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
Ingravera	Amar		

SSN	BIRTH DATE	PHONE - TYPE
-**-*	2/19/1993	(856) 524 - 0232 - Mobile

EMAIL
amar.ingravera@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
4058 w 115th street	Chicago	IL	60655

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
	current	$1,600.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Pediatric cardiology physician	New York Presbyterian Cornell Hospital

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Bernhard Kuhn	(212) 746 - 4111	$260,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
525 E 68th street	New york	NY	10065

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

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.

Initials: A.I. 4E6D9C39

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 Amar Ingravera*

Signed by Amar Ingravera
Sat Jun 28 2025 11:10:49 AM EDT
Key: 4E6D9C39; IP Address: 172.56.161.247

Amar Ingravera *(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
Amar Ingravera	XXXXXXXXXXXX2667	15961603	$21.50

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

Initials: A.I. 4E6D9C39

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 Amar Ingravera

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 Amar Ingravera: 759			
		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)	$260,000.00
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $6,400.88)
Total number of accounts	24
Accounts with no late payments	23 (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	1 (0 unpaid past due)
Total outstanding balance	$342,015.00 ($0.00 past due)
Outstanding revolving debt	$2,866.00 (0% of limit) ($0.00 past due)
Outstanding loan balance	$339,149.00 ($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:	Amar Ingravera	AMAR M. INGRAVERA
SSN:	***-**-****	***-**-****
Birth Date:	2/**/1993	2/**/1993

Addresses	From Application	From Equifax
	4058 w 115th street Chicago, IL 60655 - US	4058 W 115TH ST. 406 CHICAGO, IL 60655 (Applicant) Reported 6/2025 133 OAKDALE RD. CHERRY HILL, NJ 08034 (Applicant) Reported 6/2025 595 W CHURCH ST. 833 ORLANDO, FL 32805 (Applicant) Reported 10/2023

Employment	From Application	From Equifax
Applicant:	Pediatric cardiology physician New York Presbyterian Cornell Hospital $260,000.00/Yr. Total annual Income: $260,000.00	

Employment Verifications

From RealPage

Requested For	Employer	Position Held	Annual Salary	Supervisor
Amar Ingravera Requested Date 6/28/2025	New York Presbyterian Cornell Hospital	Pediatric cardiology physician	$260,000.00	Bernhard Kuhn (212) 746 - 4111
	Results Pending			

Criminal and Other Public Records

Requested For	Period Searched	Requested	Returned
Amar Ingravera	6/28/2018 - 6/28/2025	6/28/2025	6/28/2025

Results

No Records Found

National Sex Offender Registry History		
Requested For Amar Ingravera	**Date Requested** 6/28/2025	**Date Returned** 6/28/2025
Results *No Records Found*		

Restricted Person Search		
Requested For Amar Ingravera	**Requested** 6/28/2025	**Returned** 6/28/2025
Results *No Records Found*		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	759	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)	714	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 delinquent or derogatory accounts The total of all balances on your open accounts is too high

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
DEPT OF ED (Applicant)	7/2015	4/2025				$0.00	$54,536.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$42,722.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
5/25		3/25		1/25		11/24		9/24		7/24		5/24		3/24		1/24		11/23		9/23		7/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	6/2017	4/2025				$0.00	$53,859.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$47,167.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
5/25		3/25		1/25		11/24		9/24		7/24		5/24		3/24		1/24		11/23		9/23		7/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2016	4/2025				$0.00	$50,977.00

Monthly Payment	High Credit	Type	Comments
	$42,722.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
5/25		3/25		1/25		11/24		9/24		7/24		5/24		3/24		1/24		11/23		9/23		7/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	6/2018	4/2025				$0.00	$47,133.00

Monthly Payment	High Credit	Type	Comments
	$42,722.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
5/25		3/25		1/25		11/24		9/24		7/24		5/24		3/24		1/24		11/23		9/23		7/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	6/2018	4/2025				$0.00	$33,971.00

Monthly Payment	High Credit	Type	Comments
	$30,519.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
5/25		3/25		1/25		11/24		9/24		7/24		5/24		3/24		1/24		11/23		9/23		7/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	7/2017	4/2025				$0.00	$32,037.00

Monthly Payment	High Credit	Type	Comments
	$27,143.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
5/25		3/25		1/25		11/24		9/24		7/24		5/24		3/24		1/24		11/23		9/23		7/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	7/2015	4/2025				$0.00	$30,588.00

Monthly Payment	High Credit	Type	Comments
	$23,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
5/25		3/25		1/25		11/24		9/24		7/24		5/24		3/24		1/24		11/23		9/23		7/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	9/2012	4/2025				$0.00	$9,947.00

Monthly Payment	High Credit	Type	Comments
	$6,500.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
5/25		3/25		1/25		11/24		9/24		7/24		5/24		3/24		1/24		11/23		9/23		7/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	9/2011	4/2025				$0.00	$8,844.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,500.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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 5/25 3/25 1/25 11/24 9/24 7/24 5/24 3/24 1/24 11/23 9/23 7/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	9/2013	4/2025				$0.00	$7,434.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,929.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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 5/25 3/25 1/25 11/24 9/24 7/24 5/24 3/24 1/24 11/23 9/23 7/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	9/2014	4/2025				$0.00	$5,662.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,500.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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 5/25 3/25 1/25 11/24 9/24 7/24 5/24 3/24 1/24 11/23 9/23 7/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CHIMEFIN/STRIDE BANK (Applicant)	5/2022	4/2025					$2,847.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$9,964.00	OPEN ACCOUNT	FIXED RATE 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 5/25 3/25 1/25 11/24 9/24 7/24 5/24 3/24 1/24 11/23 9/23 7/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	9/2014	4/2025				$0.00	$2,522.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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 5/25 3/25 1/25 11/24 9/24 7/24 5/24 3/24 1/24 11/23 9/23 7/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	9/2013	4/2025				$0.00	$1,639.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,571.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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 5/25 3/25 1/25 11/24 9/24 7/24 5/24 3/24 1/24 11/23 9/23 7/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	1/2020	5/2025					$19.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$19.00	$5,466.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

6/25	4/25	2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NELNET LOAN SERVICIN (Applicant)	9/2011	4/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$202,333.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

6/22	4/22	2/22	12/21	10/21	8/21	6/21	4/21	2/21	12/20	10/20	8/20
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NELNET LOAN SERVICIN (Applicant)	7/2015	4/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$80,662.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

6/22	4/22	2/22	12/21	10/21	8/21	6/21	4/21	2/21	12/20	10/20	8/20
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NJ HIGHER EDUCATION (Applicant)	9/2013	12/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$7,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NJ HIGHER EDUCATION (Applicant)	8/2012	9/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$6,670.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NJ HIGHER EDUCATION (Applicant)	9/2014	12/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$6,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
TD BANK (Applicant)	3/2019	9/2020	1	1	2		$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,933.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST CREDIT LINE SUSPENDED Rate/Status 5: At least 120 days or more than four payments past due			

