# 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 |
|---|---|---|---|
| Chellappan | Brinda | M. | |

| SSN | BIRTH DATE | PHONE - TYPE |
|---|---|---|
| ***-**-**** | 11/6/1992 | (972) 345 - 9795 - Mobile |

**EMAIL**
brinda.chellappan@gmail.com

## EMERGENCY CONTACT

| NAME | ADDRESS |
|---|---|
| Niveda Chellappan | 117 Spencer Ave, New Orleans, 22 70124 |

| PHONE | EMAIL ADDRESS | RELATIONSHIP |
|---|---|---|
| (972) 345 - 9909 | n.a.chellappan@gmail.com | sister |

## CURRENT ADDRESS

| STREET ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| 350 N. Wesley Dr. Apt 1316 | League City | TX | 77573 |

| MOVE IN DATE | MOVE OUT DATE | MONTHLY RENT |
|---|---|---|
| | current | $1,400.00 / Mo. |

## EMPLOYMENT & INCOME INFORMATION

| OCCUPATION | EMPLOYER/COMPANY |
|---|---|
| Dermatologist | Mount Sinai |

| SUPERVISOR | SUPERVISOR PHONE | SALARY | START DATE |
|---|---|---|---|
| Dr. David Coun | (917) 292 - 4921 | $400,000.00/Yr. | |

| EMPLOYER ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| 55 E 34th street | New York | NY | 10016 |

## 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 |

## PETS

| 1. TYPE | BREED | NAME |
|---|---|---|
| dog | Yorkshire Terrier | Davinici |

| SEX | AGE | WEIGHT | COLOR |
|---|---|---|---|
| male | 4 | 11 | black/brown |

## 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

Initials: B.C. 915D4511

## NEW YORK CITY TENANT FAIR CHANCE ACT

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

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

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

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

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

## APPLICATION CONSENT

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

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

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

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

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

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

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

☒ *Application consent was digitally accepted by Brinda M. Chellappan*

**Signed by Brinda M. Chellappan**
Thu Jul 3 2025 09:35:00 AM EDT
Key: 915D4511; IP Address: 198.179.70.110

Brinda M. Chellappan *(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 |
|---|---|---|---|
| Brinda Chellappan | XXXXXXXXXXXX1000 | 15974997 | $21.50 |

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

Initials: B.C. 915D4511

**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 Brinda M. Chellappan

| 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 Brinda M. Chellappan: 584 | | | |
|---|---|---|---|
| | | Importance | Result |
| AI Score | | Pass/Conditional | |
| 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 | PENDING |
| Total Considered Felony Convictions | None | Pass/Fail | PENDING |
| Alcohol | None ever | Pass/Fail | PENDING |
| Bad Check | None ever | Pass/Fail | PENDING |
| Criminal Other | None ever | Pass/Fail | PENDING |
| Drug Manufacture Distribution | None ever | Pass/Fail | PENDING |
| Drug Marijuana Use | None ever | Pass/Fail | PENDING |
| Drug Meth Manufacture | None ever | Pass/Fail | PENDING |
| Drug Use | None ever | Pass/Fail | PENDING |
| Fraud | None ever | Pass/Fail | PENDING |

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

| Credit Quick Summary | |
|---|---|
| Total annual income (reported by Applicant) | $400,000.00 |
| Total **verified** annual income | Pending |
| Total **verified** combined annual income to rent ratio | Pending (based on rent of $6,299.76) |
| Total number of accounts | 18 |
| Accounts with no late payments | 5 (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 | 13 (13 unpaid past due) |
| Total outstanding balance | $257,532.00 ($17,440.00 past due) |
| Outstanding revolving debt | $1,057.00 (0% of limit) ($0.00 past due) |
| Outstanding loan balance | $256,475.00 ($17,440.00 past due) |
| Bankruptcies, foreclosures, and legal items | 0 |
| Collection total balance (includes past due) | $17,440.00 |
| Rental History records found | 6 |

| Identity | From Application | From Equifax |
|---|---|---|
| **Name:** | Brinda M. Chellappan | BRINDA M. CHELLAPPAN |
| **SSN:** | ***-**-**** | ***-**-**** |
| **Birth Date:** | 11/**/1992 | 11/**/1992 |

| Addresses | From Application | From Equifax |
|---|---|---|
| | 350 N. Wesley Dr. Apt 1316<br>League City, TX 77573 - US | 350 N WESLEY DR. 1316<br>LEAGUE CITY, TX 77573 (Applicant)<br>Reported 7/2025<br><br>4000 SAINT JOHNS AVE. 6407<br>JACKSONVILLE, FL 32205 (Applicant)<br>Reported 9/2022<br><br>240 DESERT PASS ST. 2405<br>EL PASO, TX 79912 (Applicant)<br>Reported 4/2022<br><br>945 S MESA HILLS DR. 1104<br>EL PASO, TX 79912 (Applicant)<br>Reported 7/2019<br><br>9401 RATTLE RUN DR.<br>PLANO, TX 75025 (Applicant)<br>Reported 5/2018<br><br>5810 FAIRVIEW PKWY<br>FAIRVIEW, TX 75069 (Applicant)<br>Reported 11/2017<br><br>175 FOUNTAIN CT. 232<br>FAIRVIEW, TX 75069 (Applicant)<br>Reported 2/2015<br><br>1 BEAR PL. 81602<br>WACO, TX 76798 (Applicant)<br>Reported 12/2011 |

| Employment | From Application | From Equifax |
|---|---|---|
| **Applicant:** | Dermatologist<br>Mount Sinai<br>$400,000.00/Yr. Total annual Income: $400,000.00 | |

**Employment Verifications**

From RealPage

| | | | | |
|---|---|---|---|---|
| Requested For<br>Brinda M. Chellappan<br>Requested Date<br>7/5/2025 | **Employer**<br>Mount Sinai | **Position Held**<br>Dermatologist | **Annual Salary**<br>$400,000.00 | **Supervisor**<br>Dr. David Coun<br>(917) 292 - 4921 |
| | **Results**<br>Pending | | | |

**Criminal and Other Public Records**

| Requested For | Period Searched | Requested | Estimated Return |
|---|---|---|---|
| Brinda M. Chellappan | 7/5/2018 - 7/5/2025 | 7/5/2025 | 7/7/2025 |

**Results**

*Criminal results are pending. To be alerted via email when the recommendation is finalized, click SETTINGS > My Account.*

**National Sex Offender Registry History**

| Requested For | Date Requested | Date Returned |
|---|---|---|
| Brinda M. Chellappan | 7/5/2025 | 7/5/2025 |

**Results**

*No Records Found*

**Restricted Person Search**

| Requested For | Requested | Returned |
|---|---|---|
| Brinda M. Chellappan | 7/5/2025 | |

**Results**

*Results are pending as our researchers investigate possible records*

**Rental History Records**

**From Equifax**

*There are no rental history records on file with Equifax*

**From RealPage**

| Landlord | On-Time Payments | Late Payments | Late Fees | Rent | Current Balance |
|---|---|---|---|---|---|
| AVALON WEST (Applicant) | 13 | 0 | $0.00 | $870.00 | |
| | **Tenant** BRINDA CHELLAPPAN | | | | |
| | **NSF Checks** | | | **Proper Notice** | |
| | **Lease Dates** | | **Deposit Returned** | **Re-rent** | **Landlord Phone #** |
| | 6/15/2019– | | NA | NA | (915) 584-0100 |

| Landlord | On-Time Payments | Late Payments | Late Fees | Rent | Current Balance |
|---|---|---|---|---|---|
| RIVERVUE AVONDALE (Applicant) | 11 | 0 | $0.00 | $1,345.00 | $0.00 |
| | **Tenant** BRINDA CHELLAPPAN | | | | |
| | **NSF Checks** | | | **Proper Notice** No | |
| | **Lease Dates** | | **Deposit Returned** | **Re-rent** | **Landlord Phone #** |
| | 6/1/2021–5/31/2022 | | No | NA | (904) 201-1881 |

| Landlord | On-Time Payments | Late Payments | Late Fees | Rent | Current Balance |
|---|---|---|---|---|---|
| AVALON WEST (Applicant) | 13 | 0 | $0.00 | $890.00 | $0.00 |
| | **Tenant** BRINDA CHELLAPPAN | | | | |
| | **NSF Checks** | | | **Proper Notice** Yes | |
| | **Lease Dates** 6/1/2020–5/31/2021 | | **Deposit Returned** Yes | **Re-rent** NA | **Landlord Phone #** (915) 584-0100 |

