

*****FOR EXAMPLE USE ONLY*****

Military Family Relief Fund Digitized Guide



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



Arizona Military Family Relief Fund Grant Application

(rev.2021-06-29)

24 Questions

START →

Please review below MFRF Eligibility Criteria before proceeding

**READ
ELIGIBILITY**

Financial Assistance Eligibility Requirements

Service Members and Veterans discharged under honorable conditions who meet all of the following criteria may be eligible (Arizona Revised Statute 41-608.04):


Deployment by the service member or Veteran	Arizona Residency (one of the following must apply to the service member or Veteran)	Financial Hardship (one of the following must apply)
Deployment includes any movement from a military service member's home station to somewhere outside the continental U.S. and its territories.	1. Claimed Arizona as home of record while in service OR	For Veterans, service members and family members: must demonstrate that military service caused their current financial hardship For surviving families: service member or Veteran died or was wounded in the line of duty and family members need financial assistance with travel and living expenses
	2. Deployed with an Arizona National Guard or Reserve unit OR	
	3. Deployed from an Arizona military installation OR	
	4. Established residency in Arizona and is able to provide proof of continuous physical presence in Arizona for at least twelve months before submitting an application	

NEXT →

CLICK

Please verify that you are human; not a machine*

Please take no offense. This check helps keep our system from being attacked by malicious actors.

CHECK BOX I'm not a robot  reCAPTCHA
Privacy · Terms

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CLICK

1. Eligibility Section

5 Questions

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CLICK

Deployment: Did Service Member or Veteran deploy during their military service?*

Deployment definition: Any movement from a military service member's home station to somewhere outside the continental U.S. and its territories.

YES NO

← PREVIOUS NEXT →

CLICK

****CHOOSE WHICH EVER APPLIES. IF NO, READ ELIGIBILITY AGAIN****

****Please
click
ALL
that
apply****

Residency: Click ALL that apply to Service Member or Veteran*

- Claimed Arizona as home of record while in service
- Deployed with an Arizona National Guard or Reserve unit
- Deployed from an Arizona military installation
- Established residency in Arizona and is able to provide proof of continuous physical presence in Arizona for at least twelve months before submitting an application
- None of the above

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CLICK

Was Service Member's or Veteran's current financial hardship caused by their military service?*

YES

NO

← PREVIOUS

NEXT →

CLICK

2. Identification Section

Please provide the following identifying information so ADVS can contact you.

7 Questions

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CLICK

Applicant Name*

John

First Name

F

Middle Name

Doe

Last Name

← PREVIOUS

NEXT →

CLICK

Applicant Last4 (SSN)*

Applicant's last four SSN numbers ONLY.

1234

← PREVIOUS

NEXT →

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****CHOOSE THE TYPE THAT APPLIES****

Applicant Type*

<input checked="" type="radio"/> Service Member	<input type="radio"/> Veteran
<input type="radio"/> Family member	<input checked="" type="radio"/> Caregiver
<input checked="" type="radio"/> Other	

[← PREVIOUS](#) [NEXT →](#)

CLICK

PROVIDE EMAIL ADDRESS WE CAN CONTACT YOU

Applicant Email*

<input type="text" value="example@example.com"/> <small>example@example.com</small>	<input type="text" value="example@example.com"/> <small>Confirm Email</small>
--	--

[← PREVIOUS](#) [NEXT →](#)

CLICK

PROVIDE PHONE NUMBER TO REACH YOU

Applicant Phone*

[← PREVIOUS](#) [NEXT →](#)

CLICK

****PLEASE PROVIDE INFORMATION ON HOW YOU HEARD ABOUT THE MFRF PROGRAM ****

How did you hear about MFRF?*

<input checked="" type="checkbox"/> ADVS website	<input checked="" type="checkbox"/> Email
<input type="checkbox"/> Mailing List	<input checked="" type="checkbox"/> Social Media
<input checked="" type="checkbox"/> TV/Radio/Newspaper	<input checked="" type="checkbox"/> Word of Mouth/Friend/Family
<input checked="" type="checkbox"/> I don't recall	<input checked="" type="checkbox"/> Another Organization

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CLICK

Please select the date range below showing when you deployed.*

<input checked="" type="checkbox"/> Before 9/11/2001	<input checked="" type="checkbox"/> On/After 9/11/2001
--	--

← PREVIOUS NEXT →

CLICK

****CHOOSE THE DATE IN WHICH YOU DEPLOYED. IF YOU DEPLOYED IN BOTH CHOOSE POST 9/11.*****

3. Essay Section

3 Questions

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

Essay Question 1*

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

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 to work. As a direct result, I have found it increasingly harder to find employment due to being fired and due to all of my medical issues. I am being treated at the VA for my mental health and other conditions. I have a family and I am at risk of losing my home.