Payment History

3/21	1/21	11/20	9/20	7/20	5/20	3/20	1/20	11/19	9/19	7/19	5/19
5	4	3	2	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BRIDGE PROPERTY MANA (Applicant)	6/2022	10/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,490.00	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
12/ 24		10/ 24		8/ 24		6/ 24		4/ 24		2/ 24		12/ 23		10/ 23		8/ 23		6/ 23		4/ 23		2/ 23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ESUSU / TI COMMUNITI (Applicant)	6/2022	5/2025					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$1,483.00	$1,483.00	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
6/ 25		4/ 25		2/ 25		12/ 24		10/ 24		8/ 24		6/ 24		4/ 24		2/ 24		12/ 23		10/ 23		8/ 23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
PIEDMONT ADVANTAGE C (Applicant)	12/2013	9/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$0.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST 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
7/ 24		5/ 24		3/ 24		1/ 24		11/ 23		9/ 23		7/ 23		5/ 23		3/ 23		1/ 23		11/ 22		9/ 22	

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.

Weill Cornell Medicine
Pediatrics

NewYork-Presbyterian
Komansky Children's Hospital

Sallie Permar, M.D., Ph.D.
Nancy C. Paduano Professor and Chair
Department of Pediatrics
Pediatrician-in-Chief
NewYork-Presbyterian Komansky Children's Hospital
NewYork-Presbyterian Hospital/ Weill Cornell Medical Center

525 East 68th Street, Box 225
New York, N.Y. 10065

Telephone: 212-746-4111
Fax: 212-746-8117
E-mail: sallie.permar@med.cornell.edu

February 18, 2025

Personal and Confidential

Amar Ingravera, DO
4058 W. 115th Street, Apt 406
Chicago, IL 60655
ingravera1@gmail.com

Dear Dr. Ingravera,

In accordance with our conversations, and upon acceptance of the terms and conditions contained herein, I am delighted to offer you a faculty position within the Department of Pediatrics, Division of Cardiology at Weill Cornell Medical College (herewith in "Medical College"), Weill Cornell Medicine (WCM). The remainder of this letter summarizes the major aspects of your appointment to the Department of Pediatrics faculty and the plan we discussed to support your continued professional development.

Faculty Appointment

As Chair of the Department of Pediatrics, I will recommend to the Dean of Weill Cornell Medical College ("Medical College") your faculty appointment as a full-time Assistant Professor of Clinical Pediatrics for an initial appointment to be effective on or about August 18, 2025 through August 17, 2026. Approval of your faculty appointment is contingent upon our receipt of all required documentation (including satisfactory review of professional liability claims and professional disciplinary history), on the outcome of our usual pre-employment review process, and approvals by the relevant WCM institutional offices.

If approved, this is to be a renewable appointment. Renewal of this appointment will be determined annually and the conditions for renewal will include funding and the programmatic needs of the department. If renewal is not possible, you will be given appropriate notice based on the guidelines set forth in the Academic Staff Handbook. Additionally, if you resign from your appointment, you must notify the Department Chair in writing as far in advance as is feasible. We request a minimum of 90 days' notice to ensure a smooth transition and coverage for our patients.

This faculty appointment is on the Pathway Recognizing Clinical Excellence, with area of excellence in Clinical Expertise and Innovation. Academic appointment policies are documented in the institution's Academic Staff Handbook, which can be accessed online at https://faculty.weill.cornell.edu/handbook. I encourage you to review "Appointment and Promotion of the Faculty" and those other sections that pertain to your appointment. As a new faculty member you should also read the document, "Guidebook: Criteria for Faculty Appointment and Promotion" found on the Office of Faculty Development and Office of Faculty Affairs website (https://faculty.weill.cornell.edu/).

Clinical Appointment

In addition to your Medical College appointment, you will be recommended for appointment as an Assistant Attending Physician of the NewYork-Presbyterian Hospital (NYPH) and Lower Manhattan Hospital, contingent upon approval of your faculty appointment. Admitting privileges at NYPH and Lower Manhattan Hospital will be contingent upon your continued employment at Weill Cornell Medicine (WCM), maintenance of a valid New York State medical license, DEA license, board

certification, and all applicable certifications and/or credentialing specific to your medical specialty. Your hospital attending privileges will be limited to NYPH at its current location at WCM and Lower Manhattan Hospital unless otherwise specifically agreed to, in writing, by the Medical College Dean.

Your recommended employment (i.e., appointment) start date will be the later of August 18, 2025 or the date when your faculty appointment is approved, NYPH privileges are approved, all third-party payer insurance plan credentialing is completed, and credentialing at each of your medical practice sites is complete. Any delay in the receipt of all documentation required for your faculty appointment or medical practice credentialing may delay your appointment and employment start date. Your recommended initial appointment end date will be August 17, 2026.

As an ongoing condition of your employment and faculty appointment, you authorize Weill Cornell and its authorized representatives to consult with any third party who may have information bearing on your professional qualifications, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior, or any other matter bearing on your qualifications for employment and appointment (collectively, Credentialing Information). You also authorize said third parties to release to Weill Cornell and its authorized representatives, upon request, any documents, recommendations, reports, statements, or disclosures relating to Credentialing Information about you. You authorize Weill Cornell to use and disclose Credentialing Information about you, regardless of the source of the Credentialing Information, at its sole discretion, for the purposes of carrying out Weill Cornell's operations, evaluating your initial and continued employment and faculty appointment, and your ability to carry out the duties and responsibilities associated with your employment and appointment. You also authorize Weill Cornell to disclose Credentialing Information about you to NYP for its evaluation of you for initial or continued medical staff appointment and clinical privileges and NYP's operations, and to health plans to the extent necessary for the purpose of provider enrollment.

Professional Responsibilities

As a member of the faculty at 1.0 FTE, your professional responsibilities in the Department of Pediatrics, Division of Cardiology are summarized as follows.