| Landlord | On-Time Payments | Late Payments | Late Fees | Rent | Current Balance |
|---|---|---|---|---|---|
| MARINA BEND AT CLEAR CREEK (Applicant) | 13 | 0 | $0.00 | $1,302.00 | $0.00 |
| | **Tenant** BRINDA CHELLAPPAN | | | | |
| | **NSF Checks** | | | **Proper Notice** | |
| | **Lease Dates** 7/25/2024– | | **Deposit Returned** NA | **Re-rent** NA | **Landlord Phone #** (832) 558-4990 |

| Landlord | On-Time Payments | Late Payments | Late Fees | Rent | Current Balance |
|---|---|---|---|---|---|
| MARINA BEND AT CLEAR CREEK (Applicant) | 16 | 0 | $0.00 | $1,264.00 | |
| | **Tenant** BRINDA CHELLAPPAN | | | | |
| | **NSF Checks** | | | **Proper Notice** | |
| | **Lease Dates** 6/25/2022– | | **Deposit Returned** NA | **Re-rent** NA | **Landlord Phone #** (832) 558-4990 |

| Landlord | On-Time Payments | Late Payments | Late Fees | Rent | Current Balance |
|---|---|---|---|---|---|
| MARINA BEND AT CLEAR CREEK (Applicant) | 11 | 0 | $0.00 | $1,302.00 | |
| | **Tenant** BRINDA CHELLAPPAN | | | | |
| | **NSF Checks** | | | **Proper Notice** | |
| | **Lease Dates** 9/25/2023– | | **Deposit Returned** NA | **Re-rent** NA | **Landlord Phone #** (832) 558-4990 |

**Risk Models**

**From RealPage**

| Risk Model Name | Score | Score Factors |
|---|---|---|
| RealPage AI Score (Applicant) | 584 | Tradeline scoring<br>Debt-to-income ratio<br>Credit Score<br>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) | 549 | Too many installment accounts with a delinquent or derogatory payment status<br>The balances on your accounts are too high compared to loan amounts<br>Too many of the delinquencies on your accounts are recent<br>Lack of sufficient relevant real estate account information |

**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 |
|---|---|---|---|---|---|---|---|
| MISSOURI HIGHER EDUC (Applicant) | 6/2017 | 12/2024 | 0 | 0 | 2 | $3,489.00 | $55,215.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| $581.00 | $44,944.00 | INSTALLME | FIXED RATE<br>150 DAYS PAST DUE<br>Rate/Status 5: At least 120 days or more than four payments past due |

**Payment History**

| 5/25 | 4/25 | 3/25 | 2/25 | 1/25 | 12/24 | 11/24 | 10/24 | 9/24 | 8/24 | 7/24 | 6/24 | 5/24 | 4/24 | 3/24 | 2/24 | 1/24 | 12/23 | 11/23 | 10/23 | 9/23 | 8/23 | 7/23 | 6/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 4 | 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 |
|---|---|---|---|---|---|---|---|
| MISSOURI HIGHER EDUC (Applicant) | 5/2019 | 12/2024 | 0 | 0 | 2 | $3,617.00 | $54,353.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| $602.00 | $47,167.00 | INSTALLME | FIXED RATE<br>150 DAYS PAST DUE<br>Rate/Status 5: At least 120 days or more than four payments past due |

**Payment History**

| 5/25 | 4/25 | 3/25 | 2/25 | 1/25 | 12/24 | 11/24 | 10/24 | 9/24 | 8/24 | 7/24 | 6/24 | 5/24 | 4/24 | 3/24 | 2/24 | 1/24 | 12/23 | 11/23 | 10/23 | 9/23 | 8/23 | 7/23 | 6/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 4 | 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 |
|---|---|---|---|---|---|---|---|
| MISSOURI HIGHER EDUC (Applicant) | 6/2020 | 12/2024 | 0 | 0 | 2 | $3,405.00 | $52,242.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| $567.00 | $47,167.00 | INSTALLME | FIXED RATE<br>150 DAYS PAST DUE<br>Rate/Status 5: At least 120 days or more than four payments past due |

**Payment History**

| 5/25 | 4/25 | 3/25 | 2/25 | 1/25 | 12/24 | 11/24 | 10/24 | 9/24 | 8/24 | 7/24 | 6/24 | 5/24 | 4/24 | 3/24 | 2/24 | 1/24 | 12/23 | 11/23 | 10/23 | 9/23 | 8/23 | 7/23 | 6/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 4 | 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 |
|---|---|---|---|---|---|---|---|
| MISSOURI HIGHER EDUC (Applicant) | 7/2018 | 12/2024 | 0 | 0 | 2 | $3,282.00 | $49,321.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| $547.00 | $40,500.00 | INSTALLME | FIXED RATE<br>150 DAYS PAST DUE<br>Rate/Status 5: At least 120 days or more than four payments past due |

**Payment History**

| 5/25 | 4/25 | 3/25 | 2/25 | 1/25 | 12/24 | 11/24 | 10/24 | 9/24 | 8/24 | 7/24 | 6/24 | 5/24 | 4/24 | 3/24 | 2/24 | 1/24 | 12/23 | 11/23 | 10/23 | 9/23 | 8/23 | 7/23 | 6/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 4 | 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 |
|---|---|---|---|---|---|---|---|
| MISSOURI HIGHER EDUC (Applicant) | 6/2020 | 12/2024 | 0 | 0 | 2 | $881.00 | $13,068.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| $146.00 | $11,611.00 | INSTALLME | FIXED RATE<br>150 DAYS PAST DUE<br>Rate/Status 5: At least 120 days or more than four payments past due |

**Payment History**

| 5/25 | 4 | 3/25 | 0 | 1/25 | 0 | 11/24 | 0 | 9/24 | 0 | 7/24 | 0 | 5/24 | 0 | 3/24 | 0 | 1/24 | 0 | 11/23 | 0 | 9/23 | 0 | 7/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 4 | 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 |
|---|---|---|---|---|---|---|---|
| MISSOURI HIGHER EDUC (Applicant) | 5/2019 | 12/2024 | 0 | 0 | 2 | $520.00 | $7,563.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| $86.00 | $6,432.00 | INSTALLME | FIXED RATE<br>150 DAYS PAST DUE<br>Rate/Status 5: At least 120 days or more than four payments past due |

**Payment History**

| 5/25 | 4 | 3/25 | 0 | 1/25 | 0 | 11/24 | 0 | 9/24 | 0 | 7/24 | 0 | 5/24 | 0 | 3/24 | 0 | 1/24 | 0 | 11/23 | 0 | 9/23 | 0 | 7/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 4 | 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 |
|---|---|---|---|---|---|---|---|
| MISSOURI HIGHER EDUC (Applicant) | 8/2011 | 12/2024 | 0 | 0 | 2 | $500.00 | $5,094.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| $83.00 | $5,500.00 | INSTALLME | FIXED RATE<br>150 DAYS PAST DUE<br>Rate/Status 5: At least 120 days or more than four payments past due |

**Payment History**

| 5/25 | 4 | 3/25 | 0 | 1/25 | 0 | 11/24 | 0 | 9/24 | 0 | 7/24 | 0 | 5/24 | 0 | 3/24 | 0 | 1/24 | 0 | 11/23 | 0 | 9/23 | 0 | 7/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 4 | 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 |
|---|---|---|---|---|---|---|---|
| MISSOURI HIGHER EDUC (Applicant) | 8/2010 | 12/2024 | 0 | 0 | 2 | $456.00 | $4,593.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| $76.00 | $5,500.00 | INSTALLME | FIXED RATE<br>150 DAYS PAST DUE<br>Rate/Status 5: At least 120 days or more than four payments past due |

**Payment History**

| 5/25 | 4 | 3/25 | 0 | 1/25 | 0 | 11/24 | 0 | 9/24 | 0 | 7/24 | 0 | 5/24 | 0 | 3/24 | 0 | 1/24 | 0 | 11/23 | 0 | 9/23 | 0 | 7/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 4 | 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 |
|---|---|---|---|---|---|---|---|
| MISSOURI HIGHER EDUC (Applicant) | 6/2017 | 12/2024 | 0 | 0 | 2 | $321.00 | $4,520.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| $53.00 | $4,346.00 | INSTALLME | FIXED RATE<br>150 DAYS PAST DUE<br>Rate/Status 5: At least 120 days or more than four payments past due |

