27 Albany

APPLICATION FOR RENTAL

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

The undersigned hereby makes application to rent an Apartment at **27 Albany**.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
Braitman	Amanda		***-**-****	

BIRTH DATE	PHONE #1	ALTERNATE PHONE	EMAIL
1/10/1997	(650) 477-4560		ab6239@nyu.edu

CURRENT ADDRESS

STREET ADDRESS	CITY
291 Himrod Street, Apt. 2R	Brooklyn

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
NY	11237	2/1/2023	current	$3,000.00 / Mo.

LANDLORD NAME	LANDLORD PHONE
Joseph Fragala	(347) 219-1526

PREVIOUS ADDRESS

STREET ADDRESS	CITY
47 Monitor Street, Apt. 2	Brooklyn

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
NY	11222	6/1/2021	1/31/2023	$3,100.00 / Mo.

LANDLORD NAME	LANDLORD PHONE
Ewa Laboz	(000) 000-0000

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY		SALARY
Editor	Covering Climate Now		$72,000.00/Yr.
SUPERVISOR	**SUPERVISOR PHONE**	**START DATE**	**END DATE**
Anna Hiatt			current
EMPLOYER ADDRESS	**CITY**	**STATE**	**ZIP**
n/a (remote)	n/a	n/	n/a

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?

NO

Have you ever willfully or intentionally refused to pay rent when due?

NO

Have you ever been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name.

NO

Have you ever been convicted of a crime? If yes, please provide Type of Offense, County, and State.

NO

ADDITIONAL INFORMATION

AQUARIUM?	WATERBED?	BOAT?	MOTORHOME?	MOTORCYCLE?	OTHER?
NO	NO	NO	NO	NO	NO

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

Streeteasy.com

UNIT APPLYING FOR:	PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION
403	

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 **27 Albany** 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 **27 Albany** 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 **27 Albany**, 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 **27 Albany** 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 **27 Albany**, 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 FOR AMANDA BRAITMAN SUBMITTED ONLINE on December 21, 2024

Signed by Amanda Braitman
Sat Dec 21 2024 12:19:33 PM EST
Key: 638E3640; IP Address: 10.33.14.19

Amanda Braitman *(Applicant)* *Date*

The following charge(s) will appear on your card statement as *"27 Albany"*

Application Fee for Amanda Braitman - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Amanda Braitman	XXXXXXXXXXXX1588	15365422	$20.70

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

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 Amanda Braitman

The property's screening criteria result	
APPROVE	This application meets your requirements based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications. **Application Approved by Malgorzata Warchol on 12/21/2024**.

Score for Amanda Braitman: 799			
		Importance	**Result**
AI Score		Pass/Fail	
No Credit		Pass/Conditional	
Total annual income to rent ratio exceeds 40.0		Pass/Conditional	
May have been through a bankruptcy		Pass/Fail	
No Foreclosures		Pass/Fail	
No Utility Collections		Pass/Conditional	
No unpaid rental collections		Pass/Fail	
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	👍

Credit Quick Summary	
Total annual income (reported by Applicant)	$72,000.00
Total combined annual income to rent ratio	57.42 (based on rent of $3,605.00)
Total number of accounts	1
Accounts with no late payments	1 (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	$602.00 ($0.00 past due)
Outstanding revolving debt	$602.00 (32% 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:	Amanda Braitman	AMANDA BRAITMAN
SSN:	***-**-****	***-**-****
Birth Date:	1/**/1997	1/**/1997

Addresses	From Application	From Equifax
	291 Himrod Street, Apt. 2R Brooklyn, NY 11237 - US	291 HIMROD ST. 2R BROOKLYN, NY 11237 (Applicant) Reported 12/2024 47 MONITOR ST. BROOKLYN, NY 11222 (Applicant) Reported 1/2023 220 AVENUE A APT 3C NEW YORK, NY 10009 (Applicant) Reported 7/2021 380 GEORGETOWN AVE. SAN MATEO, CA 94402 (Applicant) Reported 1/2021

Employment	From Application	From Equifax
Applicant:	Editor Covering Climate Now $72,000.00/Yr. Total annual Income: $72,000.00	

Criminal and Other Public Records				
Requested For Amanda Braitman	**Location Searched** Multistate Search	**Period Searched** 12/21/2017 - 12/21/2024	**Requested** 12/21/2024	**Returned** 12/21/2024
Results *No Records Found*				

Restricted Person Search		
Requested For Amanda Braitman	**Requested** 12/21/2024	**Returned** 12/21/2024
Results *No Records Found*		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	799	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)	751	You have too few credit accounts The date that you opened your oldest account is too recent The balances on your accounts are too high compared to loan amounts Too few of your bankcard or other revolving accounts have high limits

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	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DISCOVER BANK (Applicant)	12/2020	11/2024					$602.00

Monthly Payment	High Credit	Type	Comments
$35.00	$1,896.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

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

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.


