Rental Application for **The Copper**

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SUFFIX
Visnic	Mary Kate		

SSN	BIRTH DATE	PHONE - TYPE
-**-*	6/20/1995	(203) 535 - 9031 - Mobile

EMAIL
mkvisnic@gmail.com

EMERGENCY CONTACT

NAME	ADDRESS
Molly Visnic	347 Pine Orchard Road, Branford, 8 06405

PHONE	EMAIL ADDRESS	RELATIONSHIP
(203) 314 - 2708	mollyvisnic@aol.com	mother

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
1264 Lexington Avenue	New York	NY	10028

DATE IN	DATE OUT	MONTHLY RENT
	current	$3,200.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Nurse Anesthesiologist	Mount Sinai

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Carllyne Moran	(917) 715 - 8771	$243,799.92/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
1468 Madison Avenue	New York	NY	10028

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?	Have you ever willfully refused to pay rent when due?
NO	NO
Have you ever been evicted from a tenancy or left owing money?	**Have you ever been convicted of a crime?**
NO	NO

SUPPLEMENTAL QUESTIONS

Will the tenant be receiving stove knob covers from property?
☒ No, I do not want stove knob covers for my stove. There is no child under age six residing in my apartment.

Window Guards:
☒ No children 10 years of age or younger live in my apartment

Were you referred by a broker?
NO

I (we) have seen the actual apartment for which I (we) are applying?:
NO

Preferred Mailing Address:
1264 Lexington Avenue, New York, NY 10028 - US

Initials: M.V. D27692B5

NEW YORK CITY TENANT FAIR CHANCE ACT

Pursuant to the laws of the federal government, New York State, and NYC Admin. Code § 20-807 et seq., we are required to provide you with the following disclosure:

1) The application information you provide will be used by this community's owner or designated agent (the "Owner") to obtain a tenant screening report on you, and the Owner may use this report to determine your suitability for housing.

2) If your application is denied or other adverse action is taken against you on the basis of information contained in the tenant screening report, the Owner must tell you that such action was taken and provide you with the contact information of the screening company that provided the tenant screening report.

3) You may obtain a free copy of the report and dispute inaccurate or incorrect information on the report directly with the screening company at: Attn: On-Site c/o RealPage, 2201 Lakeside Boulevard, Richardson, TX 75082; 1-877-222-0384; www.on-site.com/renter-relations/.

4) You are entitled to one free tenant screening report from each national consumer reporting agency annually, in addition to a credit report which can be obtained from www.annualcreditreport.com.

APPLICATION CONSENT

I hereby warrant that all statements set forth above are true.

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **The Copper** through RP On-Site LLC (On-Site). I understand that these reports may include information concerning my character, employment and income verification, general reputation, personal characteristics, public records information, criminal records information, education, qualifications, motor vehicle record, mode of living, credit and indebtedness information, and any other information which may reflect upon my potential for tenancy or guarantor status gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

I understand that **The Copper** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, use, and release of such information by On-Site, Trans Union LLC, and other applicable credit bureaus for the purpose of providing the verification services in relation to my application and during the course of any ongoing lease obligation arising from such application.

I understand that if an investigative consumer report is requested about me, I have the right to make a written request to **The Copper**, within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by **The Copper** or On-Site, including but not limited to email or other electronic transmission. I understand that all notices shall be deemed received upon being sent.

By submitting this application, I certify that I have read and fully understand the disclosures and my rights detailed above and authorize On-Site to obtain, for the purpose of determining my eligibility for initial or continued tenancy or guarantor status, a consumer report and/or investigative consumer report and to disclose all information obtained by On-Site to **The Copper**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf.