You will be expected to:

- Allocate 0.8 FTE in clinical activities and 0.2 FTE in general academic and educational activities. Your clinical responsibilities will include eight (8) four-hour sessions, which consist of a to be defined combination of general cardiology and fetal clinical sessions, Long Island City and Lower Manhattan Hospital clinic session, evening clinic sessions, general and fetal echo reading, TEE, interpreting stress tests as well as reading echocardiograms for Memorial Sloan Kettering Cancer Center (MSKCC) under a divisional Medical Service Agreement (MSA). This may also include extended evening hours (2-hour session) for 1-2 days per week, which could consolidate your clinic time to fewer days per week as well as one (1) four-hour session per week which consist of a to be defined combination of lipid and preventative cardiology caring for hyperlipidemia patients.
- Serve as an inpatient attending for approximate ten (10) weeks on the cardiology consult service. While on service for the Division, you will cover the Weill Cornell Medical Center and Memorial Sloan Kettering Cancer Center. Typically, additional service weeks are only added to address temporary vacancies that may exist. We would distribute additional on call coverage weeks in an equitable manner across all service attending physicians. This template and distribution of effort may be subject to adjustments upon request. Your responsibilities will be reviewed annually, and changes may occur at the discretion of your Division Chief or Chair.
- You will be expected to meet clinical productivity targets based on your assigned clinical effort. You will also be expected to submit professional fee charges for all billable patient encounters within 2 business days of the date of service on the outpatient setting and within 24 hours on the inpatient service, in compliance with the Physician Organization billing practices. The Division will work faithfully to provide training and support for your efforts to meet these financial and program goals. In return, it is our expectation that you will work diligently to attain these goals as well.
- In addition, as required of all pediatric faculty members, you will be expected to contribute to the educational and research mission of the Department as well as fulfill other academic and committee assignments as designated

by the Chair. Additionally, the Dean of the Medical College mandates that it is the responsibility of each member of the faculty to participate in medical student and, when appropriate, graduate student, teaching.

Professional Development

All department faculty meet annually with the Chair and/or designee (Division Chief) to review their activities and accomplishments of the prior year. This review process, consisting of components that are web-based and individualized meetings, will include opportunities to discuss mentorship, work-life balance and the faculty member's accomplishments, goals and progress towards promotion. Based on the annual review process, your career focus and responsibilities, including clinical and academic percent effort in subsequent years, may be revised. As a Weill Cornell faculty member, you are expected to contribute to the important mission of mentoring which the Medical College considers to be of utmost importance. Establishing mentoring relationships will help you to advance your academic career and the department will assist you in this regard. Additionally, your participation in mentoring more junior colleagues will be beneficial. The Annual Faculty Review will ask you to list key mentors and those for whom you serve this role.

As an early-career faculty member, you will work with Drs. Bernhard Kuhn and Sheila Carroll to establish a mentorship team that will meet biannually to review your career goals, growth, and expectations. Possible mentors include Drs. Kuhn and Carroll and other physicians in the Division of Pediatric Cardiology.

The Department provides an annual professional development allowance based on the Department professional development policy.

Space/Work Location

Office space, clinical facilities, and administrative support will be provided based on availability and in accordance with Division/Department policies.

Compensation Package

Effective upon the approved date when you begin your faculty appointment and for its initial duration, your total compensation will be $260,000 per annum, consisting of a base salary of $225,000 per annum (paid bi-weekly) and fixed supplemental compensation of $35,000 per annum (paid monthly). In addition, you would be eligible for incentive compensation under the Department Faculty Incentive Compensation Plan for exceeding clinical productivity targets.

In addition to your salary, you will receive a one-time $10,000 signing bonus (pre-tax) upon starting your position on August 18, 2025.

Upon receipt of appropriate documentation, we will provide you with a relocation allowance in the amount of $7,500 for your use as necessary, to cover personal relocation expenditures to the New York metropolitan area. (Please be advised that funds received for the purposes of personal and/or household relocation may represent reportable income which may be offset by relocation costs. I recommend that you consult your personal tax advisor on such matters.) As per IRS regulations, all relocation and moving expenses paid by the university are taxable wages and are processed via payroll.

Fringe Benefits

WCM provides faculty with highly competitive fringe benefits which enhance your overall compensation package. You are entitled to the fringe benefits applicable to full-time employed faculty, details of which will be forwarded to you under separate cover. For questions about health insurance, life insurance, retirement plans, flexible benefits, and other fringe benefits, please do not hesitate to contact the Weill Cornell Medicine HR Solution Center at 646-962-9247, or online at http://hrsc.weill.cornell.edu. Please note that you must enroll in or waive Weill Cornell health benefits within 31 days of the effective date of your appointment. You can make your benefit elections online in the Weill Business Gateway at https://wbg.med.cornell.edu/ once your appointment begins.

Benefits specific to academic staff members are described in "Benefits", in the Academic Staff Handbook (https://faculty.weill.cornell.edu/handbook).

Institutional Policies

Because you will be providing clinical care services to patients, you are required to participate in the Medical College Physician Organization (PO) and comply with the Physician Organization Policies and Administrative Procedures and Medical Staff By-Laws in each facility in which you treat patients; each of these policies, procedures and bylaws may be amended from time to time. Your Weill Cornell employment will be your only practice of clinical care and will be conducted through the PO. The Physician Organization Policies and Administrative Procedures are available on the WCM Physician Organization intranet site at https://physicianorganization.weill.cornell.edu/. NYP's Medical Staff Bylaws and all other hospital policies are available on NYP's infonet site at https://infonet.nyp.org. These sites will be accessible to you when you begin your employment. If you would like to review these policies in advance of your start date, a copy can be emailed to you at your request. I recommend that you read these documents carefully and if you have any questions, please make sure they are clarified. In accordance with PO policies, clinical income generated as a result of the services you provide to patients is an asset of WCM and will not be paid to you should your employment end.

All patient files and records created and maintained during your employment are the property of WCM. In the event that your WCM employment has ended, patients that may wish to have their medical records transferred to a physician outside of WCM may request copies of their records according to the PO Policies and Administrative Procedures.

Intellectual Property/Conflicts Policy

As a member of our academic staff, you are expected to, as applicable, follow the PO Policies and Administrative Procedures, comply with the Cornell University Inventions and Related Property Rights and Conflicts Policies, participate in the WCM clinical/research billing compliance program, adhere to Medical College academic appointment policies, NYPH medical staff bylaws, and the bylaws of all other hospitals in which the Medical College Dean may grant permission for you to practice medicine. You are required to complete the Inventions and Related Property Rights Assignment form and Conflicts Survey. The Inventions and Related Property Rights Policy and Assignment form are available through the WCM Human Resources Department during the onboarding process. The Conflicts Survey (the annual survey statement of external financial interests and external time commitments) is available at https://wrg.weill.cornell.edu; the policy can be found on WCM's Conflict of Interest website at https://research.weill.cornell.edu/conflict-interest-office. You will need to complete the Conflicts Survey upon your employment and annually thereafter.

Finally, any equipment or furnishings purchased using WCM or NYPH funds during your employment will remain the possession of the respective institution after your WCM employment has ceased.

If you have any questions about the contents of this letter, please do not hesitate to call my office to arrange a discussion. Otherwise, if you find this arrangement acceptable, please indicate your agreement by signing and returning this letter to me.