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

Essay Question 2*

Explain in detail how your current or past military service affects your ability to meet your current financial obligations.

I was deployed to Iraq in 2008 and I was attached to a Marine Corps infantry unit as a combat medic. During that 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. After discharged I currently receive compensation and I am treated at the VA. I currently work construction and have missed 3 weeks of work due to my symptoms from the military incident. My back has not been the same since Iraq and I have continued to push through the pain. I feel like my hardship is caused by military service.

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

Essay Question 3*

Describe how this assistance will help you achieve financial stability.

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 do not 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 bills caught up I could get my life back on track.

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CLICK

4. Requested Assistance & Income Section

Please list the assistance you are request along with the duration of months needing the request, within the provided data input tables. Bills, statements, receipts, repairs, and quotes, etc., must be attached to this webform application for each assistance request.

4 Questions

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CLICK

4. Requested Assistance & Income Section

Requested Assistance*

Enter type of assistance needed and estimated dollar amount for each expense.

	Type of Assistance	Amount	Months Requested (If Applicable)	Total Amount
1	Rent	1000	4	4000
2	Car Payment	325	2	650
3	Water	75	2	150
4	Electric	125.25	2	250.50
5				0
6				0
7				0
8				0
9				0
10				0
11			Grand Total	5050.50

****THE FOLOWING ARE NOT COVERED: LEGAL FEES, CREDIT CARDS, CABLE, TAXES, TITLE LOANS, PERSONAL LOANS, DOWN PAYMENTS (CALL IF YOU HAVE ANY QUESTIONS) ****

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****PUT ALL MONTHLY INCOME THAT APPLIES****

Household Monthly Income*

(Monthly Average)

	Income Source	Amount or Description
1	Salary of Service Member/Veteran	1500
2	- Place of Employment	Loyal Construction
3	Salary of Spouse/Significant Other	
4	- Place of employment	
5	VA Disability Income	1200
6	GI Bill Monthly Stipend	
7	Social Security Income (SSI or SSDI)	
8	Child Support (Received)	
9	Other Household (List)	
10		
11		
12		
13	Monthly Income Total	2700

← PREVIOUS

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****PUT ALL MONTHLY EXPENSES****

Average Monthly Expenses*

	Essential Expenses	Amount
1	Alimony/Child/Family Support	
2	Childcare	
3	Electric/Gas	220
4	Water/Sewer/Garbage	150
5	Telephone	75
6	Internet	80.55
7	Medical Expenses/Prescriptions	
8	All Rental/Mortgage Expenses	1000
9	Auto Payment	325
10	Auto Insurance	163.33
11	Food/Household items	538.23
12	School Expenses	
13	Gas (Auto)	75
14		
15		
16		
17	Total Expenses	2627.11

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****PROVIDE NAMES AND AGES OF ALL INDIVIDUALS LIVING IN THE HOUSEHOLD****

Individuals Currently Living in Household*

	Name	Age	Relationship
1	John Doe	36	Self
2	Jane Doe	32	Wife
3	Steve Doe	9	Son
4	Lisa Doe	7	Daughter
5			
6			
7			
8			

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CLICK

5. Acknowledgments Section

Selection of document attachments and completion of required attestations

4 Questions

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Attestation 2 of 3*

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.

I authorize *

****CHECK****

← PREVIOUS

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Attestation 3 of 3*

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.

I understand *

****CHECK****

← PREVIOUS

NEXT →

CLICK

6. Applicant Signature

You will still have a chance to review your application information before submitting to ADVS.

1 Question

← PREVIOUS

NEXT →

CLICK

Applicant Signature*

Using your mouse on a PC or your finger on a smart phone, please provide your signature so we know it's you.

****SIGN YOUR NAME****



CLEAR

← PREVIOUS

REVIEW AND SUBMIT

CLICK

****ONCE THE APPLICATION IS RECEIVED AND REVIEWED, YOU WILL RECEIVE AN EMAIL FROM A MFRF SPECIALIST. APPLICATIONS WILL NOT BE PROCESSED IF THEY ARE NOT COMPLETELY FILLED OUT.**

****REQUIRED DOCUMENTS NEEDED ARE BELOW****

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 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			
		a. DATE ENTERED AD THIS PERIOD	MONTHS	2006	05
		b. SEPARATION DATE THIS PERIOD	06	11	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				YES	X
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107h)				YES	X
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA)				YES	X
16. DAYS ACCRUED LEAVE PAID 0.5	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	X
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 40125		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		X	YES
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				YES	X
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 L BK		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) ILS	