I understand that, upon written request, I will be informed whether or not a consumer report or an investigative consumer report was requested and, if such a report was requested, informed of the name and address of the credit reporting agency that furnished the report. With regard to "investigative consumer reports", I further understand that when I receive the name and address of the consumer reporting agency, I may request a copy of such report by contacting such agency. I acknowledge that I have received and read Article 23-A of the New York Correction Law (https://www.on-site.com/resources/consent/correctionLawArticle23a.pdf)

☒ *Application consent was digitally accepted by Mary Kate Visnic*

Signed by Mary Kate Visnic
Sun Oct 27 2024 06:43:10 PM EDT
Key: D27692B5; IP Address: 47.230.17.134

Mary Kate Visnic *(Applicant)* *Date*

The following charge(s) will appear on your card statement as *"ClickPay"*

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Mary Kate	XXXXXXXXXXX8539	15200744	$21.50

This card has been authorized for the amount above and will be charged when the application is processed.

Initials: M.V. D27692B5

California Required Notices

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

An investigative consumer reporting agency shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures, as provided in CA Civil Code Section 1786.26.

This report was prepared using software provided by RP On-Site LLC, which can be contacted at: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

Avisos obligatorios en el estado de California

El presente informe no garantiza la exactitud ni la veracidad de la información con respecto al tema de investigación, sino únicamente que es una copia exacta de los registros públicos y es posible que la información generada como consecuencia del robo de identidad, incluidos los registros de antecedentes delictivos, se haya asociado por error con el consumidor objeto del presente informe.

Una agencia de investigación de verificación de crédito proporcionará al consumidor que desee obtener una copia de un informe o que solicite la revisión de un archivo un aviso por escrito en inglés y español, escrito en un lenguaje simple y claro, que establezca los términos y condiciones de su derecho a recibir todas las divulgaciones conforme a la Sección 1786.26 del Código Civil de California.

Este informe se preparo con el software proporcionado pro RP On-Site LLC, que puede contractarse en: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

Rental Report for Mary Kate Visnic

The property's screening criteria result	
PENDING	There is screening pending and no overall recommendation yet. Any scores are preliminary, and do not necessarily reflect the final recommendation.

Score for Mary Kate Visnic: 722			
		Importance	**Result**
AI Score		Pass/Fail	👍
No Credit		Pass/Conditional	👍
Total annual income to rent ratio exceeds 40.0		Pass/Fail	PENDING
May have been through a bankruptcy		Pass/Fail	👍
No unpaid rental collections		Pass/Fail	👍
Employment verification must not be Verified False		Pass/Fail	PENDING
Criminal and Other Public Records: Felony Convictions		Pass/Fail	👍
Total Considered Felony Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍

Government Obstruction	None ever	Pass/Fail	👍
Kidnapping	None ever	Pass/Fail	👍
Property Destruction	None ever	Pass/Fail	👍
Property Other	None ever	Pass/Fail	👍
Property Theft	None ever	Pass/Fail	👍
Prostitution	None ever	Pass/Fail	👍
Sex Offense Coerced	None ever	Pass/Fail	👍
Sex Offense Willful	None ever	Pass/Fail	👍
Society Other	None ever	Pass/Fail	👍
Violent Fatal	None ever	Pass/Fail	👍
Violent Non Fatal	None ever	Pass/Fail	👍
Weapons	None ever	Pass/Fail	👍
Wildlife	None ever	Pass/Fail	👍
Criminal and Other Public Records: Misdemeanor Convictions		Pass/Fail	👍
Total Considered Misdemeanor Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍
Government Obstruction	None ever	Pass/Fail	👍
Kidnapping	None ever	Pass/Fail	👍
Property Destruction	None ever	Pass/Fail	👍
Property Other	None ever	Pass/Fail	👍
Property Theft	None ever	Pass/Fail	👍
Prostitution	None ever	Pass/Fail	👍
Sex Offense Coerced	None ever	Pass/Fail	👍
Sex Offense Willful	None ever	Pass/Fail	👍
Society Other	None ever	Pass/Fail	👍
Violent Fatal	None ever	Pass/Fail	👍
Violent Non Fatal	None ever	Pass/Fail	👍
Weapons	None ever	Pass/Fail	👍
Wildlife	None ever	Pass/Fail	👍
Is not a registered sex offender		Pass/Fail	👍