NEW YORK STATE USA
DRIVER LICENSE
Mark J.F. Schroeder
Commissioner of Motor Vehicles
ENHANCED
ID 443 740 630
Class D
BRAITMAN
AMANDA,LEIGH
291 HIMROD ST APT 2R
BROOKLYN, NY 11237
DOB 01/10/1997
Issued 02/16/2024
Expires 01/10/2029
E NONE
R B
Sex F Height 5'-02" Eyes BRO
EXCELSIOR
PLURIBUS UNUM
JAN 97

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

AMANDA LEIGH BRAITMAN
291 HIMROD ST APT 2R
BROOKLYN, NY 11237-4729

Your Regular Savings

for November 9, 2024 to December 11, 2024

Account number: [redacted]

AMANDA LEIGH BRAITMAN

Account summary

Beginning balance on November 9, 2024	$9,629.45
Deposits and other additions	1,373.63
Withdrawals and other subtractions	-2,003.00
Service fees	-0.00
Ending balance on December 11, 2024	**$9,000.08**

Annual Percentage Yield Earned this statement period: 0.01%.
Interest Paid Year To Date: $1.03.

Account Summary

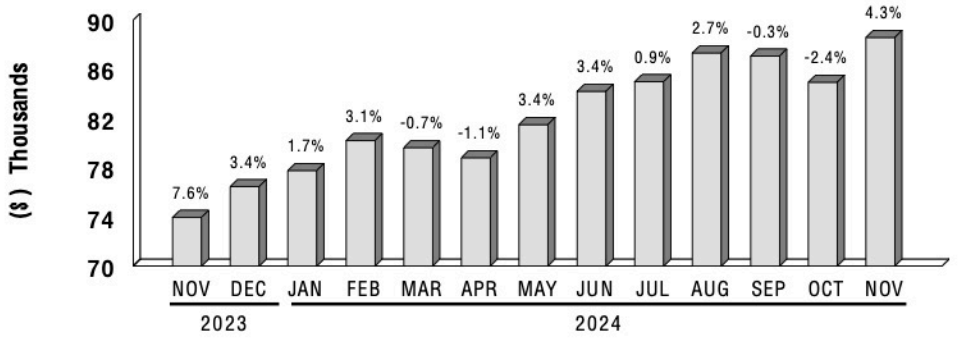
Active Assets Account [redacted] **AMANDA LEIGH BRAITMAN**

CHANGE IN VALUE OF YOUR ACCOUNT (includes accrued interest)

	This Period (11/1/24-11/30/24)	This Year (1/1/24-11/30/24)
TOTAL BEGINNING VALUE	**$ 84,984.73**	**$ 76,480.04**
Credits	—	—
Debits	—	—
Security Transfers	—	—
Net Credits/Debits/Transfers	**—**	**—**
Change in Value	**3,648.68**	**12,153.37**
TOTAL ENDING VALUE	**$ 88,633.41**	**$ 88,633.41**

MARKET VALUE OVER TIME

The below chart displays the most recent thirteen months of Market Value.

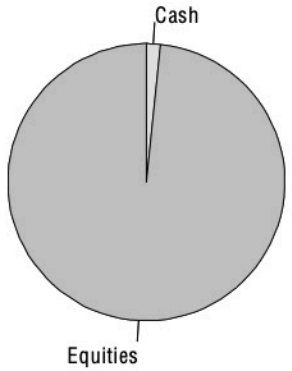


The percentages above represent the change in dollar value from the prior period. They do not represent account investment performance, as they do not consider the impact of contributions and withdrawals, nor other factors that may have affected performance calculations. No percentage will be displayed when the previous month reflected no value.

ASSET ALLOCATION (includes accrued interest)

	Market Value	Percentage
Cash	$ 1,473.18	1.66
Equities	87,160.23	98.34
TOTAL VALUE	**$ 88,633.41**	**100.00%**

FDIC rules apply and Bank Deposits are eligible for FDIC insurance but are not covered by SIPC. Cash and securities (including MMFs) are eligible for SIPC coverage. See Expanded Disclosures.
Values may include assets externally held, as a courtesy, and may not be covered by SIPC. Foreign Exchange (FX) is neither FDIC nor SIPC insured. For additional information, refer to the corresponding section of this statement.



