pursuant to section 1-109 of the Code of Civil Procedure, certifies that the statements set forth in this affidavit of service are true and correct and, that I served the within notice to terminate tenancy, of which this is a true copy, on the named tenant in the manner described below: I served:

Joseph Green, of 4749 Hickory Creek Drive Apt 2 University Park, IL 60484

In the manner indicated below on 2/13/2024

I personally delivered a copy of this notice to the tenant at
4749-2

I posted a copy of this notice on the tenant's door and slid a copy under the door.

Executed on 2/13/2024, at 4 am/pm by Lamar Parker
agent for Arbors at Hickory Creek, landlord.

[Signature]
Signature



LEASE CONTRACT

CERTIFIED LEASE ILLINOIS

PARTIES AND LEASED PREMISES

Owner PC Hickory Creek LLC	Address 4956 North 300 West, Suite 300 Provo, UT 84604	Phone 801-341-0300
Agent Peak Living	Address 2054 West Grove Pkwy, Suite D Pleasant Grove, UT 84062	Phone 385-375-3185

Residential Community
Arbors at Hickory Creek (Market)

Street Address 4791 Hickory Creek Dr.	City University Park	State Illinois	ZIP 60484
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Residents Joseph Green	Leased Premises 4749-2
----------------------------------	----------------------------------

Street Address 4749 Hickory Creek Drive Apt 2	City University Park	State Illinois	ZIP 60484
---	--------------------------------	--------------------------	---------------------

LEASE TERM

Type <input checked="" type="checkbox"/> Move-In <input type="checkbox"/> Renewal	Length 1 year	Move-In Date 6/2/2023	Start Date 6/1/2023	End Date 5/31/2024	Date Signed June 1, 2023
---	-------------------------	---------------------------------	-------------------------------	------------------------------	------------------------------------

RENT

Payable To Arbors at Hickory Creek	Address 4791 Hickory Creek Dr., University Park, IL 60484	Phone (708) 481-8100
--	---	--------------------------------

Office Hours Monday - Friday, 9:00 am - 5:00 pm	Due On 1st	Late On 6th	Fax (708) 481-8111
---	----------------------	-----------------------	------------------------------

CHARGES

Month-to-Month Charge	\$250.00	Failure to Clean Animal Waste Charge	\$50.00	Online Payment Chargeback	\$35.00
Lease Buy-Out	\$1,500.00	Key Replacement Charge	\$50.00	Late Payment	\$60.00
Dishonored Payment	\$35.00				

CONCESSIONS*

Concession #1: One-Time, Applied June, 2023	\$100.00
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*All concessions are subject to the terms and conditions of the Residential Lease Contract.

TOTAL MOVE-IN COSTS

Total Monthly Payment	\$1,530.00	Total Deposits	\$500.00	Total One-Time Fees	\$0.00
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ONE-TIME CONCESSIONS	(\$100.00)
-----------------------------	------------

TOTAL DUE ON OR BEFORE MOVE-IN	\$1,930.00
---------------------------------------	-------------------

MONTHLY PAYMENTS		DEPOSITS		ONE-TIME FEES	
Base Rent	\$1,500.00	Security Deposit	\$500.00	Application Fee(s)	\$0.00
trash	\$15.00	TOTAL DEPOSIT	\$500.00	Paid \$60.00	
community room	\$15.00			Administrative Fee	\$0.00
TOTAL MONTHLY PAYMENT	\$1,530.00			Paid \$100.00	
				TOTAL ONE-TIME FEES	\$0.00

THIS RESIDENTIAL LEASE CONTRACT (this "Agreement") is made and entered into as of the 1st day of June, 2023, by and between Owner of Residential Community ("Owner") and Joseph Green, jointly and severally (hereinafter collectively "Residents"). Owner hereby leases to Residents the premises at 4749 Hickory Creek Drive Apt 2 #4749-2, University Park, IL 60484 (the "Leased Premises"), located within Arbors at Hickory Creek (Market) (the "Residential Community"), for use exclusively as a private residence, and not for any other purpose. The Leased Premises may also include the rental of parking,