Credit Quick Summary	
Total annual income (reported by Applicant)	$243,799.92
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $4,336.63)
Total number of accounts	2
Accounts with no late payments	2 (0 unpaid past due)
Accounts paid 30-59 days past due	0 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$2,088.00 ($0.00 past due)
Outstanding revolving debt	$2,088.00 (27% of limit) ($0.00 past due)
Outstanding loan balance	$0.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From Equifax
Name:	Mary Kate Visnic	MARY-KATE VISNIC MARY VISNIC
SSN:	***-**-****	***-**-****
Birth Date:	6/**/1995	6/**/1995

Addresses	From Application	From Equifax
	1264 Lexington Avenue New York, NY 10028 - US	1264 LEXINGTON AVE. 3SE NEW YORK, NY 10028 (Applicant) Reported 10/2024 347 PINE ORCHARD RD. BRANFORD, CT 06405 (Applicant) Reported 10/2024

Employment	From Application	From Equifax
Applicant:	Nurse Anesthesiologist Mount Sinai $243,799.92/Yr. Total annual Income: $243,799.92	

Employment Verifications

From RealPage

Requested For	Employer	Position Held	Annual Salary	Supervisor
Mary Kate Visnic Requested Date 10/27/2024	Mount Sinai	Nurse Anesthesiologist	$243,799.92	Carllyne Moran (917) 715 - 8771
	Results Pending			

Criminal and Other Public Records

Requested For	Location Searched	Period Searched	Requested	Returned
Mary Kate Visnic	Multistate Search	10/27/2017 - 10/27/2024	10/27/2024	10/27/2024

Results

No Records Found

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Mary Kate Visnic	10/27/2024	10/27/2024

Results
No Records Found

Restricted Person Search

Requested For	Requested	Returned
Mary Kate Visnic	10/27/2024	10/27/2024

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	722	Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History

Description
RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer).

From Equifax

Risk Model Name	Score	Score Factors
Credit Score (Applicant)	684	You have too few credit accounts The balances on your accounts are too high compared to loan amounts The date that you opened your oldest account is too recent You have too many inquiries on your credit report.

Description
This credit score is a widely used risk model that uses credit report data to predict the likelihood of default. The credit score range is between 300 and 850 (the higher the score, the less risky the consumer).

Credit Accounts

From Equifax

Account Name: CAPITAL ONE BANK USA (Applicant)

Opened	Last Active	30-59	60-89	90+	Past Due	Balance
4/2024	9/2024					$2,088.00

Monthly Payment	High Credit	Type	Comments
$38.00	$2,126.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0
10/24		8/24		6/24	

Account Name: AMERICAN EXPRESS (Applicant)

Opened	Last Active	30-59	60-89	90+	Past Due	Balance
2/2022						$0.00

Monthly Payment	High Credit	Type	Comments
	$5,540.00	OPEN ACCOUNT	Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10/24		8/24		6/24		4/24		2/24		12/23		10/23		8/23		6/23		4/23		2/23		12/22	

Previous Credit Inquiries	
From Equifax	
4/2024	CAPITAL ONE BANK USA (Applicant)
11/2023	COMENITYCAPITAL/ALPH (Applicant)

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

  You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

  As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

  A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

A Summary of Your Additional Rights in New York

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer credit reporting agency from releasing information in your credit report without your express authorization. A security freeze must be requested in writing by certified or overnight mail. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

To place a security freeze on your credit report, you must contact each of these credit reporting agencies:

Equifax Security Freeze
P.O. Box 105788
Atlanta, GA 30348
(800) 685-1111
https://www.freeze.equifax.com

Experian Security Freeze
P.O. Box 9554
Allen, TX 75013
(888) 397-3742
https://www.experian.com/freeze/center.html

TransUnion LLC
P.O. Box 2000
Chester, PA 19022-2000
(888) 909-8872
www.transunion.com/personal-credit/credit-disputes/credit-freezes.page

However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit mortgage, government services or payments, insurance, rental housing, employment, investment, license, cellular phone, utilities, digital signature, Internet credit card transaction, or other services, including an extension of credit at point of sale. When you place a security freeze on your credit report, you will be provided a personal identification number or password to use if you choose to remove the freeze on your credit report or authorize the release of your credit report to a specific party or for a period of time after the freeze is in place. To provide that authorization you must contact the consumer credit reporting agency and provide all of the following:

1. The personal identification number or password;
2. Proper identification to verify your identity;
3. The proper information regarding the party or parties who are to receive the credit report or the period of time for which the report shall be available to users of the credit report; and
4. Payment of any applicable fee.