This asset allocation represents holdings on a trade date basis, and projected settled Cash/BDP and MMF balances. These classifications do not constitute a recommendation and may differ from the classification of instruments for regulatory or tax purposes.

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			OMB No. 1545-0116 Form **1099-NEC** (Rev. January 2024) For calendar year 2023	**Nonemployee Compensation**
Fund for Constitutional Government 1100 13th Street NW Suite 800 Washington DC 20005 US - Phone: 2027703443				
PAYERS TIN 23-7391766	RECIPIENTS TIN XXX-XX-9926	1 Nonemployee compensation **$** 4395.00		**Copy C For Payer** For Privacy Act and Paperwork Reduction Act Notice, see the **current General Instructions for Certain Information Returns.**
RECIPIENT'S name, street address(including apt. no.), City or town, state or province, country, and ZIP or foreign postal code Amanda Braitman 291 Himrod Street, Apt. 2R Brooklyn NY 11237 US		2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐ 3. 4 Federal income tax withheld **$**		
Account number (see instructions) R6A8BN0X6SD8	2nd TIN not ☐	5 State tax withheld **$** **$**	6 State/Payer's state no.	7 State income **$** **$**

Form **1099-NEC** (Rev. 1-2024) www.tax1099.com -IRS Approved e File Provider www.irs.gov/Form1099NEC

Instructions for Payer
To complete Form 1099-NEC, use:

- The current General Instructions for Certain Information Returns, and
- The current Instructions for Forms 1099-MISC and 1099-NEC. To order these instructions and additional forms, go to *www.irs.gov/EmployerForms*

Caution: Because paper forms are scanned during processing, you cannot file certain Forms 1096, 1097, 1098, 1099, 3921, or 5498 that you print from the IRS website.

Filing and furnishing. For filing and furnishing instructions, including due dates, and to request filing or furnishing extensions, see the current General Instructions for Certain Information Returns.
Need help?If you have questions about reporting on Form 1099-NEC, call the information reporting customer service site toll free at 866-455-7438 or 304-263-8700 (not toll free). Persons with a hearing or speech disability with access to TTY/TDD equipment can call 304-579-4827 (not toll free).

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

AMANDA LEIGH BRAITMAN
291 HIMROD ST APT 2R
BROOKLYN, NY 11237-4729

Your Regular Savings

for October 12, 2024 to November 8, 2024

Account number [redacted]

AMANDA LEIGH BRAITMAN

Account summary

Beginning balance on October 12, 2024	$9,879.38
Deposits and other additions	0.07
Withdrawals and other subtractions	-250.00
Service fees	-0.00
Ending balance on November 8, 2024	**$9,629.45**

Annual Percentage Yield Earned this statement period: 0.01%.
Interest Paid Year To Date: $0.95.

Company Code	Loc/Dept	Number	Page
K5 / VER 27316059	01/003	2240827	1 of 1

Fund For Constitutional Government
1100 13Th St Nw Ste 800
Washington, DC 20005-4281

Earnings Statement

Period Starting: 11/04/2024
Period Ending: 11/17/2024
Pay Date: 11/15/2024

Business Phone: 202-546-3799

Taxable Filing Status: Single
Exemptions/Allowances:

		Tax Override:	
Federal:	Std W/H Table	Federal:	0.00 Addnl
State:	0	State:	
Local:	0	Local:	0.00 Addnl

Social Security Number: XXX-XX-XXXX

Amanda Braitman
291 Himrod Street
Apt 2R
Brooklyn, NY 11237-4729

Earnings	rate	hours/units	this period	year to date
Regular		80.00	2769.24	53446.33
Gross Pay			**$2,769.24**	$53,446.33

Statutory Deductions	this period	year to date
Federal Income	-295.43	5640.09
Social Security	-171.69	3313.67
Medicare	-40.15	774.97
New York State Income	-130.33	2499.98
New York Paid Family Leave	-10.33	41.32
New York City R Local	-97.44	1868.71

Voluntary Deductions	this period	year to date
New York voluntary disability	-1.20	4.80
ADP RS employee Roth	-110.76	1329.12
Net Pay	**$1,911.91**	