Sincerely,

Sallie R. Permar, M.D., PhD.
Nancy C. Paduano Professor and Chair
Department of Pediatrics

Bernhard Kuhn, M.D.
Professor of Pediatrics (Pending Appointment at Rank)
Chief, Division of Pediatric Cardiology

Accepted: _____ Feb- 25-2025
Amar Ingravera, DO Date

Cc: Dean
Office of Faculty Affairs
Anita Mesi, MBA, Chief Administrative Officer
Sulay Rios, Division Administrator

Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
XXX-XX-8319	97355.35	13259.14
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	100413.18	6225.62
36-2169147	5 Medicare wages and tips	6 Medicare tax withheld
	100413.18	1455.99

c Employer's name, address, and ZIP code
Advocate Health and Hospitals Corporation
2025 Windsor Dr
Oak Brook, IL 60523-1586

d Control number

e Employee's name, address, and ZIP code
Amar Ingravera
4058 W 115th Street
Apt. 406
Chicago, IL 60655

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 29.06
13 Statutory employee	14 Other	12b Code D 3057.83
Retirement plan X		12c Code DD 10043.80
Third-party sick pay		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
IL	3621691470000	97355.35	4819.12

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
XXX-XX-8319	97355.35	13259.14
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	100413.18	6225.62
36-2169147	5 Medicare wages and tips	6 Medicare tax withheld
	100413.18	1455.99

c Employer's name, address, and ZIP code
Advocate Health and Hospitals Corporation
2025 Windsor Dr
Oak Brook, IL 60523-1586

d Control number

e Employee's name, address, and ZIP code
Amar Ingravera
4058 W 115th Street
Apt. 406
Chicago, IL 60655

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C 29.06
13 Statutory employee	14 Other	12b Code D 3057.83
Retirement plan X		12c Code DD 10043.80
Third-party sick pay		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
IL	3621691470000	97355.35	4819.12

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.) OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
XXX-XX-8319	97355.35	13259.14
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	100413.18	6225.62
36-2169147	5 Medicare wages and tips	6 Medicare tax withheld
	100413.18	1455.99

c Employer's name, address, and ZIP code
Advocate Health and Hospitals Corporation
2025 Windsor Dr
Oak Brook, IL 60523-1586

d Control number

e Employee's name, address, and ZIP code
Amar Ingravera
4058 W 115th Street
Apt. 406
Chicago, IL 60655

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 29.06
13 Statutory employee	14 Other	12b Code D 3057.83
Retirement plan X		12c Code DD 10043.80
Third-party sick pay		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
IL	3621691470000	97355.35	4819.12

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS
This information is being furnished to the IRS. 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.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
XXX-XX-8319	97355.35	13259.14
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	100413.18	6225.62
36-2169147	5 Medicare wages and tips	6 Medicare tax withheld
	100413.18	1455.99

c Employer's name, address, and ZIP code
Advocate Health and Hospitals Corporation
2025 Windsor Dr
Oak Brook, IL 60523-1586

d Control number

e Employee's name, address, and ZIP code
Amar Ingravera
4058 W 115th Street
Apt. 406
Chicago, IL 60655

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C 29.06
13 Statutory employee	14 Other	12b Code D 3057.83
Retirement plan X		12c Code DD 10043.80
Third-party sick pay		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
IL	3621691470000	97355.35	4819.12

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS

Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008

a Employee's soc. sec. no. XXX-XX-8319	1 Wages, tips, other comp. 81520.96	2 Federal income tax withheld 10195.07
	3 Social security wages 83219.08	4 Social security tax withheld 5159.58
b Employer ID number (EIN) 36-2169147	5 Medicare wages and tips 83219.08	6 Medicare tax withheld 1206.68

c Employer's name, address, and ZIP code
Advocate Health and Hospitals Corporation
3075 Highland Pkwy
Suite 600
Downers Grove, IL 60515

d Control number

e Employee's name, address, and ZIP code
Amar Ingravera
4058 W 115th Street
Apt. 406
Chicago, IL 60655

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 22.44
13 Statutory employee	14 Other	12b Code D 1698.12
Retirement plan X		12c Code DD 9680.32
Third-party sick pay		12d Code

IL 3621691470000 15 State Employer's state ID number	16 State wages, tips, etc. 81520.96	17 State income tax 4035.29
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008

a Employee's soc. sec. no. XXX-XX-8319	1 Wages, tips, other comp. 81520.96	2 Federal income tax withheld 10195.07
	3 Social security wages 83219.08	4 Social security tax withheld 5159.58
b Employer ID number (EIN) 36-2169147	5 Medicare wages and tips 83219.08	6 Medicare tax withheld 1206.68

c Employer's name, address, and ZIP code
Advocate Health and Hospitals Corporation
3075 Highland Pkwy
Suite 600
Downers Grove, IL 60515

d Control number

e Employee's name, address, and ZIP code
Amar Ingravera
4058 W 115th Street
Apt. 406
Chicago, IL 60655

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C 22.44
13 Statutory employee	14 Other	12b Code D 1698.12
Retirement plan X		12c Code DD 9680.32
Third-party sick pay		12d Code

IL 3621691470000 15 State Employer's state ID number	16 State wages, tips, etc. 81520.96	17 State income tax 4035.29
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.) OMB No. 1545-0008

a Employee's soc. sec. no. XXX-XX-8319	1 Wages, tips, other comp. 81520.96	2 Federal income tax withheld 10195.07
	3 Social security wages 83219.08	4 Social security tax withheld 5159.58
b Employer ID number (EIN) 36-2169147	5 Medicare wages and tips 83219.08	6 Medicare tax withheld 1206.68

c Employer's name, address, and ZIP code
Advocate Health and Hospitals Corporation
3075 Highland Pkwy
Suite 600
Downers Grove, IL 60515

d Control number

e Employee's name, address, and ZIP code
Amar Ingravera
4058 W 115th Street
Apt. 406
Chicago, IL 60655

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 22.44
13 Statutory employee	14 Other	12b Code D 1698.12
Retirement plan X		12c Code DD 9680.32
Third-party sick pay		12d Code

IL 3621691470000 15 State Employer's state ID number	16 State wages, tips, etc. 81520.96	17 State income tax 4035.29
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS
This information is being furnished to the IRS. 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.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008

a Employee's soc. sec. no. XXX-XX-8319	1 Wages, tips, other comp. 81520.96	2 Federal income tax withheld 10195.07
	3 Social security wages 83219.08	4 Social security tax withheld 5159.58
b Employer ID number (EIN) 36-2169147	5 Medicare wages and tips 83219.08	6 Medicare tax withheld 1206.68

c Employer's name, address, and ZIP code
Advocate Health and Hospitals Corporation
3075 Highland Pkwy
Suite 600
Downers Grove, IL 60515

d Control number

e Employee's name, address, and ZIP code
Amar Ingravera
4058 W 115th Street
Apt. 406
Chicago, IL 60655

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C 22.44
13 Statutory employee	14 Other	12b Code D 1698.12
Retirement plan X		12c Code DD 9680.32
Third-party sick pay		12d Code