A consumer reporting agency must authorize the release of your credit report no later than three business days after receiving the above information.

A security freeze does not apply to circumstances in which you have an existing account relationship and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control or similar activities.

If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your application for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, before applying for new credit.

Additional rights under your state's law, which are also in the federal Fair Credit Reporting Act, are explained in the enclosed Summary of Your Rights under the Fair Credit Reporting Act.

Form W-2 Wage and Tax Statement 2023 OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

Control number 3301443965			Employer identification number EIN 13-1624096		**Copy B, To Be Filed With Employee's FEDERAL Tax Return**	
Employer's name, address and ZIP code The Mount Sinai Hospital One Gustave Levy Place New York, NY 10029			Employee's social security number 042-94-8742		1 Wages, tips, other compensation 26634.48	2 Federal income tax withheld 5576.72
			7 Social security tips		3 Social security wages 26634.48	4 Social security tax withheld 1651.34
			8 Allocated tips		5 Medicare wages and tips 26634.48	6 Medicare tax withheld 386.20
Employee's first name and init Last name Suffix Mary Kate Visnic 347 Pine Orchard Road Branford, CT 06405					10 Dependent care benefits	11 Nonqualified plans
			12a		13 Statutory Employee ☐ Retirement Plan ☐ Third-party sick pay ☐	14 Other
			12b			
			12c			
Employee's address and ZIP code			12d			

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
NY	131624096	26634.48	1697.19			

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.

Form W-2 Wage and Tax Statement 2023 OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

Control number 3301443965			Employer identification number EIN 13-1624096		**Copy C, For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)**	
Employer's name, address and ZIP code The Mount Sinai Hospital One Gustave Levy Place New York, NY 10029			Employee's social security number 042-94-8742		1 Wages, tips, other compensation 26634.48	2 Federal income tax withheld 5576.72
			7 Social security tips		3 Social security wages 26634.48	4 Social security tax withheld 1651.34
			8 Allocated tips		5 Medicare wages and tips 26634.48	6 Medicare tax withheld 386.20
Employee's first name and init Last name Suffix Mary Kate Visnic 347 Pine Orchard Road Branford, CT 06405					10 Dependent care benefits	11 Nonqualified plans
			12a		13 Statutory Employee ☐ Retirement Plan ☐ Third-party sick pay ☐	14 Other
			12b			
			12c			
Employee's address and ZIP code			12d			

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
NY	131624096	26634.48	1697.19			

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.

Form W-2 Wage and Tax Statement 2023 OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

Control number 3301443965			Employer identification number EIN 13-1624096		**Copy 1, To Be Filed With Employee's State, City, or Local Income Tax Return**	
Employer's name, address and ZIP code The Mount Sinai Hospital One Gustave Levy Place New York, NY 10029			Employee's social security number 042-94-8742		1 Wages, tips, other compensation 26634.48	2 Federal income tax withheld 5576.72
			7 Social security tips		3 Social security wages 26634.48	4 Social security tax withheld 1651.34
			8 Allocated tips		5 Medicare wages and tips 26634.48	6 Medicare tax withheld 386.20
Employee's first name and init Last name Suffix Mary Kate Visnic 347 Pine Orchard Road Branford, CT 06405					10 Dependent care benefits	11 Nonqualified plans
			12a		13 Statutory Employee ☐ Retirement Plan ☐ Third-party sick pay ☐	14 Other
			12b			
			12c			
Employee's address and ZIP code			12d			

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
NY	131624096	26634.48	1697.19			

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.