Other Benefits and Information	this period	year to date
*ADP RS non-elective	138.46	1799.98
PTO		
- Carry Over		0.00
- Accrued Hours	0.03	0.67
- Taken Hours	0.00	0.00
- Balance		0.67
Total Hours Worked	80.00	1544.00

Deposits

account number	transit/ABA	amount
XXXXXX7621	XXXXXXXXX	1911.91

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $2,769.24
* Excluded from Federal taxable wages

Fund For Constitutional Government
1100 13Th St Nw Ste 800
Washington, DC 20005-4281

Pay Date: 11/15/2024

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	XXXXXX7621	XXXXXXXXX	1911.91

Amanda Braitman
291 Himrod Street
Apt 2R
Brooklyn, NY 11237-4729

Company Code	Loc/Dept	Number	Page
K5 / VER 27316059	01/003	2271988	1 of 1

Fund For Constitutional Government
1100 13Th St Nw Ste 800
Washington, DC 20005-4281

Earnings Statement

Period Starting: 11/18/2024
Period Ending: 12/01/2024
Pay Date: 11/29/2024

Business Phone: 202-546-3799

Taxable Filing Status: Single
Exemptions/Allowances:

		Tax Override:	
Federal:	Std W/H Table	Federal:	0.00 Addnl
State:	0	State:	
Local:	0	Local:	0.00 Addnl

Social Security Number: XXX-XX-XXXX

Amanda Braitman
291 Himrod Street
Apt 2R
Brooklyn, NY 11237-4729

Earnings	rate	hours/units	this period	year to date
Regular		80.00	2769.24	56215.57
Gross Pay			**$2,769.24**	$56,215.57

Statutory Deductions	this period	year to date
Federal Income	-295.43	5935.52
Social Security	-171.70	3485.37
Medicare	-40.16	815.13
New York State Income	-130.33	2630.31
New York Paid Family Leave	-10.33	51.65
New York City R Local	-97.44	1966.15

Voluntary Deductions	this period	year to date
New York voluntary disability	-1.20	6.00
ADP RS employee Roth	-110.76	1439.88
Net Pay	**$1,911.89**	

Other Benefits and Information	this period	year to date
*ADP RS non-elective	138.46	1938.44
PTO		
- Carry Over		0.00
- Accrued Hours	0.03	0.70
- Taken Hours	0.00	0.00
- Balance		0.70
Total Hours Worked	80.00	1624.00

Deposits account number	transit/ABA	amount
XXXXXX7621	XXXXXXXXX	1911.89

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $2,769.24
* Excluded from Federal taxable wages

Fund For Constitutional Government
1100 13Th St Nw Ste 800
Washington, DC 20005-4281

Pay Date: 11/29/2024

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	XXXXXX7621	XXXXXXXXX	1911.89

Amanda Braitman
291 Himrod Street
Apt 2R
Brooklyn, NY 11237-4729

Company Code	Loc/Dept	Number	Page
K5 / VER 27316059	01/003	2308533	1 of 1

Fund For Constitutional Government
1100 13Th St Nw Ste 800
Washington, DC 20005-4281

Earnings Statement

Period Starting: 12/02/2024
Period Ending: 12/15/2024
Pay Date: 12/13/2024

Business Phone: 202-546-3799

Taxable Filing Status: Single
Exemptions/Allowances:

		Tax Override:	
Federal:	Std W/H Table	Federal:	0.00 Addnl
State:	0	State:	
Local:	0	Local:	0.00 Addnl

Social Security Number: XXX-XX-XXXX

Amanda Braitman
291 Himrod Street
Apt 2R
Brooklyn, NY 11237-4729

Earnings	rate	hours/units	this period	year to date
Regular		80.00	2769.24	58984.81
Gross Pay			**$2,769.24**	$58,984.81

Statutory Deductions	this period	year to date
Federal Income	-295.43	6230.95
Social Security	-171.69	3657.06
Medicare	-40.15	855.28
New York State Income	-130.33	2760.64
New York Paid Family Leave	-10.33	61.98
New York City R Local	-97.44	2063.59

Voluntary Deductions	this period	year to date
New York voluntary disability	-1.20	7.20
ADP RS employee Roth	-110.76	1550.64
Net Pay	**$1,911.91**	

Other Benefits and Information	this period	year to date
*ADP RS non-elective	138.46	2076.90
PTO		
- Carry Over		0.00
- Accrued Hours	0.03	0.73
- Taken Hours	0.00	0.00
- Balance		0.73
Total Hours Worked	80.00	1704.00