**Payment History**

| 5/25 | 4 | 3/25 | 0 | 1/25 | 0 | 11/24 | 0 | 9/24 | 0 | 7/24 | 0 | 5/24 | 0 | 3/24 | 0 | 1/24 | 0 | 11/23 | 0 | 9/23 | 0 | 7/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 4 | 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 |
|---|---|---|---|---|---|---|---|
| MISSOURI HIGHER EDUC (Applicant) | 8/2013 | 12/2024 | 0 | 0 | 2 | $341.00 | $3,725.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | $56.00 | $5,500.00 | INSTALLME | FIXED RATE<br>150 DAYS PAST DUE<br>Rate/Status 5: At least 120 days or more than four payments past due | | | |

**Payment History**

| 5/25 | 4 | 3/25 | 0 | 1/25 | 0 | 11/24 | 0 | 9/24 | 0 | 7/24 | 0 | 5/24 | 0 | 3/24 | 0 | 1/24 | 0 | 11/23 | 0 | 9/23 | 0 | 7/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | | 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 |
|---|---|---|---|---|---|---|---|
| MISSOURI HIGHER EDUC (Applicant) | 8/2012 | 12/2024 | 0 | 0 | 2 | $330.00 | $3,646.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | $55.00 | $5,500.00 | INSTALLME | FIXED RATE<br>150 DAYS PAST DUE<br>Rate/Status 5: At least 120 days or more than four payments past due | | | |

**Payment History**

| 5/25 | 4 | 3/25 | 0 | 1/25 | 0 | 11/24 | 0 | 9/24 | 0 | 7/24 | 0 | 5/24 | 0 | 3/24 | 0 | 1/24 | 0 | 11/23 | 0 | 9/23 | 0 | 7/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | | 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 |
|---|---|---|---|---|---|---|---|
| MISSOURI HIGHER EDUC (Applicant) | 8/2012 | 12/2024 | 0 | 0 | 2 | $170.00 | $1,737.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | $28.00 | $2,000.00 | INSTALLME | FIXED RATE<br>150 DAYS PAST DUE<br>Rate/Status 5: At least 120 days or more than four payments past due | | | |

**Payment History**

| 5/25 | 4 | 3/25 | 0 | 1/25 | 0 | 11/24 | 0 | 9/24 | 0 | 7/24 | 0 | 5/24 | 0 | 3/24 | 0 | 1/24 | 0 | 11/23 | 0 | 9/23 | 0 | 7/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | | 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 |
|---|---|---|---|---|---|---|---|
| MISSOURI HIGHER EDUC (Applicant) | 8/2013 | 12/2024 | 0 | 0 | 2 | $128.00 | $1,398.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | $21.00 | $2,000.00 | INSTALLME | FIXED RATE<br>150 DAYS PAST DUE<br>Rate/Status 5: At least 120 days or more than four payments past due | | | |

**Payment History**

| 5/25 | 4 | 3/25 | 0 | 1/25 | 0 | 11/24 | 0 | 9/24 | 0 | 7/24 | 0 | 5/24 | 0 | 3/24 | 0 | 1/24 | 0 | 11/23 | 0 | 9/23 | 0 | 7/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | | 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 |
|---|---|---|---|---|---|---|---|
| AMERICAN EXPRESS (Applicant) | 7/2024 | 5/2025 | | | | | $444.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | $40.00 | $444.00 | REVOLVING | Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| 6/25 | 4/25 | 2/25 | 12/24 | 10/24 | 8/24 |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

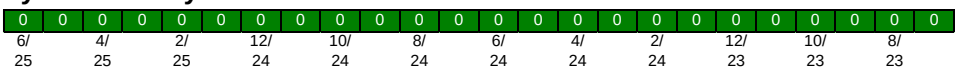
| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| AMERICAN EXPRESS (Applicant) | 6/2023 | 5/2025 | | | | | $356.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $2,870.00 | OPEN ACCOUNT | Rate/Status 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 |

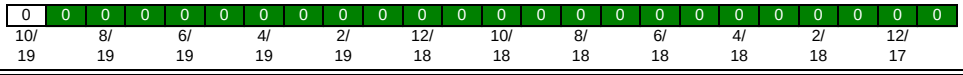
| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| BANK OF AMERICA (Applicant) | 10/2018 | 5/2025 | | | | | $257.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | $25.00 | $5,424.00 | REVOLVING | Rate/Status 1: Pays account as agreed | | | |

**Payment History**




| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| CITICARDS CBNA (Applicant) | 3/2013 | 4/2019 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $7,809.00 | REVOLVING | ACCOUNT CLOSED AT CONSUMER'S REQUEST<br>Rate/Status 1: Pays account as agreed | | | |

**Payment History**




| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| COMENITY BANK/EXPRES (Applicant) | 2/2011 | 1/2011 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $124.00 | REVOLVING | ACCOUNT CLOSED BY CREDIT GRANTOR<br>Rate/Status 1: Pays account as agreed | | | |

*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<br>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<br>1700 G Street, N.W.<br>Washington, DC 20552<br>b. Federal Trade Commission<br>Consumer Response Center<br>600 Pennsylvania Avenue, N.W.<br>Washington, DC 20580<br>(877) 382-4357 |
| 2. To the extent not included in item 1 above:<br>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks<br>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.<br>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations<br>d. Federal Credit Unions | a. Office of the Comptroller of the Currency<br>Customer Assistance Group<br>1301 McKinney Street, Suite 3450<br>Houston, TX 77010-9050<br>b. Federal Reserve Consumer Help Center<br>P.O. Box 1200<br>Minneapolis, MN 55480<br>c. FDIC Consumer Response Center<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106<br>d. National Credit Union Administration<br>Office of Consumer Financial Protection (OCFP)<br>Division of Consumer Compliance Policy and Outreach<br>1775 Duke Street<br>Alexandria, VA 22314 |
| 3. Air carriers | Asst. General Counsel for Aviation Enforcement & Proceedings<br>Aviation Consumer Protection Division<br>Department of Transportation<br>1200 New Jersey Avenue, S.E.<br>Washington, DC 20590 |
| 4. Creditors Subject to the Surface Transportation Board | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>395 E Street, S.W.<br>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<br>United States Small Business Administration<br>409 Third Street, S.W., Suite 8200<br>Washington, DC 20416 |
| 7. Brokers and Dealers | Securities and Exchange Commission<br>100 F Street, N.E.<br>Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | Federal Trade Commission<br>Consumer Response Center<br>600 Pennsylvania Avenue, N.W.<br>Washington, DC 20580<br>(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.

Texas USA

DRIVER LICENSE

Director: Steven C McCraw

# DRIVER LICENSE

4d. DL: 27410972

3. DOB: 11/06/1992

1. CHELLAPPAN

2. BRINDA MALINI

8. 350 N WESLEY DR APT 1316
LEAGUE CITY, TX 77573

12. Rest: A

16. Hgt: 5'-02" 15. Sex: F 18. Eyes: BLK

5. DD: 14629281017122427729

9. Class: C

4b. Exp: 11/06/2030

4a. Iss: 11/12/2022

DONOR

9a. End: NONE

11/06/1992

Icahn School of Medicine at Mount Sinai

June 2, 2025

Brinda Chellappan, M.D.
350 N. Wesley Drive, Apt. 1316
League City, TX 77573

Dear Dr. Chellappan:

We are delighted that you have agreed to accept a full-time position in the Mount Sinai Health System ("Mount Sinai"). You will join the faculty of the Icahn School of Medicine at Mount Sinai (the "School") and the medical staff of The Mount Sinai Hospital (the "Hospital"). Your employment will be on the following terms:

A. Position

1. The details of your position are as follows:

    a. Employer: The School;

    b. Faculty appointment to School (conditional on endorsement by the Committee on Appointments, Promotions and Tenure and approval by the Dean): Assistant Professor (Clinical Practice and/or Administrative Leadership Track) in the Department of Dermatology;

    c. Member of medical staff of the Hospital;

    d. A faculty practice of the School;

    e. Allocation of effort: 90% to Faculty Practice clinical and 10% to administrative time.

2. An initial position description is attached. You are expected to give your full-time effort to your position. You may be required to document the time you spend on these activities consistent with Mount Sinai's policies and procedures. The duties set forth herein and in the position description may be modified from time to time by the supervisor(s) laid out in the position description, based on institutional needs.