Initial: JG



BALANCE DETAILS

ACCOUNT BALANCE

Your current account balance is
\$4,646.00

DECEMBER 1, 2023

Utility Trash \$14.58

Market Rent \$1,467.00

Common Area Charge \$15.00

DECEMBER 6, 2023

Late Fees \$35.42

JANUARY 6, 2024

Late Fees \$60.00

FEBRUARY 1, 2024

Utility Trash \$15.00

1. Please make checks payable to **Chrysler Capital**
2. Indicate amount paid in Total Amount Enclosed payment field below.
3. Print and mail coupon to:

Chrysler Capital
P.O. Box 660335, Dallas, TX 75266

CHRYSLER
CAPITAL

Customer Name: JOSEPH GREEN
Account Number: 25641020

Payment Due Date: January 27, 2024

Send Payment to:
Chrysler Capital
P.O. Box 660335, Dallas, TX 75266

Please make all checks payable to Chrysler Capital
If you are sending in additional money to reduce your balance, please indicate
below.

Total Due: **\$1,644.38**
Additional Payment:
Total Amount Enclosed:



Employee Name: Joseph Green Jr.
Employee #: 0255947
Employee Address: 110 Providence Drive
 Maitland, IL 60443
Department: OHPD - Full - Domestic -
 Mfg

Pay Dates: 1/13/2024
Pay Period: 1/1/2024 -
 1/14/2024
Deposit Advice #: 718071883
Pay Frequency: Bi-Weekly
Pay Rate: 26.5100
Federal Filing Status: Mar, Exempt
Federal 2c/Extra: No/\$0.00
Withholding:
State Filing Status: (IL)
State Exemptions: 0 (IL)

Employer Name: Illinois Tool Works Inc.
Employer Phone: 866-489-2469
Employer Address: 157 Harlem Avenue
 Glenview, IL 60025

	Current 1/1/2024 - 1/14/2024			YTD As of 1/14/2024	
	Hours/Units	Rate	Amount	Hours/Units	Amount
Earnings	114.78		\$3,854.36	184.28	\$5,961.24
REGULAR	102.78	26.5100	\$2,724.79	124.28	\$3,294.76
HOLIDAY	4.00	26.5100	\$212.08	40.00	\$1,060.40
SICK	4.00	26.5100	\$106.04	4.00	\$106.04
OVERTIME	34.78	14.5805	\$507.16	40.28	\$587.35
BEREAVEMENT				16.00	\$424.16
SHIFT DIFF	114.78	2.6510	\$304.29	184.28	\$488.53
Taxable Benefits			\$1.66		\$3.32
DC LIFE IMPUTE			\$1.66		\$3.32
Memo Information			\$115.63		\$178.83
ITW 401K RETIRE			\$115.63		\$178.83
Pre-Tax Deductions			\$3.42		\$6.84
PRE-TAX DENTAL			\$3.42		\$6.84
Taxes			\$485.35		\$750.51
FICA EE			\$238.86		\$369.36
Fed. MWT EE			\$55.87		\$86.39
IL W/H			\$190.62		\$294.74
Post-Tax Deductions			\$22.47		\$44.94
401K LOAN A			\$22.47		\$44.94
	Routing #	Account #	Amount		Amount
Net Pay			\$3,343.12		\$5,158.95
Direct Deposit	071000032	XXXXX2959	\$150.00		
Direct Deposit	255074974	XXXXXX5079	\$150.00		
Direct Deposit	314074289	XXXXXX4792	\$3,043.12		

Accruals & Balances

Sick Balance

36 Hours



Employee Name: Joseph Green Jr.
Employee #: 0255947
Employee Address: 110 Providence Drive, Matteson, IL 60443
Department: ONP00 - Fuel - Domestic - Mfg

Pay Date: 2/2/2024
Pay Period: 1/15/2024 - 1/28/2024
Deposit Advice #: 724301170
Pay Frequency: Bi-Weekly
Pay Rate: 26.5100
Federal Filing Status: HoH, Exempt
Federal 2c/Extra Withholding: No/\$0.00
State Filing Status: (IL)
State Exemptions: 0 (IL)

Employer Name: Illinois Tool Works Inc
Employer Phone: 866-489-2463
Employer Address: 155 Harlem Avenue, Glenview, IL 60025