Deposits

account number	transit/ABA	amount
XXXXXX7621	XXXXXXXXX	1911.91

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $2,769.24
* Excluded from Federal taxable wages

Fund For Constitutional Government
1100 13Th St Nw Ste 800
Washington, DC 20005-4281

Pay Date: 12/13/2024

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	XXXXXX7621	XXXXXXXXX	1911.91

Amanda Braitman
291 Himrod Street
Apt 2R
Brooklyn, NY 11237-4729

COPY

SEILER LLP
CERTIFIED PUBLIC ACCOUNTANTS

AMANDA BRAITMAN

INSTRUCTIONS FOR FILING FORM
8879
2023 IRS E-FILE SIGNATURE AUTHORIZATION FORM FOR FORM 1040

THE ORIGINAL FORM 8879 SHOULD BE SIGNED (USE FULL NAME) AND DATED BY TAXPAYER.

RETURN YOUR SIGNED FORM 8879 TO:

SEILER LLP
THREE LAGOON DRIVE, STE 400
REDWOOD CITY, CA 94065

A CHECK OR MONEY ORDER PAYABLE TO "UNITED STATES TREASURY" IN THE AMOUNT OF $309 SHOULD BE ENCLOSED WITH THE 1040-V PAYMENT VOUCHER. YOUR DAYTIME PHONE NUMBER, SOCIAL SECURITY NUMBER AND "2023 FORM 1040" SHOULD BE WRITTEN ON YOUR CHECK OR MONEY ORDER.

MAIL YOUR CHECK OR MONEY ORDER WITH YOUR PAYMENT VOUCHER BY APRIL 15, 2024 TO:

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

PAYMENT MAY BE MADE ONLINE THROUGH IRS DIRECT PAY AT WWW.IRS.GOV/PAYMENTS

FORM 8879 SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE AFFIXED TO FORM 1040 IF YOU PAPER FILED YOUR RETURN. PLEASE DO NOT SEPARATELY FILE FORM 1040 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON APRIL 15, 2024.

COPY

2023 Form 1040-V

Department of the Treasury
Internal Revenue Service

What Is Form 1040-V?

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2023 Form 1040, 1040-SR, or 1040-NR.

Consider Making Your Tax Payment Electronically - It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment, you will receive immediate confirmation from the IRS. Go to *www.irs.gov/Payments* to see all your electronic payment options.

How To Fill in Form 1040-V

Line 1. Enter your social security number (SSN).

If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order. If paying online at *www.irs.gov/Payments,* don't complete this form.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to "**United States Treasury.**" Don't send cash. If you want to pay in cash, in person, see *Pay by cash,* later.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also, enter "2023 Form 1040," "2023 Form 1040-SR," or "2023 Form 1040-NR," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: $ XXX.XX. Don't use dashes or lines (for example, don't enter "$ XXX —" or "$ XXX $^{xx}/_{100}$").

Notice to taxpayers presenting checks. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

No checks of $100 million or more accepted. The IRS can't accept a single check (including a cashier's check) for amounts of $100,000,000 ($100 million) or more. If you are sending $100 million or more by check, you will need to spread the payments over two or more checks, with each check made out for an amount less than $100 million.

Pay by cash. This is an in-person payment option for individuals provided through retail partners with a maximum of $1,000 per day per transaction. To make a cash payment, you must first be registered online at *www.acipayonline.com*, our official payment provider. Click on "Federal IRS payments" to make your payment.

How To Send in Your 2023 Tax Return, Payment, and Form 1040-V

- Don't staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2023 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

How To Pay Electronically

Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. You can pay using either of the following electronic payment methods. To pay your taxes online or for more information, go to *www.irs.gov/Payments.*

IRS Direct Pay

Pay your taxes directly from your checking or savings account at no cost to you. You receive instant confirmation that your payment has been made, and you can schedule your payment up to 30 days in advance.

Debit or Credit Card

The IRS doesn't charge a fee for this service; the card processors do. The authorized card processors and their phone numbers are all online at *www.irs.gov/Payments.*

JSA
3A9067 1.000

Separate here and mail with your payment and return.

Department of the Treasury
Internal Revenue Service

2023

Form 1040-V Payment Voucher

- Use this voucher when making a payment with Form 1040.
- Do not staple this voucher or your payment to Form 1040.
- Make your check or money order payable to the "United States Treasury."
- Write your social security number (SSN) on your check or money order.

	Dollars	Cents
Enter the amount of your payment	309.	