3. You may be reassigned to other sites or locations within the Mount Sinai Health System if required by the changing needs of Mount Sinai.

B. Effective Date:

Your expected start date is September 1, 2025; the actual start date will be the "Effective Date" of this Agreement.

C. Term:

Three (3) years; each 12-month period beginning on the Effective Date and each anniversary thereof during the term is a "Contract Year." In consideration for the parties' performance of their respective obligations under this Agreement, both parties agree to comply with the terms of this Agreement for the entire duration of its Term, subject to Section B of the Standard Terms and Conditions.

D. Fair Competition Provision- Pursuant to the enclosed Standard Terms and Conditions, the following Fair Competition Provisions applies:

1. Period: One year from termination of employment or the end of the Term of the Agreement, whichever is later.

2. Restriction: You may not provide professional or administrative services (including clinical services), whether as an employee, independent contractor, or through a professional services agreement, to the following health care systems, including their affiliated practices: Northwell Health, NYU Langone Health, New York-Presbyterian/Weill Cornell Medical Center and Columbia University Irving Medical Center. If you choose to instead go into private practice, your restriction is within a two (2) mile radius of your practice location while an employee of the School.

E. Annualized Compensation:

1. Benefits base salary: $62,500

2. Clinical supplement: $312,500. It is expected that your productivity will reach 8,350 wRVUs by the end of Contract Year Two. The term "wRVU" refers to the Work Relative Value Units established by the federal Centers for Medicare and Medicaid Services ("CMS") for Medicare payment purposes. Your wRVUs for each Contract Year during the Term will be derived from your billed services as posted and calculated by the Clinical Practice Solutions Center. Any wRVUs generated from services for which you are specifically compensated outside of the Annualized Compensation outlined in section E. (e.g., on call coverage, shift work, test reading) will not be included in the amount of wRVUs used in the Incentive Payment calculation described below.

3. Total annual compensation, excluding Annual Incentive Compensation: $375,000

4. Annual Incentive Compensation:

   a. Productivity incentive: In any Contract Year, you will receive a productivity incentive payment of $45 for each wRVU above 8,350 wRVUs (the "Target I") and $50 for each wRVU above 9,000 wRVUs (the "Target II"). The productivity incentive will be capped at $50,000 annually, unless your collections per wRVU are at or above $100 per wRVU. Any wRVUs generated from services for which you are specifically compensated outside of the Annualized Compensation outlined in section E. (e.g., on call coverage, shift work, test reading) will not be included in the amount of wRVUs used in the Incentive Payment calculation described above. Your wRVUs will be evaluated at the end of each Contract Year and it is expected that any Incentive Payment owed will be payable within 120 days of the end of the Contract Year.

b. Additional incentive: You will be entitled to an additional incentive equal to 40% of your total Adjusted Gross Collections related to cosmetic procedures in the Faculty Practice per Contract Year minus any supply costs, reconciled and paid on an annual basis once you reach Target I. "Adjusted Gross Collections" means the gross collections realized from your personally performed professional services (defined as those professional services performed solely by you and expressly excluding any "designated health services", as such term is defined in 42 U.S.C. § 1395nn), less refunds made to patients and third party payors, as calculated in the Clinical Practice Solutions Center.

c. Signing bonus: In addition to the foregoing, you will receive a one-time signing bonus of $25,000, which will be paid within the first month of your employment. In the event your employment terminates for any reason prior to the end of the third year of your employment, you agree to repay the signing bonus in full. This provision will survive termination of the Agreement.

5. Condition to Compensation: Notwithstanding the foregoing, clinical supplement payments and incentive calculations are subject to your compliance with Mount Sinai rules regarding: (i) accurate documentation in the medical record, (ii) timely submission of charges (within 10 days of the service date or as required by applicable Mount Sinai policies and procedures), and (iii) operative reporting that supports all coding required for collection of payments for professional services. Excessive denials for timely filing might impact your clinical supplement and incentive payout.

6. Payment: All compensation will be paid subject to the School's normal payroll practices. Payment of a pro rata share of Annual Incentive Compensation for any portion of a year worked is in the sole discretion of the School. In addition to any other remedies hereunder, in the event that either (x) you breach this Agreement, or (y) the School terminates this Agreement prior to the end of the Term for Cause pursuant to Section B.1 of the Standard Terms and Conditions attached hereto, the School shall not be required to pay you any Annual Incentive Compensation. Any compensation will be paid no later than March 15 of the calendar year following the calendar year in which it was earned.

7. Leave: You will not be entitled to receive any compensation payments during any period of time in which you are on unpaid leave from the School, whether voluntarily or involuntarily. If you are not on leave or vacation but are unable to treat patients for any reason, you will not be entitled to clinical supplement payments.

F. Benefits:

Standard benefit package for employed faculty. Additional material can be found in an informational packet attached to this agreement.

G. Relocation Assistance:

To assist you with your move to the New York area, you will be eligible to participate in Mount Sinai's Relocation Financing Program, which will reimburse you for up to $7,500 of allowable, documented moving expenses, consistent with institutional policies from time to time in effect. Please note this will be taxable income to you.

H. No other agreement:

You represent that you have not entered into any agreement with any other employer or party which would restrict your right to enter into this Agreement, or to perform professional services as an employee of Mount Sinai within the greater New York area, and you understand that Mount Sinai has relied on this representation in offering you this Agreement.

I. Employment Requirements:

Employment is contingent upon your meeting the requirements of, and being appointed to, the faculty of the School and the medical staff of the Hospital, and successful completion of other pre-employment clearances including disclosure of outside financial relationships, and, if applicable, immigration visa matters. Shortly after we receive your signed copy of this letter, the Department Administrator will send you guidelines for your faculty appointment and employment, including a list of required documents, instructions to complete the Annual Disclosure of Outside Financial Interests, and the Medical Staff Services Office will send you an application for Hospital privileges. Please call 212-492-1818 to arrange an appointment with a Medical Staff Services staffer who will help you complete your application for Hospital privileges. Within 60 days of your start date, you shall meet respectively with the Chair of the Conflicts of Interest Committee and the Chief Commercial Innovation Officer for review and management of any financial conflicts of interest and existing and potential intellectual property portfolio. A complete application and all required supporting documentation must be submitted within ten (10) days after you sign and return this letter, in order for your employment to start on the expected start date set forth above.

J. Terms and Conditions:

Your employment is also subject to the enclosed Standard Terms and Conditions, which are considered part of this Agreement.

K. Entire Agreement:

This Agreement contains the entire agreement between the parties with respect to the matters set forth herein, and it fully supersedes any and all prior agreements, statements, representations or understandings pertaining to the subject matter herein. This Agreement may be amended only by a written instrument executed by both parties.

Please sign and retain a copy for your files. If this letter is not returned within 14 days, we reserve the right to rescind this offer.

* * *

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Sincerely,

Kelly Cassano

Kelly Cassano, D.O.
Chief Executive Officer of the
Mount Sinai Doctors Faculty Practice
Senior Vice President Ambulatory Operations
Mount Sinai Health System
Dean for Clinical Affairs
Associate Professor of Medicine
Icahn School of Medicine at Mount Sinai

Emma Guttman

Emma Guttman-Yassky, M.D., Ph.D.
Waldman Professor and System Chair
The Kimberly and Eric J. Waldman Department of Dermatology
Director, Center of Excellence in Eczema
Director, Laboratory of Inflammatory Skin Diseases
Icahn School of Medicine at Mount Sinai

Evan Flatow

Evan L. Flatow, MD
Lasker Professor and Dean for Clinical Affairs
Icahn School of Medicine at Mount Sinai
Executive Vice-President for Clinical Affairs
Mount Sinai Health System

Eric Nestler

Eric J. Nestler, MD, PhD
Interim Dean, Icahn School of Medicine at Mount Sinai
Executive Vice President and Chief Scientific Officer, Mount Sinai Health System
Nash Family Professor of Neuroscience and Psychiatry

I accept the terms and conditions of this Agreement including attachments.