IL 3621691470000 15 State Employer's state ID number	16 State wages, tips, etc. 81520.96	17 State income tax 4035.29
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS

chime

Member Services
(844) 244-6363

Amar Ingravera
4058 W. 115th Street, 406
Chicago, IL 60655

Checking Account Statement

Account number
689115127342

Statement period
March 2025 (March 01, 2025 - March 31, 2025)

Summary

Beginning balance on March 01, 2025	$5,485.34
Deposits	$5,211.20
ATM Withdrawals	$0.00
Purchases	-$2,521.06
Adjustments	$0.00
Transfers	-$2,865.15
Round Up Transfers	$0.00
Fees	$0.00
SpotMe Tips	$0.00
Ending balance on March 31, 2025	$5,310.33

Transactions

TRANSACTION DATE	DESCRIPTION	TYPE	AMOUNT	NET AMOUNT	SETTLEMENT DATE
3/30/2025	Lamar Cleaners LAMAR CLEANERS EVERGREEN PARILUS	Purchase	-$66.02	-$66.02	3/31/2025
3/29/2025	Park Chicago Mobile PARK CHICAGO MOBILE 877-242-7901 ILUS	Purchase	-$20.00	-$20.00	3/31/2025
3/26/2025	Transfer to Credit Builder	Transfer	-$2,603.67	-$2,603.67	3/26/2025
3/26/2025	Advocate health ADVOCATE HEALTH	Deposit	$2,603.67	$2,603.67	3/26/2025
3/26/2025	Christ Kids Kafe	Purchase	-$3.75	-$3.75	3/27/2025

chime

Member Services
(844) 244-6363

Amar Ingravera
4058 W. 115th Street, 406
Chicago, IL 60655

Credit Builder Card Account Billing Statement

Account number
668111992974

Routing number (for payments)
103100195

Statement period
April 2025 (March 29th, 2025 - April 28th, 2025)

Summary

Previous Balance	$3,469.83
Payments/Credits	-$3,469.83
New spending	$2,682.49
Fees	$0.00
New balance	$2,682.49

Your Payment

Payment Due Date	5/23/2025
Total Due	$2,682.49

Automatic payments are enabled.

Your April balance is scheduled to be paid on 5/12/2025 using the money in your secured account. Your available amount will not change.

Payments

TRANSACTION DATE	DESCRIPTION	TYPE	AMOUNT	SETTLEMENT DATE
4/11/2025	Card Payment from Secured Account	Payment	-$3,469.83	4/11/2025
TOTAL FOR THIS PERIOD:	**-$3,469.83**			

Transactions

TRANSACTION DATE	DESCRIPTION	TYPE	AMOUNT	SETTLEMENT DATE
4/27/2025	Dasher & Crank SQ *DASHER & CRANK MIAMI FLUS	Purchase	$11.24	4/28/2025
4/27/2025	Mpa Park Mobile MPA - PARK MOBILE PARKMOBILECOM FLUS	Purchase	$6.85	4/28/2025
4/27/2025	Mpa Park Mobile MPA - PARK MOBILE PARKMOBILECOM FLUS	Purchase	$3.85	4/28/2025
4/27/2025	Mb Parking Parkmobile MB-PARKING PARKMOBILE WWW.PARKMOBIL FLUS	Purchase	$2.35	4/28/2025

Credit Builder Secured Account Billing Statement

Account number
668111992909

Statement period
April 2025 (March 29, 2025 - April 28, 2025)

Summary

Beginning balance on March 29, 2025	$7,997.15
Deposits	$0.00
Transfers	-$1,091.08
Round Up Transfers	$0.00
Ending balance on April 28, 2025	$6,906.07

Transactions

TRANSACTION DATE	DESCRIPTION	TYPE	AMOUNT	SETTLEMENT DATE
4/11/2025	Credit Builder Payment	Transfer	-$3,469.83	4/11/2025
4/23/2025	Transfer from Checking Account	Transfer	$2,378.75	4/23/2025
TOTAL FOR THIS PERIOD:	**-$1,091.08**			

chime

Member Services
(844) 244-6363

Amar Ingravera
4058 W. 115th Street, 406
Chicago, IL 60655

Credit Builder Card Account Billing Statement

Account number
668111992974

Routing number (for payments)
103100195

Statement period
March 2025 (March 1st, 2025 - March 28th, 2025)

Summary

Previous Balance	$3,356.81
Payments/Credits	-$3,356.81
New spending	$3,469.83
Fees	$0.00
New balance	$3,469.83

Your Payment

Payment Due Date	4/23/2025
Total Due	$3,469.83

Automatic payments are enabled.

Your March balance is scheduled to be paid on 4/11/2025 using the money in your secured account. Your available amount will not change.

Payments

TRANSACTION DATE	DESCRIPTION	TYPE	AMOUNT	SETTLEMENT DATE
3/14/2025	Card Payment from Secured Account	Payment	-$2,914.67	3/14/2025
3/07/2025	Hotel At Booking.com HOTEL AT BOOKING.COM AMSTERDAM NL	Refund	-$442.14	3/07/2025
TOTAL FOR THIS PERIOD:	**-$3,356.81**			

Transactions

TRANSACTION DATE	DESCRIPTION	TYPE	AMOUNT	SETTLEMENT DATE
3/27/2025	Target TARGET 00020875 OAK LAWN ILUS	Purchase	$96.75	3/27/2025
3/27/2025	Comcast Chicago COMCAST CHICAGO 800-COMCAST ILUS	Purchase	$83.35	3/28/2025
3/27/2025	Amazon Mktpl*Ws94 C14 Q3 AMAZON MKTPL*WS94C14Q3 AMZN.COM/BILL WAUS	Purchase	$49.24	3/28/2025

Credit Builder Secured Account Billing Statement

Account number
668111992909

Statement period
March 2025 (March 01, 2025 - March 28, 2025)

Summary

Beginning balance on March 01, 2025	$8,046.67
Deposits	$0.00
Transfers	-$49.52
Round Up Transfers	$0.00
Ending balance on March 28, 2025	$7,997.15

Transactions

TRANSACTION DATE	DESCRIPTION	TYPE	AMOUNT	SETTLEMENT DATE
3/10/2025	Transfer from Checking Account	Transfer	$261.48	3/10/2025
3/14/2025	Credit Builder Payment	Transfer	-$2,914.67	3/14/2025
3/26/2025	Transfer from Checking Account	Transfer	$2,603.67	3/26/2025
TOTAL FOR THIS PERIOD:	**-$49.52**			

chime

Member Services
(844) 244-6363

Amar Ingravera
4058 W. 115th Street, 406
Chicago, IL 60655

Checking Account Statement

Account number
689115127342

Statement period
April 2025 (April 01, 2025 - April 30, 2025)