	Current 1/15/2024 - 1/28/2024			YTD As of 1/28/2024	
	Hours/Units	Rate	Amount	Hours/Units	Amount
Earnings	113.90		\$3,815.72	298.18	\$9,776.96
REGULAR	101.90	26.5100	\$2,701.27	226.18	\$5,996.13
HOLIDAY				40.00	\$1,060.40
VACATION	8.00	26.5100	\$212.08	8.00	\$212.08
STOCK	4.00	26.5100	\$106.04	8.00	\$212.08
OVERTIME	33.90	14.5805	\$494.28	74.18	\$1,081.63
BEREAVEMENT				16.00	\$424.16
SHIFT DIFF	113.90	2.6510	\$301.95	298.18	\$790.48
Taxable Benefits			\$1.66		\$4.98
EE LIFE IMPUTE			\$1.66		\$4.98
Memo Information			\$114.47		\$293.30
ITW 401K RETIRE			\$114.47		\$293.30
Pre-Tax Deductions			\$3.42		\$10.26
PRE-TAX DENTAL			\$3.42		\$10.26
Taxes			\$480.47		\$1,230.98
FICA EE			\$236.46		\$605.84
Fed MWT EE			\$55.30		\$141.69
IL W/H			\$188.71		\$483.45
Post-Tax Deductions			\$22.47		\$67.41
401K LOAN A			\$22.47		\$67.41
	Routing #	Account #	Amount		Amount
Net Pay			\$3,309.36		\$8,468.31
Direct Deposit	071000013	XXXXX2959	\$150.00		
Direct Deposit	256074974	XXXXXX5079	\$150.00		
Direct Deposit	314074269	XXXXXX4792	\$3,009.36		

Accruals & Balances

Sick Balance	32 Hours
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Employer Name: Illinois Tool Works Inc
Employer Phone: 866-489-2468
Employer Address: 155 Harlem Avenue
 Glenview, IL 60025

Employee Name: Joseph Green Jr.
Employee #: 0255947
Employee Address: 110 Providence Drive.
 Matteson, IL 60443
Department: ONP00 - Fuel - Domestic -
 Mfg

Pay Date: 3/1/2024
Pay Period: 2/12/2024 -
 2/25/2024
Deposit Advice #: 736399861
Pay Frequency: Bi-Weekly
Pay Rate: 27.3100
Federal Filing Status: Single
Federal 2c/Extra Withholding: No
State Filing Status: (IL)
State Exemptions: 0 (IL)

	Current 2/12/2024 - 2/25/2024			YTD As of 2/25/2024	
	Hours/Units	Rate	Amount	Hours/Units	Amount
Earnings	95.60		\$3,106.24	482.65	\$15,633.08
REGULAR	83.60	27.3100	\$2,283.12	394.65	\$10,529.06
HOLIDAY				40.00	\$1,060.40
VACATION	8.00	27.3100	\$218.48	16.00	\$430.56
SICK	4.00	27.3100	\$109.24	16.00	\$427.36
OVERTIME	15.60	15.0205	\$234.32	100.65	\$1,474.39
BEREAVEMENT				16.00	\$424.16
SHIFT DIFF	95.60	2.7310	\$261.08	482.65	\$1,287.15
Taxable Benefits			\$1.66		\$8.30
EE LIFE IMPUTE			\$1.66		\$8.30
Memo Information			\$93.18		\$468.97
ITW 401K RETIRE			\$93.18		\$468.97
Pre-Tax Deductions			\$3.42		\$17.10
PRE-TAX DENTAL			\$3.42		\$17.10
Taxes			\$759.89		\$2,627.47
Fed W/H			\$368.81		\$659.22
FICA EE			\$192.48		\$968.71
Fed MWT EE			\$45.01		\$226.55
IL W/H			\$153.59		\$772.99
Post-Tax Deductions			\$22.47		\$112.35
401K LOAN A			\$22.47		\$112.35
	Routing #	Account #	Amount		Amount
Net Pay			\$2,320.46		\$12,876.16