1062

AMANDA BRAITMAN
291 HIMROD ST., APT 2R
BROOKLYN, NY 11237

INTERNAL REVENUE SERVICE CENTER
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

200769926 DK BRAI 30 0 202312 610

Form **1040** Department of the Treasury - Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial	Last name	Your social security number
AMANDA	BRAITMAN	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
291 HIMROD ST.	2R

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
BROOKLYN	NY	11237

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
- ☒ Single
- ☐ Married filing jointly (even if only one had income)
- ☐ Married filing separately (MFS)
- ☐ Head of household (HOH)
- ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here ☐	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	
2a	Tax-exempt interest	2a		b Taxable interest	2b	1.
3a	Qualified dividends	3a	481.	b Ordinary dividends STMT. 1.	3b	484.
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☒				7	4,811.
8	Additional income from Schedule 1, line 10				8	4,395.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	9,691.
10	Adjustments to income from Schedule 1, line 26				10	311.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	9,380.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	13,850.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	13,850.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	

Attach Sch. B if required.

Standard Deduction for -
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2023)

JSA

3A1210 1.000

RS 7FS4Y5 M200 04/10/2024 05:50:40 V23-4.3W 21016

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	621.
	24	Add lines 22 and 23. This is your **total tax**		24	621.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return		26	NONE
	27	Earned income credit (EIC)	27	312.	
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	312.
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	312.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	
Direct deposit? See instructions.	b	Routing number _____ **c** Type: ☐ Checking ☐ Savings			
	d	Account number _____			
	36	Amount of line 34 you want **applied to your 2024 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	309.
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name DAVID M SACARELOS Phone no. 650-365-4646 Personal identification number (PIN) 94065

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
DAVID M SACARELOS	DAVID M SACARELOS	04/12/2024	P00082838	☐ Self-employed

Firm's name SEILER LLP Phone no. 650-365-4646

Firm's address THREE LAGOON DR STE 400 REDWOOD CITY, CA 94065 Firm's EIN 94-1624276

RENEWAL LEASE FORM

Please Sign and Return within 30 Days of Receival

TENANT'S NAME AND ADDRESS	OWNER'S/AGENT NAME & ADDRESS
Amanda Braitman Miriam Hamermesh 291 Himrod Street Apt 2R Brooklyn, NY 11237	Joant Realty Corp 5948 Madison Street Ridgewood, NY 11385

1. The owner hereby notifies you that your lease will expire on EXPIRED.

2. You may renew this lease for one year at a monthly rent of **$3,000.00**

3. Additional security deposit required: $00.00

4. This renewal lease shall commence on **02/01/2024**

5. This renewal lease shall terminate on **01/31/2025**

6. This Renewal Lease is based on the same terms and conditions as your expiring lease and riders/attachments, except as stated herein and/or in any riders/attachments hereto.

7. This form is not deemed an offer and does not become a binding lease renewal until signed by the owner and delivered to the tenant.

8. Please check and complete where indicated one of the two responses below, and then date and sign your response. Return this Renewal Lease and attachments/riders and the additional security deposit to the owner in person or by regular mail **Joant Realty Corp** , 5948 MADISON STREET, RIDGEWOOD, NY 11385.

9. **REMINDER**: Each undersigned tenant is responsible for the full amount of the monthly rent.

____ I (We) the undersigned tenant(s), agree to enter into a __**ONE**_____ year Renewal Lease at a monthly rent of __**$3,000.00**____. This Renewal Lease is based on the same terms and conditions as my (our) expiring lease, except as stated herein and/or in any attachment hereto.

____ I (We) will not renew my (our) lease and I (we) intend to vacate the apartment in accordance with the terms and conditions of our current lease expiring EXPIRED.

Dated: 01/01/2024

Tenant's Signature ✕ _____

Tenant's Signature ✕ _____

Owner's Signature _____

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure.

(a) Presence of lead-based paint and/or lead-based paint hazards (Check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

Amanda Braitman & Miriam Hamermesh

(ii) ✔ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to lessor (Check (i) or (ii) below):

(i) _____ Lessor has provided the Lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

291 Himrod Street Brooklyn, NY 11237 APT 2R

(ii) ✔ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead In Your Home.*

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

✖ _____ Lessor	01/01/2024 Date	_____ Lessor	_____ Date
✖ _____ Lessee	01/01/2024 Date	✖ _____ Lessee	January 18, Date 2024
_____ Agent	_____ Date	_____ Agent	_____ Date