Brinda Chellappan 6/11/2025

Brinda Chellappan, M.D. Date

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20____ See separate instructions.

| Your first name and middle initial | Last name | Your social security number |
|---|---|---|
| Brinda M | Chellappan | 628 34 3099 |
| 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. |
|---|---|
| 350 N Wesley Dr | 1316 |

| City, town, or post office. If you have a foreign address, also complete spaces below. | State | ZIP code |
|---|---|---|
| League City | TX | 775737363 |

| 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 ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ 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: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

**Digital Assets** At any time during 2024, 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, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ 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 | 62,960. |
| 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 | 0. |
| i | Nontaxable combat pay election (see instructions) | 1i | | | | |
| z | Add lines 1a through 1h | | | | 1z | 62,960. |

Attach Sch. B if required.

| | | | | | | |
|---|---|---|---|---|---|---|
| 2a | Tax-exempt interest | 2a | | b Taxable interest | 2b | |
| 3a | Qualified dividends | 3a | | b Ordinary dividends | 3b | |
| 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 | |
| 8 | Additional income from Schedule 1, line 10 | | | | 8 | |
| 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** | | | | 9 | 62,960. |
| 10 | Adjustments to income from Schedule 1, line 26 | | | | 10 | |
| 11 | Subtract line 10 from line 9. This is your **adjusted gross income** | | | | 11 | 62,960. |
| 12 | **Standard deduction or itemized deductions** (from Schedule A) | | | | 12 | 14,600. |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | | | 13 | |
| 14 | Add lines 12 and 13 | | | | 14 | 14,600. |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** | | | | 15 | 48,360. |

**Standard Deduction for—**
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

| | | | | | |
|---|---|---|---|---|---|
| **Tax and Credits** | 16 | **Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐ | | 16 | 5,696. |
| | 17 | Amount from Schedule 2, line 3 | | 17 | |
| | 18 | Add lines 16 and 17 | | 18 | 5,696. |
| | 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 | 5,696. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your **total tax** | | 24 | 5,696. |
| **Payments** | 25 | Federal income tax withheld from: | | | |
| | a | Form(s) W-2 | 25a 5,742. | | |
| | b | Form(s) 1099 | 25b | | |
| | c | Other forms (see instructions) | 25c | | |
| | d | Add lines 25a through 25c | | 25d | 5,742. |
| If you have a qualifying child, attach Sch. EIC. | 26 | 2024 estimated tax payments and amount applied from 2023 return | | 26 | |
| | 27 | Earned income credit (EIC) No | 27 | | |
| | 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 | |
| | 33 | Add lines 25d, 26, and 32. These are your **total payments** | | 33 | 5,742. |
| **Refund** | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** | | 34 | 46. |
| | 35a | Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐ | | 35a | 46. |
| Direct deposit? See instructions. | b | Routing number 111000025 **c** Type: ☒ Checking ☐ Savings | | | |
| | d | Account number 488018800474 | | | |
| | 36 | Amount of line 34 you want **applied to your 2025 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 | |
| | 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 | Phone no. | Personal identification number (PIN)

**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.) |
|---|---|---|---|
| | | Resident Physician | |
| 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.) |
| | | | |

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

Phone no. (972)345-9795 Email address

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | PTIN | Check if: ☐ Self-employed |
|---|---|---|---|---|
| | | | | |

Firm's name Self-Prepared Phone no.

Firm's address Firm's EIN

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

BRINDA MALINI CHELLAPPAN
350 N WESLEY DR APT 1316
LEAGUE CITY, TX 77573-7363

**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

# Your combined statement

for March 21, 2025 to April 21, 2025

| Your deposit accounts | Account/plan number | Ending balance | Details on |
|---|---|---|---|
| Bank of America Adv Plus Banking | 4880 1880 0474 | $7,178.47 | Page 3 |
| Regular Savings | 4880 1880 6630 | $612.41 | Page 7 |
| **Total balance** | | **$7,790.88** | |

# IMPORTANT INFORMATION:
## BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

# Your Bank of America Adv Plus Banking

**BRINDA MALINI CHELLAPPAN**

## Account summary

| | |
|---|---|
| Beginning balance on March 21, 2025 | $5,435.04 |
| Deposits and other additions | 8,699.65 |
| ATM and debit card subtractions | -130.00 |
| Other subtractions | -6,826.22 |
| Checks | -0.00 |
| Service fees | -0.00 |
| **Ending balance on April 21, 2025** | **$7,178.47** |

*Your account is enrolled in Balance Connect™ for overdraft protection. You can manage your overdraft protection preferences, including linked accounts, in Online and Mobile Banking.*

## Deposits and other additions

| Date | Description | Amount |
|---|---|---|
| 03/26/25 | APPLE CASH DES:BANK XFER ID:Brinda Chellap INDN:Brinda Chellappan CO ID:6192912998 WEB | 10.00 |
| 04/01/25 | UNIV. OF TEXAS M DES:PAYROLL ID:264357 INDN:CHELLAPPAN,BRINDA M CO ID:1746000949 PPD | 4,410.85 |
| 04/02/25 | Univ of Texas Me DES:Vendor Pay ID: INDN:Brinda Chellappan CO ID:1884301111 CCD PMT INFO:RMR*IV***1040.42\ | 1,040.42 |
| 04/02/25 | VENMO DES:CASHOUT ID:1041256364147 INDN:BRINDA CHELLAPPAN CO ID:5264681992 PPD | 7.00 |

*continued on the next page*

# Deposits and other additions - continued

| Date | Description | Amount |
|---|---|---|
| 04/08/25 | VENMO DES:CASHOUT ID:1041400026253 INDN:BRINDA CHELLAPPAN CO ID:5264681992 PPD | 25.00 |
| 04/14/25 | CLEAR LAKE DERMA DES:Payroll ID:Brinda INDN:Brinda Chellappan CO ID:9200502232 PPD | 2,206.38 |
| 04/16/25 | Zelle payment from JITENDRA JAKKAL for "BIRTHDAY GIFT"; Conf# T0YQJ4H76 | 500.00 |
| 04/17/25 | Zelle payment from JITENDRA JAKKAL for "BIRTHDAY"; Conf# T0YQNXZTF | 500.00 |
| **Total deposits and other additions** | | **$8,699.65** |

# Withdrawals and other subtractions

## ATM and debit card subtractions

| Date | Description | Amount |
|---|---|---|
| 03/24/25 | PMNT SENT 0324 VENMO *Mary Ca Visa Direct NY | -38.00 |
| 03/26/25 | PMNT SENT 0326 VENMO *Sarah R Visa Direct NY | -30.00 |
| 03/28/25 | PMNT SENT 0329 VENMO *Sarah R Visa Direct NY | -13.00 |
| 04/01/25 | PMNT SENT 0401 VENMO *Sarah R Visa Direct NY | -33.00 |
| 04/11/25 | PMNT SENT 0412 VENMO *Mary Ca Visa Direct NY | -16.00 |
| **Total ATM and debit card subtractions** | | **-$130.00** |

## Other subtractions

| Date | Description | Amount |
|---|---|---|
| 03/21/25 | COMCAST 8777701 DES:XXXXXXXXX ID:4764094 INDN:BRINDA *CHELLAPPAN CO ID:0000213249 PPD | -55.28 |
| 03/24/25 | AMERICAN EXPRESS DES:ACH PMT ID:M2140 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -1,000.00 |
| 04/01/25 | Online Banking payment to CRD 8704 Confirmation# 2750761259 | -364.59 |
| 04/01/25 | AMERICAN EXPRESS DES:ACH PMT ID:M4064 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -2,075.03 |
| 04/01/25 | AMERICAN EXPRESS DES:ACH PMT ID:M4844 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -559.42 |
| 04/02/25 | Marina Bend at C DES:WEB PMTS ID:S9BMPD INDN:Brinda Chellappan CO ID:1752788861 WEB | -1,390.62 |
| 04/04/25 | AMERICAN EXPRESS DES:ACH PMT ID:M0232 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -16.68 |
| 04/14/25 | Online Banking payment to CRD 8704 Confirmation# 2546035044 | -25.00 |
| 04/15/25 | AMERICAN EXPRESS DES:ACH PMT ID:M7912 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -1,284.32 |
| 04/21/25 | COMCAST 8777701 DES:XXXXXXXXX ID:5848002 INDN:BRINDA *CHELLAPPAN CO ID:0000213249 PPD | -55.28 |
| **Total other subtractions** | | **-$6,826.22** |

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

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# Your Regular Savings

**BRINDA MALINI CHELLAPPAN**

## Account summary

| | |
|---|---|
| Beginning balance on March 21, 2025 | $612.40 |
| Deposits and other additions | 0.01 |
| ATM and debit card subtractions | -0.00 |
| Other subtractions | -0.00 |
| Service fees | -0.00 |
| **Ending balance on April 21, 2025** | **$612.41** |