Form W-2 Wage and Tax Statement 2023 OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

Control number 3301443965			Employer identification number EIN 13-1624096		**Copy 2, To Be Filed With Employee's State, City, or Local Income Tax Return**	
Employer's name, address and ZIP code The Mount Sinai Hospital One Gustave Levy Place New York, NY 10029			Employee's social security number 042-94-8742		1 Wages, tips, other compensation 26634.48	2 Federal income tax withheld 5576.72
			7 Social security tips		3 Social security wages 26634.48	4 Social security tax withheld 1651.34
			8 Allocated tips		5 Medicare wages and tips 26634.48	6 Medicare tax withheld 386.20
Employee's first name and init Last name Suffix Mary Kate Visnic 347 Pine Orchard Road Branford, CT 06405					10 Dependent care benefits	11 Nonqualified plans
			12a		13 Statutory Employee ☐ Retirement Plan ☐ Third-party sick pay ☐	14 Other
			12b			
			12c			
Employee's address and ZIP code			12d			

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
NY	131624096	26634.48	1697.19			

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.

Mount Sinai

Mount Sinai Health System
Human Resources
150 East 42nd Street
New York, NY 10017

T: 646-605-4783
F: 212-731-7806

Date: 10/26/2024

To Whom It May Concern:

Our records indicate the following information, which we furnish to you in confidence. If you have any questions, please feel free to contact the Human Resources Information System Department of the Mount Sinai Health System (MSHS) at 646-605-4783.

Employee's Name:	Mary Kate Visnic
Title:	Nurse Anesthetist-MSH
Date of Hire:	11/13/2023
Employment Dates:	11/13/2023 To Present
Scheduled Hours:	37.5 Hours Per Week
Status:	Full Time
Social Security:	XXX-XX-8742
Employer:	Mount Sinai Hospital
Salary:	$124.68
Annual Salary:	$243,799.92

Sincerely,

Jacqueline Johnson
Human Resources
The Mount Sinai Health System

Employee Name	P/P Begin	P/P End	Advice Date	Advice No	Emp Num	Location	ER 403B
Mary Kate Visnic	10/06/24	10/12/24	10/17/24	4311354819	E9057330	389	

Base	Exp Int	Exp Ext	Edu	Cert	Shift Rate	Fed Tax	State Tax	PTO	OD	SS	HOL
124.6832	4.58		0.26		3.13	Single	Single/0	50.4		56.9	7.5

Earnings	Hours	Current($)	YTD($)
REGULAR PAY	36.00	4,662.76	165,817.38
REGULAR SHIFT DIFF	6.00	18.77	707.05
PTO PAYMENT	0.00	0.00	26,023.84
HOLIDAY PAY	0.00	0.00	7,659.28
JURY DUTY	0.00	0.00	1,489.49
PRECEPTOR DIFF	0.00	0.00	287.50
RETRO SEP CHK	0.00	0.00	257.60
RETRO PAY	0.00	0.00	14.93

VAC	CO	PTO ACC	SICK	Per

Deductions	Current($)	YTD($)
FIT Withheld	979.14	42,846.99
Medicare Employee Withheld	88.19	2,953.04
Social Security Employee With	0.00	10,453.20
SIT Withheld (NY)	304.97	13,405.06
UNION DUES NYSNA	0.00	1,379.50

Gross Pay	4,681.53	202,257.07	**Pre-Tax Deductions**	0.00	0.00
Net Pay	3,309.23	131,219.28	**Tax Deductions**	1,372.30	69,658.29

The Mount Sinai Hospital
150 East 42nd Street
New York, NY 10017 (646) 605-4120

ADVICE NUMBER **4311354819**
ADVICE DATE **10/17/24**
ADVICE AMOUNT **$3309.23**

Checking Account-8842 3309.23

DEPOSITED FOR
Mary Kate Visnic
347 Pine Orchard Road,
Branford, CT 06405

PAYROLL ACCOUNT
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Location: 389 *Payroll: MSH WEEKLY* *Seq* : 1 *Advice-Date :* 10/17/24

The Mount Sinai Hospital
150 East 42nd Street
New York, NY 10017 (646) 605-4120

Mary Kate Visnic
347 Pine Orchard Road,
Branford, CT 06405

Employee Name	P/P Begin	P/P End	Advice Date	Advice No	Emp Num	Location	ER 403B
Mary Kate Visnic	10/13/24	10/19/24	10/24/24	4320097896	E9057330	389	