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT

ID	NAME (Last, First, MI)	SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSM/DSSN	PERIOD COVERED				
	GREEN JOSEPH JACOBIAN JR	***-**-4213	E05	180510	05	300509	ARNG	5570	CHK DT 231213				
ENTITLEMENTS			DEDUCTIONS			ALLOTMENTS			SUMMARY				
Type	Amount	Type	Amount	Type	Amount	+Amt Fwd							
A B C D E F G H I J K L M N O	BASIC PAY	213.28	FICA TAX	10.32		+TOT ENT				213.28			
			SGLI	31.00		-TOT DED				57.98			
			TSP CONTRIBUTION	10.68		-TOT ALMT							
						=NET AMT				155.30			
						-CR FWR							
					=EOM PAY								
						DIEMS		RET PLAN					
TOTAL		213.28			57.98								
FED TAXES	Wage Period	Wage YTD	M/S/H	Mult Jobs	Dep 17 Under	Other Dep	Addl Tax	Other Deds	Other Income	Tax YTD			
	202.62	10440.48	H	N	01	01	.00	.00	.00	1299.42			
FICA TAXES	Wage Period	Soc Wage YTD	Soc Tax YTD	Med Wage YTD	Med Tax YTD	STATE TAXES	St IL	Wage Period	Wage YTD	M/S	Ex	Tax YTD	
	213.28	5989.96	371.38	5989.96	86.85			202.62	10440.48	S	00	.00	
PAY DATA	BAQ Type	BAQ Depn	VHA Zip	Rent Amt	Share	Stal	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC	PACIDN
	W/O DEP	NO DEP	00000									A	
TRADITIONAL PLAN (TSP)	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current					
	5	10.68	5	.00	5	.00	5	.00					
ROTH PLAN	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current					
	0	.00	0	.00	0	.00	0	.00					
CONTRIBUTIONS TOTALS	YTD Deductions	YTD TSP Deferred	YTD TSP Exempt	YTD ROTH	YTD TSP AGCY-AUTO	YTD TSP AGCY-MATCH							
	549.48	549.48	.00	.00	59.68	239.61							
CM AGCY CONTR	AGCY-AUTO	AGC-MATCH	LEAVE	BF Bal	Emd	Used	Cr Bal	ETS Bal	Lv Lost	Lv Paid	Use/Lose		
	2.13	8.53		3.5	0	0	3.5		0	0	0		
REMARKS:													
YTD ENTITLE 11216.89				YTD DEDUCT 2598.13									
YOUR CHECK WAS SENT TO NAVY FEDERAL CREDIT UNION						YOUR SGLI DEDUCTION INCLUDES TRAUMATIC INJURY PROTECTION (TSGLI)							
DIRECT DEPOSIT DATE 12/1/13 AMOUNT 5155.30						SPOUSE SGLI COVERAGE NONE							

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT

ID	NAME (Last, First, MI)	SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETB	BRANCH	ADSN/DSSN	PERIOD COVERED
	GREEN JOSEPH JACOBIAN JR.	***-**-4213	E05	180510	05	300509	ARNG	5570	CHK DT 231117

ENTITLEMENTS		DEDUCTIONS		ALLOTMENTS		SUMMARY	
Type	Amount	Type	Amount	Type	Amount	*Amt Fwd	
A B C D E F G H I J K L M N O	BASIC PAY	1066.40	FICA TAX	61.57		*TOT ENT 1066.40	
			SGU	31.00		-TOT DED 180.69	
			DEBT PAYMENT	31.00		-TOT ALMT	
			TSP CONTRIBUTION	53.32		*NET AMT 605.51	
						-CR FWR	
						*EOM PAY	
						DIEMS	RET PLAN
	TOTAL	1066.40		180.69			

FED TAXES	Wage Period	Wage YTD	M/S/H	Mult Jobs	Dep 17 Under	Other Dep	Add'l Tax	Other Deds	Other Income	Tax YTD
	1013.08	10237.86	H	N	01	01	00	00	00	1299.42

FICA TAXES	Wage Period	Soc Wage YTD	Soc Tax YTD	Med Wage YTD	Med Tax YTD	STATE TAXES	SI	Wage Period	Wage YTD	M/S	Ex	Tax YTD
	1066.40	5776.68	358.15	5776.68	83.76	IL		1013.08	10237.86	S	00	00

PAY DATA	BAQ Type	BAQ Depn	VHA Zip	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC	PACIDN
	W/O DEP	NO DEP	00000									A	

TRADITIONAL PLAN (TSP)	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current
	5	53.32	5	00	5	00	5	00

ROTH PLAN	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current
	0	00	0	00	0	00	0	00