*Annual Percentage Yield Earned this statement period: 0.02%.*
*Interest Paid Year To Date: $0.02.*

## Deposits and other additions

| Date | Description | Amount |
|---|---|---|
| 04/21/25 | Interest Earned | 0.01 |
| **Total deposits and other additions** | | **$0.01** |

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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

BRINDA MALINI CHELLAPPAN
350 N WESLEY DR APT 1316
LEAGUE CITY, TX 77573-7363

# Your combined statement

for April 22, 2025 to May 20, 2025

| Your deposit accounts | Account/plan number | Ending balance | Details on |
|---|---|---|---|
| Bank of America Adv Plus Banking | 4880 1880 0474 | $6,724.03 | Page 3 |
| Regular Savings | 4880 1880 6630 | $612.41 | Page 5 |
| **Total balance** | | **$7,336.44** | |

# IMPORTANT INFORMATION:
## BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

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Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

# Your Bank of America Adv Plus Banking

**BRINDA MALINI CHELLAPPAN**

## Account summary

| | |
|---|---|
| Beginning balance on April 22, 2025 | $7,178.47 |
| Deposits and other additions | 6,598.94 |
| ATM and debit card subtractions | -33.00 |
| Other subtractions | -7,020.38 |
| Checks | -0.00 |
| Service fees | -0.00 |
| **Ending balance on May 20, 2025** | **$6,724.03** |

*Your account is enrolled in Balance Connect™ for overdraft protection. You can manage your overdraft protection preferences, including linked accounts, in Online and Mobile Banking.*

## Deposits and other additions

| Date | Description | Amount |
|---|---|---|
| 05/01/25 | UNIV. OF TEXAS M DES:PAYROLL ID:264357 INDN:CHELLAPPAN,BRINDA M CO ID:1746000949 PPD | 4,410.86 |
| 05/05/25 | BKOFAMERICA MOBILE 05/04 3798322375 DEPOSIT *MOBILE TX | 300.00 |
| 05/15/25 | CLEAR LAKE DERMA DES:Payroll ID:Brinda INDN:Brinda Chellappan CO ID:9200502232 PPD | 1,888.08 |
| **Total deposits and other additions** | | **$6,598.94** |

# Withdrawals and other subtractions

## ATM and debit card subtractions

| Date | Description | Amount |
|---|---|---|
| 05/12/25 | PMNT SENT 0511 VENMO *Sarah R Visa Direct NY | -13.00 |
| 05/13/25 | PMNT SENT 0513 VENMO *Tim Tra Visa Direct NY | -20.00 |
| **Total ATM and debit card subtractions** | | **-$33.00** |

## Other subtractions

| Date | Description | Amount |
|---|---|---|
| 04/30/25 | AMERICAN EXPRESS DES:ACH PMT ID:M6774 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -975.59 |
| 04/30/25 | AMERICAN EXPRESS DES:ACH PMT ID:M8470 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -420.02 |
| 05/05/25 | Marina Bend at C DES:WEB PMTS ID:X8HPTD INDN:Brinda Chellappan CO ID:1752788861 WEB | -1,391.58 |
| 05/05/25 | AMERICAN EXPRESS DES:ACH PMT ID:M6412 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -22.28 |
| 05/06/25 | AMERICAN EXPRESS DES:ACH PMT ID:M0478 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -2,800.41 |
| 05/13/25 | Online Banking payment to CRD 8704 Confirmation# 0613833674 | -400.34 |
| 05/19/25 | AMERICAN EXPRESS DES:ACH PMT ID:M6370 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -650.20 |
| 05/19/25 | AMERICAN EXPRESS DES:ACH PMT ID:M0234 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -276.67 |
| 05/19/25 | AMERICAN EXPRESS DES:ACH PMT ID:M9186 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -83.29 |
| **Total other subtractions** | | **-$7,020.38** |

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

# Your Regular Savings

**BRINDA MALINI CHELLAPPAN**

## Account summary

| | |
|---|---|
| Beginning balance on April 22, 2025 | $612.41 |
| Deposits and other additions | 0.00 |
| ATM and debit card subtractions | -0.00 |
| Other subtractions | -0.00 |
| Service fees | -0.00 |
| **Ending balance on May 20, 2025** | **$612.41** |

*Interest Paid Year To Date: $0.02.*

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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

BRINDA MALINI CHELLAPPAN
350 N WESLEY DR APT 1316
LEAGUE CITY, TX 77573-7363

# Your combined statement

for May 21, 2025 to June 18, 2025

| Your deposit accounts | Account/plan number | Ending balance | Details on |
|---|---|---|---|
| Bank of America Adv Plus Banking | 4880 1880 0474 | $6,137.33 | Page 3 |
| Regular Savings | 4880 1880 6630 | $613.40 | Page 5 |
| **Total balance** | | **$6,750.73** | |

## Important information about payment scams

**We will never**
- call and ask you to send money using Zelle® to yourself or anyone else.
- contact you via phone or text to ask for a security code.
- reach out to you and ask you to send money or provide a code. If someone unfamiliar to you does this, it is likely a scam.

Treat Zelle® payments like cash – once you send money, you are unlikely to get it back.

Learn more about trending scams at bofa.com/helpprotectyourself



SSM-07-24-0374.B | 6798566

# IMPORTANT INFORMATION:
## BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

# Your Bank of America Adv Plus Banking

**BRINDA MALINI CHELLAPPAN**

## Account summary

| | |
|---|---|
| Beginning balance on May 21, 2025 | $6,724.03 |
| Deposits and other additions | 4,893.01 |
| ATM and debit card subtractions | -247.01 |
| Other subtractions | -5,232.70 |
| Checks | -0.00 |
| Service fees | -0.00 |
| **Ending balance on June 18, 2025** | **$6,137.33** |

*Your account is enrolled in Balance Connect™ for overdraft protection. You can manage your overdraft protection preferences, including linked accounts, in Online and Mobile Banking.*

## Deposits and other additions

| Date | Description | Amount |
|---|---|---|
| 05/29/25 | VENMO DES:CASHOUT ID:1042491073268 INDN:BRINDA CHELLAPPAN CO ID:5264681992 PPD | 37.00 |
| 05/30/25 | Univ of Texas Me DES:Vendor Pay ID: INDN:Brinda Chellappan CO ID:1884301111 CCD PMT INFO:RMR*IV***222.75\ | 222.75 |
| 06/02/25 | UNIV. OF TEXAS M DES:PAYROLL ID:264357 INDN:CHELLAPPAN,BRINDA M CO ID:1746000949 PPD | 4,410.86 |
| 06/09/25 | CLEAR LAKE DERMA DES:Payroll ID:Brinda INDN:Brinda Chellappan CO ID:9200502232 PPD | 222.40 |
| **Total deposits and other additions** | | **$4,893.01** |

# Withdrawals and other subtractions

## ATM and debit card subtractions

| Date | Description | Amount |
|---|---|---|
| 05/27/25 | PMNT SENT 0525 VENMO *Mary Ca Visa Direct NY | -89.00 |
| 05/27/25 | PMNT SENT 0528 VENMO *Tim Tra Visa Direct NY | -102.00 |
| 06/09/25 | PMNT SENT 0608 VENMO *Meena V Visa Direct NY | -38.01 |
| 06/13/25 | PMNT SENT 0613 VENMO *Sarah K Visa Direct NY | -5.00 |
| 06/17/25 | PMNT SENT 0617 VENMO *Tony Ji Visa Direct NY | -13.00 |
| **Total ATM and debit card subtractions** | | **-$247.01** |

## Other subtractions

| Date | Description | Amount |
|---|---|---|
| 05/21/25 | COMCAST-XFINITY DES:CABLE SVCS ID:7045090 INDN:BRINDA *CHELLAPPAN CO ID:0000213249 PPD | -55.28 |
| 05/29/25 | AMERICAN EXPRESS DES:ACH PMT ID:M2062 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -817.02 |
| 06/02/25 | Marina Bend at C DES:WEB PMTS ID:QLQLXD INDN:Brinda Chellappan CO ID:1752788861 WEB | -1,398.63 |
| 06/04/25 | AMERICAN EXPRESS DES:ACH PMT ID:M9854 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -681.27 |
| 06/04/25 | AMERICAN EXPRESS DES:ACH PMT ID:M8552 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -444.98 |
| 06/09/25 | KEEP THE CHANGE TRANSFER TO ACCT 6630 FOR 06/09/25 | -0.99 |
| 06/11/25 | AMERICAN EXPRESS DES:ACH PMT ID:M3188 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -1,220.64 |
| 06/17/25 | Online Banking payment to CRD 8704 Confirmation# 2721394104 | -257.38 |
| 06/17/25 | AMERICAN EXPRESS DES:ACH PMT ID:M0548 INDN:BRINDA CHELLAPPAN CO ID:1133133497 WEB | -356.51 |
| **Total other subtractions** | | **-$5,232.70** |