Base	Exp Int	Exp Ext	Edu	Cert	Shift Rate	Fed Tax	State Tax	PTO	OD	SS	HOL
124.6832	4.58		0.26		3.13	Single	Single/0	50.4		56.9	7.5

Earnings	Hours	Current($)	YTD($)
REGULAR PAY	36.00	4,662.76	170,480.14
REGULAR SHIFT DIFF	6.00	18.77	725.82
PTO PAYMENT	0.00	0.00	26,023.84
HOLIDAY PAY	0.00	0.00	7,659.28
JURY DUTY	0.00	0.00	1,489.49
PRECEPTOR DIFF	0.00	0.00	287.50
RETRO SEP CHK	0.00	0.00	257.60
RETRO PAY	0.00	0.00	14.93

VAC	CO	PTO ACC	SICK	Per

Deductions	Current($)	YTD($)
FIT Withheld	979.14	43,826.13
Medicare Employee Withheld	110.02	3,063.06
Social Security Employee With	0.00	10,453.20
SIT Withheld (NY)	304.97	13,710.03
UNION DUES NYSNA	0.00	1,379.50

Gross Pay	4,681.53	206,938.60	**Pre-Tax Deductions**	0.00	0.00
Net Pay	3,287.40	134,506.68	**Tax Deductions**	1,394.13	71,052.42

The Mount Sinai Hospital
150 East 42nd Street
New York, NY 10017 (646) 605-4120

ADVICE NUMBER	**4320097896**
ADVICE DATE	**10/24/24**
ADVICE AMOUNT	**$3287.40**

Checking Account-8842 3287.40

DEPOSITED FOR
Mary Kate Visnic
347 Pine Orchard Road,
Branford, CT 06405

PAYROLL ACCOUNT
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Location: 389 *Payroll: MSH WEEKLY* *Seq* : 1 *Advice-Date :* 10/24/24

The Mount Sinai Hospital
150 East 42nd Street
New York, NY 10017 (646) 605-4120

Mary Kate Visnic
347 Pine Orchard Road,
Branford, CT 06405

WebsterBank®

P.O. Box 191
Waterbury, CT 06720-0191

September 2024

MARY KATE VISNIC
347 PINE ORCHARD RD
BRANFORD CT 06405-5668

Contact Us

Client Services	800.325.2424
Mailing Address	P.O. Box 191 Waterbury, CT 06720-0191
Online Access	websterbank.com

SUMMARY OF ACCOUNTS

ACCOUNT TYPE	ACCOUNT NUMBER	ENDING BALANCE
PRIVATE CHECKING	XXXXXX8842	$1,949.73

PRIVATE CHECKING - XXXXXX8842

Account Summary

Date	Description	
08/19/2024	**Beginning Balance**	**$3,055.81**
	232 Debit(s) this period	$14,216.56
	Service Charges	$30.00
	6 Credit(s) this period	$13,140.46
09/16/2024	**Ending Balance**	**$1,949.73**

Interest Summary

Description	
Interest Earned From 08/19/2024 Through 09/16/2024	
Annual Percentage Yield Earned	0.0100%
Interest Days	29
Interest Earned	$0.02
Interest Paid This Period	$0.02
Interest Paid Year-to-Date	$0.29
Interest Withheld Year-to-Date	$0.00
Average Ledger Balance	$2,564.96
Average Available Balance	$2,564.96

Transaction Activity

Transaction Date	Description	Debits	Credits	Balance
08/19/2024	Beginning Balance			$3,055.81
08/19/2024	ZELLE TAUREN HAGANS	-$85.00		$2,970.81
08/19/2024	DBT CRD 081524 661781 MMS-MOUNT NEW YORK NY XXXXXX8539	-$10.54		$2,960.27
08/19/2024	DBT CRD 081624 480479 UBER TRI 8005928996 CA XXXXXX8539	-$12.90		$2,947.37

Balance Your Account

LIST AND TOTAL ALL CHECKS, DEBIT CARD PURCHASES, ATM WITHDRAWALS AND OTHER WITHDRAWALS NOT SHOWN ON THIS STATEMENT

Check No. Or Date		Amount
Total		

1 Check off (✓) transactions appearing on your statement. Those transactions not checked off (✓) should be recorded in the items outstanding column.