CONTRIBUTIONS TOTALS	YTD Deductions	YTD TSP Deferred	YTD TSP Exempt	YTD ROTH	YTD TSP AGCY-AUTO	YTD TSP AGCY-MATCH
	538.82	538.82	00	00	57.75	231.08

CM AGCY CONTR	AGCY-AUTO	AGCY-MATCH	LEAVE	BF Bal	Emd	Used	Cr Bal	ETS Bal	Lv Lost	Lv Paid	Use/Lose
	10.60	42.60		3.5	0	0	3.5		0	0	0

REMARKS	YTD ENTITLE 11003.61	YTD DEDUCT 2340.15
<p>YOUR CHECK WAS SENT TO NAVY FEDERAL CREDIT UNION DIRECT DEPOSIT DATE 11/17/23 AMOUNT \$602.51 *AS OF 10 MAY 18 000 HIGH TEMPO DEPLOYMENT DAYS ACCRUED (SINCE 1 OCT 09 (OR SINCE ENTERING MILITARY SERVICE)) SERV GP LIFE INSURANCE DEBT BALANCE 5.00 ORIGINAL DEBT \$31.00 23 OCT 23 23 OCT 23 UNPAID DEBT BALANCE *TOTAL* 5.00 TOTAL PERFORMANCE FY 24 UTA 10 AFTP 00 ET 00 ATA 00 JPT 00 AAMTA 00 AAMT 00 RMA 00 SUP101 TNG 00 MCOFT 00 RMM 00 ATADT 000 FMOA 000</p>		
<p>INACTIVE DUTY TRAINING 07 NOV 23 2 YOUR CURRENT STATE CLAIMED IS ILLINOIS SERVICEMEMBER GROUP LIFE INSURANCE COVERAGE \$500,000 YOUR SGLI DEDUCTION INCLUDES TRAUMATIC INJURY PROTECTION (TSGU) SPOUSE SGLI COVERAGE NONE PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE FOR STATE INCOME TAX PURPOSE CONTACT YOUR PAYROLL OFFICE TO FILE A NEW DD FORM 2058 TO CHANGE ESTABLISH THE CORRECT STATE IMMEDIATELY MILITARY SERVICES INCLUDING FREE TAX PREP AND FILING SOFTWARE AND PERSONALIZED TAX SUPPORT ARE AVAILABLE FROM THE DEFENSE</p>		

To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages.

General instructions for these forms, including an explanation of the letter codes used in box 12, are available on a separate document.

Federal Box 1	Sec. Sec. Box 3 & 7	Medicare Box 5
69821.14	69821.14	69821.14
26.52	26.52	26.52
(2984.79)	(87.88)	(87.88)
(87.88)	(406.31)	(406.31)
66774.99	69353.47	69353.47

Gross Wages
Txbi Benefits
Group Term Life
Adoption
Deferred Comp
Section 125
Other Pretax/Wage Limit
W-2 Wages

a Employee's social security number 324-96-4213	b Employer identification number (EIN) 36-1258310	d Control number 001160560201	OMB No. 1545-0008
c Employer's name, address, and ZIP code Illinois Tool Works Inc. 155 Harlem Avenue Glenview IL 60025		1 Wages, tips, other compensation 66774.99	2 Federal income tax withheld 1966.77
e Employee's first name and initial Joseph 110 Providence Drive. Matteson IL 60443 USA		3 Social security wages 69353.47	4 Social security tax withheld 4299.92
f Employee's address and ZIP code		5 Medicare wages and tips 69353.47	6 Medicare tax withheld 1005.63
15 State Employer's state ID Number IL 36-1258310 000 8		7 Social security tips	8 Allocated tips
16 State wages, tips, etc. 66774.99		9	10 Dependent care benefits
17 State income tax 3304.04		11 Nonqualified plans	12a See instructions for box 12 Code C
18 Local wages, tips, etc.		13 Statutory Retirement Third-party sick pay <input type="checkbox"/> X <input type="checkbox"/>	12b Code D 2984.79
19 Local income tax		14 Other	12c Code DD 87.88
		14a Code 14b Code 14c Code 14d Code	

Department of the Treasury - Internal Revenue Service
Form W-2 Wage and Tax Statement
Copy C-For EMPLOYEES RECORDS