Summary

Beginning balance on April 01, 2025	$5,310.33
Deposits	$4,724.79
ATM Withdrawals	$0.00
Purchases	-$2,729.96
Adjustments	$0.00
Transfers	-$2,378.75
Round Up Transfers	$0.00
Fees	$0.00
SpotMe Tips	$0.00
Ending balance on April 30, 2025	$4,926.41

Transactions

TRANSACTION DATE	DESCRIPTION	TYPE	AMOUNT	NET AMOUNT	SETTLEMENT DATE
4/28/2025	Lyft LYFT *RIDE MON 7PM LYFT.COM CAUS	Purchase	-$28.62	-$28.62	4/30/2025
4/25/2025	Contract Diagnostics CONTRACT DIAGNOSTICS WWW.CONTRACTDMOUS	Purchase	-$162.00	-$162.00	4/26/2025
4/24/2025	Lyft LYFT *RIDE FRI 5AM LYFT.COM CAUS	Purchase	-$36.77	-$36.77	4/26/2025
4/24/2025	Target TARGET T-2087 4120 W 95OAK LAWN ILUS	Purchase	-$150.26	-$150.26	4/25/2025

chime

Member Services
(844) 244-6363

Amar Ingravera
4058 W. 115th Street, 406
Chicago, IL 60655

Credit Builder Card Account Billing Statement

Account number
668111992974

Routing number (for payments)
103100195

Statement period
May 2025 (April 29th, 2025 - May 28th, 2025)

Summary

Previous Balance	$2,682.49
Payments/Credits	-$2,682.49
New spending	$2,841.64
Fees	$0.00
New balance	$2,841.64

Your Payment

Payment Due Date	6/23/2025
Total Due	$2,841.64

Automatic payments are enabled.

Your May balance is scheduled to be paid on 6/11/2025 using the money in your secured account. Your available amount will not change.

Payments

TRANSACTION DATE	DESCRIPTION	TYPE	AMOUNT	SETTLEMENT DATE
5/12/2025	Card Payment from Secured Account	Payment	-$2,682.49	5/12/2025
TOTAL FOR THIS PERIOD:	**-$2,682.49**			

Transactions

TRANSACTION DATE	DESCRIPTION	TYPE	AMOUNT	SETTLEMENT DATE
5/28/2025	Sunday*Ramen San Whisky SUNDAY*RAMEN SAN WHISKY CHICAGO ILUS	Purchase	$160.20	5/28/2025
5/27/2025	Comcast / Xfinity COMCAST / XFINITY 800-COMCAST ILUS	Purchase	$83.35	5/28/2025
5/24/2025	Lincoln Towing Service LINCOLN TOWING SERVICE CHICAGO ILUS	Purchase	$240.70	5/25/2025
5/24/2025	Leye Bub City TST* LEYE - BUB CITY - CHICAGO ILUS	Purchase	$27.13	5/25/2025

Credit Builder Secured Account Billing Statement

Account number
668111992909

Statement period
May 2025 (April 29, 2025 - May 28, 2025)

Summary

Beginning balance on April 29, 2025	$6,906.07
Deposits	$0.00
Transfers	$2,042.30
Round Up Transfers	$0.00
Ending balance on May 28, 2025	$8,948.37

Transactions

TRANSACTION DATE	DESCRIPTION	TYPE	AMOUNT	SETTLEMENT DATE
5/07/2025	Transfer from Checking Account	Transfer	$2,346.05	5/07/2025
5/12/2025	Credit Builder Payment	Transfer	-$2,682.49	5/12/2025
5/21/2025	Transfer from Checking Account	Transfer	$2,378.74	5/21/2025
TOTAL FOR THIS PERIOD:	**$2,042.30**			

chime

Member Services
(844) 244-6363

Amar Ingravera
4058 W. 115th Street, 406
Chicago, IL 60655

Checking Account Statement

Account number
689115127342

Statement period
May 2025 (May 01, 2025 - May 31, 2025)

Summary

Beginning balance on May 01, 2025	$4,926.41
Deposits	$4,724.79
ATM Withdrawals	$0.00
Purchases	-$3,217.36
Adjustments	$0.00
Transfers	-$4,724.79
Round Up Transfers	$0.00
Fees	$0.00
SpotMe Tips	$0.00
Ending balance on May 31, 2025	$1,709.05

Transactions

TRANSACTION DATE	DESCRIPTION	TYPE	AMOUNT	NET AMOUNT	SETTLEMENT DATE
5/28/2025	Park Chicago Mobile PARK CHICAGO MOBILE 877-242-7901 ILUS	Purchase	-$20.00	-$20.00	5/30/2025
5/28/2025	Gulf Oil GULF OIL 92065068 OAK LAWN ILUS	Purchase	-$25.62	-$25.62	5/29/2025
5/27/2025	Lamar Cleaners LAMAR CLEANERS EVERGREEN PAR ILUS	Purchase	-$21.24	-$21.24	5/28/2025
5/25/2025	Target T TARGET T-2087 OAK LAWN ILUS	Purchase	-$31.62	-$31.62	5/26/2025

Accounts

Credit Builder
$3,004.05

View

Checking
$7,670.99

View

SpotMe
Get up to $200 of fee-free overdraft

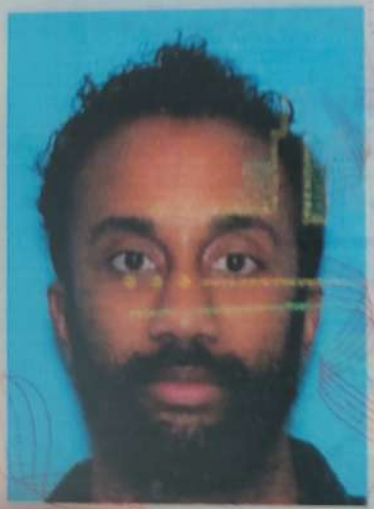
Turn on SpotMe

ILLINOIS

Alexi Giannoulias • Secretary of State

USA

DRIVER'S LICENSE



4d LIC NO: I526-0139-3050

3 DOB: 02/19/1993

4b EXP: 02/19/2027

4a ISS: 03/01/2025

1 INGRAVERA

2 AMAR MIGUEL DELUIS

8 4058 W 115TH STREET
APT 406
CHICAGO, IL 60655

9 CLASS: D 9a END: NONE

12 REST: NONE

DONOR

15 SEX: M 16 HGT: 5'-09"

17 WGT: 170 lbs 18 EYES: BRN

TYPE: DUP

5 DD 20250301303CN3984

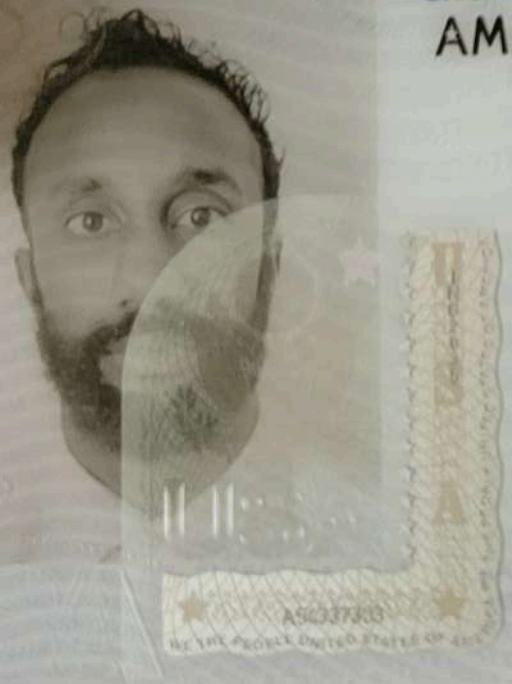
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A54337303