2

Enter your Checkbook balance		
Add any credits made to your account through transfers, interest, etc. as shown on this statement. (Be sure to enter these in your checkbook.)		
Subtotal		
Subtract account fees (if any)		
Adjusted checkbook balance		**A**

3

Bank ending balance shown on this statement		
Add deposits shown in your checkbook, but not shown on this statement, because they were made and received after the date of this statement		
Subtotal		
Subtract items outstanding		
Adjusted bank ending balance		**B**

Your checkbook is in balance if line **A** agrees with line **B**.

Error Resolution Notice For Electronic Fund Transfers

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS:

Call us at 800.325.2424

Write to us at:

Webster Bank
PO Box 10305 SO-320
Waterbury, CT 06726

If you think your statement or receipt is wrong, or if you need more information about a transfer listed on the statement or receipt, we must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

websterbank.com

Member FDIC

For international wire transfers involving foreign currencies, exchange rates can vary. Wire transfers you receive in a foreign currency will be converted at a rate of exchange which is based on the market rate in effect on the day the transaction is completed plus a spread or markup through which we may earn revenue on the exchange. FDIC deposit insurance does not insure against any loss due to foreign currency fluctuations.

We suggest you retain this statement for your records.

WebsterBank®

WebsterBank®

P.O. Box 191
Waterbury, CT 06720-0191

August 2024

MARY KATE VISNIC
347 PINE ORCHARD RD
BRANFORD CT 06405-5668

Contact Us

Client Services	800.325.2424
Mailing Address	P.O. Box 191 Waterbury, CT 06720-0191
Online Access	websterbank.com

SUMMARY OF ACCOUNTS

ACCOUNT TYPE	ACCOUNT NUMBER	ENDING BALANCE
PRIVATE CHECKING	XXXXXX8842	$3,055.81

PRIVATE CHECKING - XXXXXX8842

Account Summary

Date	Description	
07/17/2024	**Beginning Balance**	**$717.92**
	273 Debit(s) this period	$15,756.15
	Service Charges	$30.00
	15 Credit(s) this period	$18,124.02
08/18/2024	**Ending Balance**	**$3,055.81**

Interest Summary

Description	
Interest Earned From 07/17/2024 Through 08/18/2024	
Annual Percentage Yield Earned	0.0100%
Interest Days	33
Interest Earned	$0.02
Interest Paid This Period	$0.02
Interest Paid Year-to-Date	$0.27
Interest Withheld Year-to-Date	$0.00
Average Ledger Balance	$2,252.76
Average Available Balance	$2,252.76

Transaction Activity

Transaction Date	Description	Debits	Credits	Balance
07/17/2024	Beginning Balance			$717.92
07/17/2024	POS DEB 071624 145766 Duane Rea NEW YORK NY XXXXXX8539	-$19.59		$698.33
07/17/2024	DBT CRD 071624 002256 FASHION NA NEW YORK NY XXXXXX8539	-$115.40		$582.93
07/17/2024	POS DEB 071724 071705228943 UBER *TR San Francisco CA UBER *TRIP 8539	-$12.89		$570.04

Balance Your Account

LIST AND TOTAL ALL CHECKS, DEBIT CARD PURCHASES, ATM WITHDRAWALS AND OTHER WITHDRAWALS NOT SHOWN ON THIS STATEMENT

Check No. Or Date		Amount
Total		

1 Check off (✓) transactions appearing on your statement. Those transactions not checked off (✓) should be recorded in the items outstanding column.

2

Enter your Checkbook balance		
Add any credits made to your account through transfers, interest, etc. as shown on this statement. (Be sure to enter these in your checkbook.)		
Subtotal		
Subtract account fees (if any)		
Adjusted checkbook balance		**A**

3

Bank ending balance shown on this statement		
Add deposits shown in your checkbook, but not shown on this statement, because they were made and received after the date of this statement		
Subtotal		
Subtract items outstanding		
Adjusted bank ending balance		**B**

Your checkbook is in balance if line **A** agrees with line **B**.