2023

a Employee's social security number 324-96-4213	b Employer identification number (EIN) 36-1258310	d Control number 001160560201	OMB No. 1545-0008
c Employer's name, address, and ZIP code Illinois Tool Works Inc. 155 Harlem Avenue Glenview IL 60025		1 Wages, tips, other compensation 66774.99	2 Federal income tax withheld 1966.77
e Employee's first name and initial Joseph 110 Providence Drive. Matteson IL 60443 USA		3 Social security wages 69353.47	4 Social security tax withheld 4299.92
f Employee's address and ZIP code		5 Medicare wages and tips 69353.47	6 Medicare tax withheld 1005.63
15 State Employer's state ID Number IL 36-1258310 000 8		7 Social security tips	8 Allocated tips
16 State wages, tips, etc. 66774.99		9	10 Dependent care benefits
17 State income tax 3304.04		11 Nonqualified plans	12a See instructions for box 12 Code C 26.52
18 Local wages, tips, etc.		13 Statutory Retirement Third-party sick pay <input type="checkbox"/> X <input type="checkbox"/>	12b Code D 2984.79
19 Local income tax		14 Other	12c Code DD 87.88
		14a Code 14b Code 14c Code 14d Code	

Department of the Treasury - Internal Revenue Service
Form W-2 Wage and Tax Statement
Copy B-16 Be Filed With Employee's FEDERAL Tax Return.

2023

a Employee's social security number 324-96-4213	b Employer identification number (EIN) 36-1258310	d Control number 001160560201	OMB No. 1545-0008
c Employer's name, address, and ZIP code Illinois Tool Works Inc. 155 Harlem Avenue		1 Wages, tips, other compensation 66774.99	2 Federal income tax withheld 1966.77
		3 Social security wages	4 Social security tax withheld

Glenview IL 60025		69353.47		4299.92	
5 Medicare wages and tips		69353.47		6 Medicare tax withheld	
7 Social security tips				8 Allocated tips	
9				10 Dependent care benefits	
11 Nonqualified plans				12a See instructions for box 12 Code C	
13 Statutory Retirement Third-party employer plan		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b Code D 2984.79	
14 Other				12c Code DD 87.88	
12d Code					
e Employee's first name and initial Joseph 10 Providence Drive. Matteson IL 60443 USA		Last name Green Jr.		Suff.	
f Employee's address and ZIP code		15 State IL		17 State income tax 3304.04	
16 State wages, tips, etc. 36,129,910.00		18 Local wages, tips, etc.		19 Local income tax	
16 State wages, tips, etc. 66774.99		20 Locality name			

Form W-2 Wage and Tax Statement
 Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

2023

Department of the Treasury - Internal Revenue Service

a. Employee's Social Security Number *****4213		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) 35-1819323		d. Control number		1 Wages, Tips, and other compensation 10440.48	2 Federal Income Tax withheld 1299.42	
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249				3 Social Security Wages 5989.96	4 Social Security Tax withheld 371.38	
				5 Medicare Wages and Tips 5989.96	6 Medicare Tax withheld 86.85	
				7 Social Security tips	8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code JOSEPH JACOBIAN GREEN JR 110 PROVIDENCE DR MATTESON IL 60443				9	10 Dependent Care Benefits	
				12 See instructions for box 12 D-23 549.48	14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay		
15 State IL	Employer's State ID Number 35-1819323	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name
15 State	Employer's State ID Number	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name

Form **W-2** Wage and Tax Statement **2023**

Department of the Treasury - Internal Revenue Service
Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a. Employee's Social Security Number *****4213		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b. Employer's Identification Number (EIN) 35-1819323		d. Control Number		1 Wages, Tips, other compensation 10440.48	2 Federal Income Tax withheld 1299.42
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249				3 Social Security Wages 5989.96	4 Social Security Tax withheld 371.38
				5 Medicare Wages and Tips 5989.96	6 Medicare Tax withheld 86.85
				7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code JOSEPH JACOBIAN GREEN JR 110 PROVIDENCE DR MATTESON IL 60443				9	10 Dependent Care Benefits
				12 See instructions for box 12 D-23 549.48	14 See instructions for box 14
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay	

NGAI Relief Foundation, Inc.
1301 North MacArthur Boulevard
Springfield, IL 62702

Tax ID: 92-3612826

Verification of *Financial Services Meeting*

Applicant's Name: SGT Joseph Green

Financial Counseling Organization: DoD Financial Readiness

Financial Counseling Contact Information:

Name: Michael Byrne

Phone: 224-315-9607

Email: pfc.oakbrook@magellanfederal.com

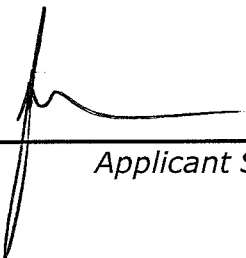
This is to serve as verification that

Joseph Green
(Applicant name)

met IN PERSON with

Michael Byrne
(Financial counselor name)

on 23 FEB 2024.
(Date)



Applicant Signature

Michael Byrne

Financial Counselor Signature

NOTICE TO APPLICANT:

This is a REQUIRED form. Grant requests **WILL NOT BE** reviewed until this form is filled out, signed and returned to NGAIRF by your Personal Financial Counselor.

Date: 2-23-24

Net Income (after deductions)	Monthly	% of total	Proposed	1st Pay	2nd Pay
Income #1	\$ 3,000.00			\$ -	\$ -
Income #2	\$ 300.00			\$ -	\$ -
Income #3	\$ -			\$ -	\$ -
Income #4	\$ -			\$ -	\$ -
Child Support Received	\$ -			\$ -	\$ -
Renters Income	\$ -			\$ -	\$ -
Other Income	\$ -			\$ -	\$ -
Total Monthly Income	\$ 3,300.00			\$ -	\$ -
<i>Bi-monthly Income</i>	<i>\$ 1,650.00</i>			<i>\$ -</i>	<i>\$ -</i>
Living Expenses	Monthly	% of total	Proposed	1st Pay	2nd Pay
Rent	\$ 1,600.00			\$ -	\$ -
Utilities	\$ 275.00			\$ -	\$ -
Gas	\$ -			\$ -	\$ -
Water	\$ -			\$ -	\$ -
Trash	\$ -			\$ -	\$ -
HOA Fees	\$ -			\$ -	\$ -
Cable /Internet/Land Line Phone	\$ 91.00			\$ -	\$ -
Lawn Maintenance	\$ -			\$ -	\$ -
Alarm System	\$ -			\$ -	\$ -
Renters Insurance	\$ -			\$ -	\$ -
Homeowners Insurance (not escrowed)	\$ -			\$ -	\$ -
Property Taxes (not escrowed)	\$ -			\$ -	\$ -
Total Housing Expenses	\$ 1,966.00	59.58%		\$ -	\$ -
Living Expenses	Monthly	% of total	Proposed	1st Pay	2nd Pay
Groceries and dining out	\$ 450.00			\$ -	\$ -
Lunches / Fast Food	\$ -			\$ -	\$ -
Dining Out	\$ -			\$ -	\$ -
Cleaning and Paper Supplies	\$ -			\$ -	\$ -
Total Food/Household Expenses	\$ 450.00	13.64%		\$ -	\$ -
Living Expenses	Monthly	% of total	Proposed	1st Pay	2nd Pay
Loan Payment (vehicle 1)	\$ 900.00			\$ -	\$ -
Loan Payment (vehicle 2)	\$ -			\$ -	\$ -
Loan Payment (vehicle 3)	\$ -			\$ -	\$ -