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

# Your Regular Savings

**BRINDA MALINI CHELLAPPAN**

## Account summary

| | |
|---|---|
| Beginning balance on May 21, 2025 | $612.41 |
| Deposits and other additions | 0.99 |
| ATM and debit card subtractions | -0.00 |
| Other subtractions | -0.00 |
| Service fees | -0.00 |
| **Ending balance on June 18, 2025** | **$613.40** |

*Interest Paid Year To Date: $0.02.*

## Deposits and other additions

| Date | Description | Amount |
|---|---|---|
| 06/10/25 | KEEPTHECHANGE CREDIT FROM ACCT0474 EFFECTIVE 06/09 | 0.99 |
| **Total deposits and other additions** | | **$0.99** |

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utmb Health

**Univ. of Texas Medical Branch**
301 University Blvd.
Galveston, TX 77555

| | |
|---|---|
| Pay Group: | NON-Non-Teaching Employees |
| Pay Begin Date: | 06/01/2025 |
| Pay End Date: | 06/30/2025 |

| | |
|---|---|
| Business Unit: | SOMED |
| Advice **#:** | **000000006037978** |
| Advice Date: | 07/01/2025 |

**Brinda M Chellappan**
350 N Wesley Drive
Apt 1316
League City, TX 77573

| | |
|---|---|
| Employee ID | 264357 |
| Department | 143310-Dermatology-Residency Train |
| Location | 0783 - John W McCullough Bldg |
| Job Title | Resident PGL-4 |
| Pay Rate | $5,811.83 Monthly |

| TAX DATA | Federal | TX State |
|---|---|---|
| Tax Status | Single | N/A |

**HOURS AND EARNINGS**

| | | Current | | YTD | |
|---|---|---|---|---|---|
| **Description** | **Rate** | **Hours** | **Earnings** | **Hours** | **Earnings** |
| Regular Earnings | | | 5,811.83 | 1,084.00 | 36,525.10 |
| Longevity Pay | | | 20.00 | | 140.00 |
| Regular Earnings | | | -536.48 | | 0.00 |
| PTO Taken Monthly | | | 536.48 | 124.00 | 4,157.71 |
| PTO - Termed BWK & MTH | | | 0.00 | 133.32 | 4,470.19 |
| **TOTAL:** | | **0.00** | **5,831.83** | **1,341.32** | **45,293.00** |

**TAXES**

| Description | Current | YTD |
|---|---|---|
| Fed Withholding | 490.51 | 4,376.09 |
| Fed MED/EE | 84.02 | 650.20 |
| Fed OASDI/EE | 359.22 | 2,780.19 |
| **TOTAL:** | **933.75** | **7,806.48** |

**BEFORE-TAX DEDUCTIONS**

| Description | Current | YTD |
|---|---|---|
| Optional Retirement Plan | 387.82 | 2,714.74 |
| Dental | 32.88 | 230.16 |
| Vision | 5.02 | 35.14 |
| Parking Deduction | 0.00 | 186.00 |
| **TOTAL:** | **425.72** | **3,166.04** |

**AFTER-TAX DEDUCTIONS**

| Description | Current | YTD |
|---|---|---|
| Long Term Disability | 34.00 | 238.00 |
| Long Term Disability | 5.70 | 39.90 |
| **TOTAL:** | **39.70** | **277.90** |

**EMPLOYER PAID BENEFITS**

| Description | Current | YTD |
|---|---|---|
| Fed Med/ER | 84.02 | 650.20 |
| Fed OASDI/ER | 359.22 | 2,780.19 |
| TX Unempl ER | 0.00 | 32.31 |
| Workmans Compensation | 7.00 | 49.00 |
| Optional Retirement Plan | 495.71 | 3,469.97 |
| DN - RES Addl. Pay | 28.52 | 199.64 |
| Medical | 780.24 | 5,461.68 |
| ***TAXABLE** | | |

| | TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|---|---|---|---|---|---|
| Current | 5,831.83 | 5,406.11 | 933.75 | 465.42 | 4,432.66 |
| YTD | 45,293.00 | 42,126.96 | 7,806.48 | 3,443.94 | 34,042.58 |

**NET PAY DISTRIBUTION**

| | Account Type | Account Number | Deposit Amount |
|---|---|---|---|
| Advice #000000006037978 | Checking | XXXXXXX*474 | 4,432.66 |
| **TOTAL:** | | | **4,432.66** |

**MESSAGE:**

utmb Health

**Univ. of Texas Medical Branch**
301 University Blvd.
Galveston, TX 77555

| | | | |
|---|---|---|---|
| Pay Group: | NON-Non-Teaching Employees | Business Unit: | SOMED |
| Pay Begin Date: | 05/01/2025 | Advice **#:** | **00000005994625** |
| Pay End Date: | 05/31/2025 | Advice Date: | 06/02/2025 |

**Brinda M Chellappan**
350 N Wesley Drive
Apt 1316
League City, TX 77573

| | |
|---|---|
| Employee ID | 264357 |
| Department | 143310-Dermatology-Residency Train |
| Location | 0783 - John W McCullough Bldg |
| Job Title | Resident PGL-4 |
| Pay Rate | $5,811.83 Monthly |

| TAX DATA | Federal | TX State |
|---|---|---|
| Tax Status | Single | N/A |

**HOURS AND EARNINGS**

| | | Current | | YTD | |
|---|---|---|---|---|---|
| **Description** | **Rate** | **Hours** | **Earnings** | **Hours** | **Earnings** |
| Regular Earnings | | | 5,811.83 | 932.00 | 31,249.75 |
| Longevity Pay | | | 20.00 | | 120.00 |
| Regular Earnings | | | -536.48 | | 0.00 |
| PTO Taken Monthly | | | 536.48 | 108.00 | 3,621.23 |
| **TOTAL:** | | **0.00** | **5,831.83** | **1,040.00** | **34,990.98** |

**TAXES**

| Description | Current | YTD |
|---|---|---|
| Fed Withholding | 483.69 | 2,902.14 |
| Fed MED/EE | 83.56 | 501.37 |
| Fed OASDI/EE | 357.30 | 2,143.81 |
| **TOTAL:** | **924.55** | **5,547.32** |

**BEFORE-TAX DEDUCTIONS**

| Description | Current | YTD |
|---|---|---|
| Optional Retirement Plan | 387.82 | 2,326.92 |
| Dental | 32.88 | 197.28 |
| Parking Deduction | 31.00 | 186.00 |
| Vision | 5.02 | 30.12 |
| **TOTAL:** | **456.72** | **2,740.32** |

**AFTER-TAX DEDUCTIONS**

| Description | Current | YTD |
|---|---|---|
| Long Term Disability | 34.00 | 204.00 |
| Long Term Disability | 5.70 | 34.20 |
| **TOTAL:** | **39.70** | **238.20** |

**EMPLOYER PAID BENEFITS**

| Description | Current | YTD |
|---|---|---|
| Fed Med/ER | 83.56 | 501.37 |
| Fed OASDI/ER | 357.30 | 2,143.81 |
| TX Unempl ER | 0.00 | 32.31 |
| Workmans Compensation | 7.00 | 42.00 |
| Optional Retirement Plan | 495.71 | 2,974.26 |
| DN - RES Addl. Pay | 28.52 | 171.12 |
| Medical | 780.24 | 4,681.44 |
| ***TAXABLE** | | |

| | TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|---|---|---|---|---|---|
| Current | 5,831.83 | 5,375.11 | 924.55 | 496.42 | 4,410.86 |
| YTD | 34,990.98 | 32,250.66 | 5,547.32 | 2,978.52 | 26,465.14 |

**NET PAY DISTRIBUTION**

| | Account Type | Account Number | Deposit Amount |
|---|---|---|---|
| Advice #000000005994625 | Checking | XXXXXXX*474 | 4,410.86 |
| **TOTAL:** | | | **4,410.86** |