For international wire transfers involving foreign currencies, exchange rates can vary. Wire transfers you receive in a foreign currency will be converted at a rate of exchange which is based on the market rate in effect on the day the transaction is completed plus a spread or markup through which we may earn revenue on the exchange. FDIC deposit insurance does not insure against any loss due to foreign currency fluctuations.

We suggest you retain this statement for your records.

Error Resolution Notice For Electronic Fund Transfers

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS:

Call us at 800.325.2424

Write to us at:

Webster Bank
PO Box 10305 SO-320
Waterbury, CT 06726

If you think your statement or receipt is wrong, or if you need more information about a transfer listed on the statement or receipt, we must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error.

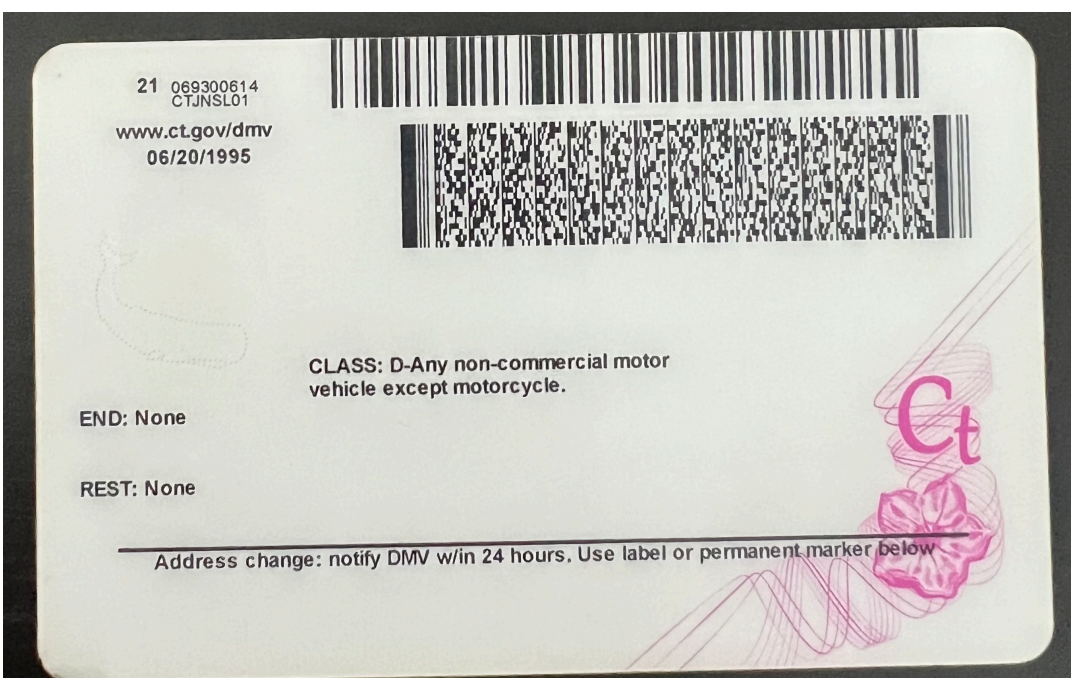
We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

websterbank.com

Member FDIC

WebsterBank®


Connecticut
USA
DRIVER LICENSE
COMMISSIONER
DL
4d LIC # 069300614
3 DOB 06/20/1995
4b EXP 06/20/2029
9 CLASS D
9a END NONE
12 REST NONE
DONOR
4a ISS 05/27/2021
15 SEX F
16 HGT 5'-07"
18 EYES BLU
5 DD 210527155439O1MVI8
1 VISNIC
2 MARY KATE
8 347 PINE ORCHARD RD
BRANFORD, CT 06405-5668
MKV


21 069300614
CTJNSL01
www.ct.gov/dmv
06/20/1995
CLASS: D-Any non-commercial motor vehicle except motorcycle.
END: None
REST: None
Address change: notify DMV w/in 24 hours. Use label or permanent marker below
Ct