Auto Fuel (vehicle 1)	\$	720.00			\$	-	\$	-
Auto Fuel (vehicle 2)	\$	240.00			\$	-	\$	-
Auto Fuel (vehicle 3)	\$	-			\$	-	\$	-
Vehicle Insurance	\$	120.00			\$	-	\$	-
Motorcycle Insurance	\$	-			\$	-	\$	-
Car Washes	\$	-			\$	-	\$	-
Vehicle Maintenance	\$	-			\$	-	\$	-
Vehicle Licenses (state, city)	\$	-			\$	-	\$	-
Tolls	\$	-			\$	-	\$	-
Parking	\$	-			\$	-	\$	-
Other Transportation (train, bus, etc.)	\$	-			\$	-	\$	-
<i>Sub Total</i>	\$	1,980.00	60.00%		\$	-	\$	-
Less vehicle loans	\$	900.00			\$	-	\$	-
Total Transportation	\$	1,080.00	32.73%		\$	-	\$	-
Living Expenses	Monthly	Monthly	% of total	Proposed	\$	-	\$	-
Child Care	\$	400.00			\$	-	\$	-
Food	\$	100.00			\$	-	\$	-
Children's Clothes	\$	300.00			\$	-	\$	-
School Activities	\$	-			\$	-	\$	-
Child's Allowance/Lunch	\$	-			\$	-	\$	-
Child Support	\$	-			\$	-	\$	-
Spouse Support/Family Member	\$	-			\$	-	\$	-
Total Child/Family Expenses	Monthly	Monthly	% of total	Proposed	\$	-	\$	-
Living Expenses								
Health Insurance (paid out-of-pocket)	\$	-			\$	-	\$	-
Prescription Medication	\$	-			\$	-	\$	-
Over-the-Counter Medication	\$	-			\$	-	\$	-
Co-Pays	\$	-			\$	-	\$	-
Dental Insurance (paid out-of-pocket)	\$	-			\$	-	\$	-
Dental Expenses	\$	-			\$	-	\$	-
Orthodontist	\$	-			\$	-	\$	-
Specialist	\$	-			\$	-	\$	-
Eye Care/Glasses	\$	-			\$	-	\$	-
Medical Debt (paid monthly)	\$	-			\$	-	\$	-
Medical Debt (paid monthly)	\$	-			\$	-	\$	-
Medical Debt (paid monthly)	\$	-			\$	-	\$	-

Total Medical Expenses	\$	Monthly	0.00%	Proposed	\$	-	\$	-
Living Expenses	\$	Monthly	% of total	Proposed	\$	-	\$	-
Telephone (Cell)	\$	65.00			\$	-	\$	-
Storage	\$	-			\$	-	\$	-
Gym Membership	\$	-			\$	-	\$	-
Work out supplements	\$	-			\$	-	\$	-
Tobacco, Alcohol	\$	60.00			\$	-	\$	-
Personal care	\$	-			\$	-	\$	-
Civilian Clothing	\$	-			\$	-	\$	-
Military clothing	\$	-			\$	-	\$	-
Laundry / Dry Cleaning	\$	-			\$	-	\$	-
Home Entertainment (Netflix, etc.)	\$	-			\$	-	\$	-
Video Games	\$	-			\$	-	\$	-
Movie Theater	\$	-			\$	-	\$	-
Hobbies (crafts, collecting, etc.)	\$	-			\$	-	\$	-
Recreation (golf, fishing, hunting, etc.)	\$	-			\$	-	\$	-
Pet Expenses	\$	-			\$	-	\$	-
Life Insurance	\$	-			\$	-	\$	-
Savings - Short Term	\$	-			\$	-	\$	-
Savings Intermediate Term	\$	-			\$	-	\$	-
Saving/Investing (retirement, college)	\$	-			\$	-	\$	-
Bank ATM / Overdraft Fees	\$	-			\$	-	\$	-
Periodic Expenses	\$	-			\$	-	\$	-
Total Misc. Expenses	\$	125.00	3.79%		\$	-	\$	-
Total Living Expenses	\$	4,421.00	133.97%		\$	-	\$	-
Debts	\$	Monthly	% of total	Proposed	\$	-	\$	-
Credit Cards	\$	1,159.00			\$	-	\$	-
Student Loans - Federal	\$	-			\$	-	\$	-
Student Loans - Private	\$	-			\$	-	\$	-
Automobile Loans	\$	-			\$	-	\$	-
Medical Debt	\$	-			\$	-	\$	-
Other debt	\$	-			\$	-	\$	-
Total Debt Payments	\$	1,159.00	35.12%	0.00	\$	-	\$	-
Summary		Monthly	% of total	Proposed		1st Pay		2nd Pay

Total Monthly Net Amount	\$ 3,300.00		\$ -	\$ -	\$ -
Total Living Expenses	\$ 4,421.00	133.97%	\$ -	\$ -	\$ -
Total Debt Payments	\$ 1,159.00	35.12%	\$ -	\$ -	\$ -
Monthly Surplus (Deficit)	\$ (2,280.00)	-69.09%	\$ -	\$ -	\$ -
Debt to Income Ratio	35.12%		0.0%	\$ -	\$ -

*Deductions, Allotments, Living Expenses and Debt Payments added together to determine % breakdown for all cash outflows.