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) 385-4814

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

BIRTH CERTIFICATE

It is certified that Chewey Doe

Child Description

Sex: Male Female

Weight: 8.502

Height: 21 inches

Mother

Given Name: Jane Doe

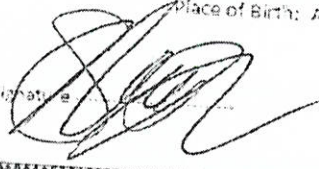
Family Name: John Doe

Father Name:

Date of Birth: 8/15/2009

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

Doctor Signature



MIS Signature



YOUR COMPANY NAME
 555 CIRCLE STREET, JACKSONVILLE FL

EARNINGS STATEMENT

EMPLOYEE NAME / ADDRESS		SSN		EMPLOYMENT PERIOD		PAY PERIOD	
John Doe, 123 ABC Street, Jax FL		XXX-XX-1234		06/22/2019 - 06/28/2019		06/10/2019	
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	99.99		360.41
14222.80				YTD NET PAY			
	YTD DEDUCTIONS			TOTAL	458.8		
	3050.09						
			11172.71				

RECEIPT No. 07010

DATE 10/13/17

FROM JOHN R DOE \$

Claim for benefits DOLLARS

FOR RENT
 FOR

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

10/13/17



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.

JOHN DOE
111-22-1234
2 of 5

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

JOHN DOE
111-22-1234
3 of 5

- 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 an event in service.



CHECKS PAID

CHECK NUMBER	DESCRIPTION	DATE PAID	AMOUNT
XXXX A		07-14	\$1,471.00
XXXX A		07-09	1,107.05
Total Checks Paid			\$3,169.04

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

* An image of this check may be available for you to view on our Account.com.

OTHER WITHDRAWALS, FEES & CHARGES

DATE	DESCRIPTION	AMOUNT
07-11	Online Payment XXXXX To Vendor	\$7,500.00
07-11	Online Payment XXXXX To Vendor	2,100.00
07-25	Online Payment XXXXX To Vendor	2,000.00
07-30	ADP EX FICA S&A	2,000.00
Total Other Withdrawals, Fees & Charges		\$15,025.68

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT
07-02	\$81,727.40	07-21	\$29,174.00
07-08	97,600.05	07-24	\$82,001.00
07-09	121,640.05	07-25	\$82,001.00
07-11	109,752.05	07-28	\$89,175.00
07-14	109,250.00	07-30	\$84,000.00
07-16	121,073.00		

SERVICE CHARGE SUMMARY

TRANSACTION TYPE	NUMBER OF TRANSACTIONS	AMOUNT
Checks Paid / Debits	2	\$0.00
Deposits / Credits	15	\$0.00
Deposited Items	21	\$0.00
Transaction Total	38	\$0.00
NET SERVICE FEES		
Service Fee		\$0.00
Service Fee Credit		\$0.00
Net Service Fee		\$0.00
EXPANDED TRANSACTION FEES (Above 200)		
		\$0.00
Total Service Fees		\$0.00

BIRTH CERTIFICATE


It is certified that Leira 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: 

NIS 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.

1. **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.

2. **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.

3. **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.

4. **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.

5. **UTILITIES:** RESIDENT agrees to pay all utilities and/or services based upon occupancy of the premises except N/A utilities included in rent

6. **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)

7. **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.

27. ADDITIONS AND/OR EXCEPTIONS

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.

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 Doe

Date 5/11/2017

RESIDENT'S Signature N/A

Date _____

OWNER'S or Agent's Signature [Signature]

Date 5/11/17

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 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

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



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

Account history

[My Account \(//www.srpnet.com/default.asp\)](#) [Pay Bill](#)
[\(//myaccount.srpnet.com/sso/Dashboard\)](#) [\(//myaccount.srpnet.com/MyAccount/eChexPayment.aspx\)](#)
MY ACCOUNT **RESIDENTIAL** **BUSINESS** **WATER** **COMMUNITY** **ABOUT US** **CONTACT US**
Outages **ELECTRIC** **ELECTRIC** **Search**
[\(//myaccount.srpnet.com/MyAccount/Outages/Public\)](#) [\(//www.srpnet.com\)](#)
LOG OUT
[\(//MYACCOUNT.SRPNET.COM/SO/LOGIN/LOGOUT\)](#)

Account history

Select account:
 056478955212

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					

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



GEICO Casually Company

ELECTRONIC FUNDS TRANSFER BILL NOTIFICATION

Policy Number & Period

Auto Policy 64552115878
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

100002144514623820020021259

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 US
[Outages](#) (<http://myaccount.srpnet.com/MyAccount/Outages/Public>)
[ELECTRIC](#) [ELECTRIC](#)
 LOG OUT
<http://MYACCOUNT.SRPNET.COM/SO/LOGIN/LOGOUT>

Account history

Select account:
 056478955212

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
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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					