USA



Surname/Nom/Apellidos
INGRAVERA

Given names/Prénoms/Nombres
AMAR MIGUEL DE LUIS

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
19 FEB 1993

Sex/Sexe/Sexo
M

Place of birth/Lieu de naissance/Lugar de nacimiento
NEW YORK, U.S.A.

Date of issue/Date de délivrance/Fecha de expedición
06 MAR 2025

Date of expiration/Date d'expiration/Fecha de caducidad
05 MAR 2035

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USAINGRAVERA<<AMAR<MIGUEL<DE<LUIS<<<<<<<<<<

A543373030USA9302198M3503052961562158<773776

Mr. Dom Filingeri
Landlord’s Address: 4050 W. 115th Street, Chicago IL 60655
Phone Number: 201-362-3562

Date: June 26, 2025

To Whom It May Concern,

I am writing to provide a reference for **Amar M. Ingravera**, who was a tenant at **Midpointe Apartments**, located at **4058 W 115th Street, Apt 406, Chicago, IL 60655**.

Amar resided in Apartment 406 from July 1, 2022 through July 31, 2025 and consistently demonstrated the qualities of a responsible and respectful tenant. Rent payments were made on time and in full throughout the duration of the lease, to date. The apartment was maintained in good condition, and there were no reports of noise complaints or violations of building policies during Amar's tenancy.

Amar was courteous in all interactions and communicated promptly and appropriately regarding any maintenance issues or other concerns. To date, the apartment remains in excellent condition, requiring minimal cleaning or repair.

Based on this positive rental history, I am confident in recommending Amar as a reliable tenant. Should you require any additional information, please feel free to contact me directly at the phone number listed above.

Sincerely,

Dom Filingeri
Midpointe Apartments

TI COMMUNITIES

PROPERTY MANAGEMENT WITH A PURPOSE

Payment Receipt

midpointeapartments.residentportal.com

Thank you for submitting your payment. Below you will find a payment receipt for your records. Please let us know if you have any questions or concerns.

JTHORIZATION CODE
'50885902

AYMENT TYPE
sa x4985

AYMENT NUMBER
50511790

AYMENT DATE
n 01, 2025 05:19 AM
)T

Midpointe
Amar Ingravera
Unit: 5 - 406
4058 W. 115th Street 5-406
CHICAGO
IL 60655

PURCHASE SUMMARY

Payment Amount	$1,502.00

Convenience Fee	$7.95
Amount Paid	**$1,509.95**

Shown on Statement as: MA - Midpointe

This payment was processed by Entrata, Inc. on behalf of Midpointe.

CHARGES PAID

Date	Jun 01, 2025
Description	Rent
Amount Paid	$1,483.00

Date	Jun 01, 2025
Description	Ubill Gas
Amount Paid	$19.00
Total	**$1,502.00**

TI COMMUNITIES
PROPERTY MANAGEMENT WITH A PURPOSE

Payment Receipt

midpointeapartments.residentportal.com

Thank you for submitting your payment. Below you will find a payment receipt for your records. Please let us know if you have any questions or concerns.

JTHORIZATION CODE
'45166571

AYMENT TYPE
sa x4985

AYMENT NUMBER
46608989

AYMENT DATE
ay 01, 2025 05:51 AM
)T

Midpointe
Amar Ingravera
Unit: 5 - 406
4058 W. 115th Street 5-406
CHICAGO
IL 60655

PURCHASE SUMMARY

Payment Amount	$1,502.00

Convenience Fee	$7.95
Amount Paid	**$1,509.95**

Shown on Statement as: MA - Midpointe

This payment was processed by Entrata, Inc. on behalf of Midpointe.

CHARGES PAID

Date	May 01, 2025
Description	Rent
Amount Paid	$1,483.00

Date	May 01, 2025
Description	Ubill Gas
Amount Paid	$19.00
Total	**$1,502.00**

TI COMMUNITIES
PROPERTY MANAGEMENT WITH A PURPOSE

Payment Receipt

midpointeapartments.residentportal.com

Thank you for submitting your payment. Below you will find a payment receipt for your records. Please let us know if you have any questions or concerns.

JTHORIZATION CODE
'39712691

AYMENT TYPE
sa x4985

AYMENT NUMBER
43129968

AYMENT DATE
)r 01, 2025 06:16 AM
)T

Midpointe
Amar Ingravera
Unit: 5 - 406
4058 W. 115th Street 5-406
CHICAGO
IL 60655

PURCHASE SUMMARY

Payment Amount	$1,502.00

Convenience Fee	$7.95
Amount Paid	**$1,509.95**

Shown on Statement as: MA - Midpointe

This payment was processed by Entrata, Inc. on behalf of Midpointe.

CHARGES PAID

Date	Apr 01, 2025
Description	Rent
Amount Paid	$1,483.00

Date	Apr 01, 2025
Description	Ubill Gas
Amount Paid	$19.00
Total	**$1,502.00**

AdvocateAuroraHealth

Amar Ingravera
4058 W 115th Street
Apt. 406
Chicago, IL 60655

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Amar Ingravera	Advocate Health and Hospitals Corporation	4002552	05/04/2025	05/17/2025	05/23/2025	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	80.00	3,394.80	224.26	785.18	6.62	2,378.74
YTD	880.00	40,132.80	2,690.46	9,534.34	72.82	27,835.18

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Basic Life Taxable Imputed Incor	05/04/2025 - 05/17/2025	0	0	1.37	15.07
Cell Phone Allowance	05/04/2025 - 05/17/2025	0	0	50.00	250.00
Misc Earnings - RSP Eligible			0		2,790.00
Regular Hours	05/04/2025 - 05/17/2025	80	41.81	3,344.80	36,792.80
Team Member Bonus			0		300.00
Earnings				3,396.17	40,147.87

Employee Taxes

Description	Amount	YTD
OASDI	204.96	2,421.27
Medicare	47.93	566.26
Federal Withholding	375.28	4,692.68
State Tax - IL	157.01	1,854.13
Employee Taxes	785.18	9,534.34

Pre Tax Deductions

Description	Amount	YTD
401k Pretax	133.79	1,595.29
Dental Plan Standard Pre-tax	11.02	121.22
Health Plan Preferred Pre-tax	75.77	833.47
Team Member Tobacco Surcharge		100.00
Vision Pre-tax	3.68	40.48
Pre Tax Deductions	224.26	2,690.46

Post Tax Deductions

Description	Amount	YTD
Accident Insurance	1.69	18.59
Critical Insurance	1.38	15.18
Hospital Indemnity	3.55	39.05
Post Tax Deductions	6.62	72.82

Employer Paid Benefits

Description	Amount	YTD
Basic Life Non-Taxable	2.35	25.85
Health Plan Preferred - Employer Non Taxable	312.15	3,433.65
Long Term Disability - Employer	10.37	114.07
Short Term Disability - Employer	18.06	198.66
Employer Paid Benefits	342.93	3,772.23

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	3,305.70	39,052.70
Medicare - Taxable Wages	3,305.70	39,052.70
Federal Withholding - Taxable Wages	3,171.91	37,457.41
State Tax Taxable Wages - IL	3,171.91	37,457.41

	Federal	Work State
Marital Status	Single or Married filing separately	
Allowances	0	0
Additional Withholding	0	0

Time Off Balance

Description	Accrued	Reduced	Available
Medical Resident Time Off Plan	0	0	224

Payment Information

Bank	Account Name	Account Number	Amount
Stride Bank		******7342	2,378.74 USD

Questions about your pay statement? Access Workday Help to search for information or create a case.

Amar Ingravera
4058 W 115th Street
Apt. 406
Chicago, IL 60655

AdvocateAuroraHealth

Amar Ingravera
4058 W 115th Street
Apt. 406
Chicago, IL 60655

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Amar Ingravera	Advocate Health and Hospitals Corporation	4002552	05/18/2025	05/31/2025	06/06/2025	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	80.00	3,884.80	245.86	948.90	6.62	2,683.42
YTD	960.00	44,017.60	2,936.32	10,483.24	79.44	30,518.60

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Basic Life Taxable Imputed Incor	05/18/2025 - 05/31/2025	0	0	1.37	16.44
Cell Phone Allowance			0		250.00
Misc Earnings - RSP Eligible	05/18/2025 - 05/31/2025	0	0	540.00	3,330.00
Regular Hours	05/18/2025 - 05/31/2025	80	41.81	3,344.80	40,137.60
Team Member Bonus			0		300.00
Earnings				3,886.17	44,034.04

Employee Taxes

Description	Amount	YTD
OASDI	235.33	2,656.60
Medicare	55.04	621.30
Federal Withholding	478.33	5,171.01
State Tax - IL	180.20	2,034.33
Employee Taxes	948.90	10,483.24

Pre Tax Deductions

Description	Amount	YTD
401k Pretax	155.39	1,750.68
Dental Plan Standard Pre-tax	11.02	132.24
Health Plan Preferred Pre-tax	75.77	909.24
Team Member Tobacco Surcharge		100.00
Vision Pre-tax	3.68	44.16
Pre Tax Deductions	245.86	2,936.32

Post Tax Deductions

Description	Amount	YTD
Accident Insurance	1.69	20.28
Critical Insurance	1.38	16.56
Hospital Indemnity	3.55	42.60
Post Tax Deductions	6.62	79.44

Employer Paid Benefits

Description	Amount	YTD
Basic Life Non-Taxable	2.35	28.20
Health Plan Preferred - Employer Non Taxable	312.15	3,745.80
Long Term Disability - Employer	10.37	124.44
Short Term Disability - Employer	18.06	216.72
Employer Paid Benefits	342.93	4,115.16

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	3,795.70	42,848.40
Medicare - Taxable Wages	3,795.70	42,848.40
Federal Withholding - Taxable Wages	3,640.31	41,097.72
State Tax Taxable Wages - IL	3,640.31	41,097.72

	Federal	Work State
Marital Status	Single or Married filing separately	
Allowances	0	0
Additional Withholding	0	0

Time Off Balance

Description	Accrued	Reduced	Available
Medical Resident Time Off Plan	0	0	224

Payment Information

Bank	Account Name	Account Number	Amount
Stride Bank		******7342	2,683.42 USD

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Amar Ingravera
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AdvocateAuroraHealth

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Chicago, IL 60655

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Amar Ingravera	Advocate Health and Hospitals Corporation	4002552	06/01/2025	06/14/2025	06/20/2025	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	80.00	3,394.80	224.26	785.17	6.62	2,378.75
YTD	1,040.00	47,412.40	3,160.58	11,268.41	86.06	32,897.35

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Basic Life Taxable Imputed Incor	06/01/2025 - 06/14/2025	0	0	1.37	17.81
Cell Phone Allowance	06/01/2025 - 06/14/2025	0	0	50.00	300.00
Misc Earnings - RSP Eligible			0		3,330.00
Regular Hours	06/01/2025 - 06/14/2025	80	41.81	3,344.80	43,482.40
Team Member Bonus			0		300.00
Earnings				3,396.17	47,430.21

Employee Taxes

Description	Amount	YTD
OASDI	204.95	2,861.55
Medicare	47.93	669.23
Federal Withholding	375.28	5,546.29
State Tax - IL	157.01	2,191.34
Employee Taxes	785.17	11,268.41

Pre Tax Deductions

Description	Amount	YTD
401k Pretax	133.79	1,884.47
Dental Plan Standard Pre-tax	11.02	143.26
Health Plan Preferred Pre-tax	75.77	985.01
Team Member Tobacco Surcharge		100.00
Vision Pre-tax	3.68	47.84
Pre Tax Deductions	224.26	3,160.58

Post Tax Deductions

Description	Amount	YTD
Accident Insurance	1.69	21.97
Critical Insurance	1.38	17.94
Hospital Indemnity	3.55	46.15
Post Tax Deductions	6.62	86.06

Employer Paid Benefits

Description	Amount	YTD
Basic Life Non-Taxable	2.35	30.55
Health Plan Preferred - Employer Non Taxable	312.15	4,057.95
Long Term Disability - Employer	10.37	134.81
Short Term Disability - Employer	18.06	234.78
Employer Paid Benefits	342.93	4,458.09

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	3,305.70	46,154.10
Medicare - Taxable Wages	3,305.70	46,154.10
Federal Withholding - Taxable Wages	3,171.91	44,269.63
State Tax Taxable Wages - IL	3,171.91	44,269.63

	Federal	Work State
Marital Status	Single or Married filing separately	
Allowances	0	0
Additional Withholding	0	0

Time Off Balance

Description	Accrued	Reduced	Available
Medical Resident Time Off Plan	0	0	224

Payment Information

Bank	Account Name	Account Number	Amount
Stride Bank		******7342	2,378.75 USD

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