**MESSAGE:**

utmb Health

**Univ. of Texas Medical Branch**
301 University Blvd.
Galveston, TX 77555

| | | | |
|---|---|---|---|
| Pay Group: | NON-Non-Teaching Employees | Business Unit: | SOMED |
| Pay Begin Date: | 06/01/2025 | Advice **#:** | **000000006037979** |
| Pay End Date: | 06/30/2025 | Advice Date: | 07/01/2025 |

| | | | TAX DATA | Federal | TX State |
|---|---|---|---|---|---|
| **Brinda M Chellappan** | Employee ID | 264357 | Tax Status | Single | N/A |
| 350 N Wesley Drive | Department | 143310-Dermatology-Residency Train | | | |
| Apt 1316 | Location | 0783 - John W McCullough Bldg | | | |
| League City, TX 77573 | Job Title | Resident PGL-4 | | | |
| | Pay Rate | $5,811.83 Monthly | | | |

**HOURS AND EARNINGS**

| | | Current | | YTD | |
|---|---|---|---|---|---|
| **Description** | **Rate** | **Hours** | **Earnings** | **Hours** | **Earnings** |
| PTO - Termed BWK & MTH | | | 4,470.19 | 133.32 | 4,470.19 |
| Longevity Pay | | | 0.00 | | 140.00 |
| PTO Taken Monthly | | | 0.00 | 124.00 | 4,157.71 |
| Regular Earnings | | | 0.00 | 1,084.00 | 36,525.10 |
| **TOTAL:** | | **133.32** | **4,470.19** | **1,341.32** | **45,293.00** |

**TAXES**

| **Description** | **Current** | **YTD** |
|---|---|---|
| Fed Withholding | 983.44 | 4,376.09 |
| Fed MED/EE | 64.81 | 650.20 |
| Fed OASDI/EE | 277.16 | 2,780.19 |
| **TOTAL:** | **1,325.41** | **7,806.48** |

**BEFORE-TAX DEDUCTIONS**

| **Description** | **Current** | **YTD** |
|---|---|---|
| Parking Deduction | 0.00 | 186.00 |
| Optional Retirement Plan | 0.00 | 2,714.74 |
| Dental | 0.00 | 230.16 |
| Vision | 0.00 | 35.14 |
| **TOTAL:** | **0.00** | **3,166.04** |

**AFTER-TAX DEDUCTIONS**

| **Description** | **Current** | **YTD** |
|---|---|---|
| Long Term Disability | 0.00 | 238.00 |
| Long Term Disability | 0.00 | 39.90 |
| **TOTAL:** | **0.00** | **277.90** |

**EMPLOYER PAID BENEFITS**

| **Description** | **Current** | **YTD** |
|---|---|---|
| Fed Med/ER | 64.81 | 650.20 |
| Fed OASDI/ER | 277.16 | 2,780.19 |
| TX Unempl ER | 0.00 | 32.31 |
| Workmans Compensation | 0.00 | 49.00 |
| Optional Retirement Plan | 0.00 | 3,469.97 |
| DN - RES Addl. Pay | 0.00 | 199.64 |
| Medical | 0.00 | 5,461.68 |
| ***TAXABLE** | | |

| | TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|---|---|---|---|---|---|
| Current | 4,470.19 | 4,470.19 | 1,325.41 | 0.00 | 3,144.78 |
| YTD | 45,293.00 | 42,126.96 | 7,806.48 | 3,443.94 | 34,042.58 |

**NET PAY DISTRIBUTION**

| | **Account Type** | **Account Number** | **Deposit Amount** |
|---|---|---|---|
| Advice #000000006037979 | Checking | XXXXXXX*474 | 3,144.78 |
| **TOTAL:** | | | **3,144.78** |

**MESSAGE:**

utmb Health

**Univ. of Texas Medical Branch**
301 University Blvd.
Galveston, TX 77555

| | | | |
|---|---|---|---|
| Pay Group: | NON-Non-Teaching Employees | Business Unit: | SOMED |
| Pay Begin Date: | 04/01/2025 | Advice **#:** | **00000005965024** |
| Pay End Date: | 04/30/2025 | Advice Date: | 05/01/2025 |

**Brinda M Chellappan**
350 N Wesley Drive
Apt 1316
League City, TX 77573

| | |
|---|---|
| Employee ID | 264357 |
| Department | 143310-Dermatology-Residency Train |
| Location | 0783 - John W McCullough Bldg |
| Job Title | Resident PGL-4 |
| Pay Rate | $5,811.83 Monthly |

| TAX DATA | Federal | TX State |
|---|---|---|
| Tax Status | Single | N/A |

**HOURS AND EARNINGS**

| | | Current | | YTD | |
|---|---|---|---|---|---|
| **Description** | **Rate** | **Hours** | **Earnings** | **Hours** | **Earnings** |
| Regular Earnings | | | 5,811.83 | 772.00 | 25,974.40 |
| Longevity Pay | | | 20.00 | | 100.00 |
| PTO Taken Monthly | | | 0.00 | 92.00 | 3,084.75 |
| **TOTAL:** | | **0.00** | **5,831.83** | **864.00** | **29,159.15** |

**TAXES**

| Description | Current | YTD |
|---|---|---|
| Fed Withholding | 483.69 | 2,418.45 |
| Fed MED/EE | 83.56 | 417.81 |
| Fed OASDI/EE | 357.30 | 1,786.51 |
| **TOTAL:** | **924.55** | **4,622.77** |

**BEFORE-TAX DEDUCTIONS**

| Description | Current | YTD |
|---|---|---|
| Optional Retirement Plan | 387.82 | 1,939.10 |
| Dental | 32.88 | 164.40 |
| Parking Deduction | 31.00 | 155.00 |
| Vision | 5.02 | 25.10 |
| **TOTAL:** | **456.72** | **2,283.60** |

**AFTER-TAX DEDUCTIONS**

| Description | Current | YTD |
|---|---|---|
| Long Term Disability | 34.00 | 170.00 |
| Long Term Disability | 5.70 | 28.50 |
| **TOTAL:** | **39.70** | **198.50** |

**EMPLOYER PAID BENEFITS**

| Description | Current | YTD |
|---|---|---|
| Fed Med/ER | 83.56 | 417.81 |
| Fed OASDI/ER | 357.30 | 1,786.51 |
| TX Unempl ER | 0.00 | 32.31 |
| Workmans Compensation | 7.00 | 35.00 |
| Optional Retirement Plan | 495.71 | 2,478.55 |
| DN - RES Addl. Pay | 28.52 | 142.60 |
| Medical | 780.24 | 3,901.20 |
| ***TAXABLE** | | |

| | TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|---|---|---|---|---|---|
| Current | 5,831.83 | 5,375.11 | 924.55 | 496.42 | 4,410.86 |
| YTD | 29,159.15 | 26,875.55 | 4,622.77 | 2,482.10 | 22,054.28 |

**NET PAY DISTRIBUTION**

| | Account Type | Account Number | Deposit Amount |
|---|---|---|---|
| Advice #000000005965024 | Checking | XXXXXXX*474 | 4,410.86 |
| **TOTAL:** | | | **4,410.86** |

**MESSAGE:**

**Borrower Name** BRINDA CHELLAPPAN **Borrower SSN** 628-34-3099

## SECTION 3: BORROWER REQUESTS, UNDERSTANDINGS, CERTIFICATIONS, AND AUTHORIZATION (CONTINUED)

**I certify that:**

- The information I have provided on this form is true and correct.
- I will provide additional documentation to my loan holder, as required, to support my forbearance eligibility.
- I will notify my loan holder immediately when my eligibility for the forbearance ends.
- I have read, understand, and meet the eligibility requirements in Section 2.
- I will repay my loans according to the terms of my promissory note, even if my request is not granted.

**I authorize** the entity to which I submit this request and its agents to contact me regarding my request or my loans at any cellular telephone number that I provide now or in the future using automated telephone dialing equipment or artificial prerecorded voice or text messages.

**Borrower's Signature** [signature] **Date** 11/21/23

## SECTION 4: AUTHORIZED OFFICIAL'S CERTIFICATION

**Do not complete this section unless the borrower has completed the applicable part of Section 2 in its entirety. Note:** Instead of having an **authorized** official complete this section, you may attach separate **documentation** from an **authorized** official that includes all of the information requested below and a certification that you and the program meet all conditions indicated by your responses in Section 2. For the National Guard Duty forbearance, you may attach a copy of your orders.

- The program/service begins/began on: July 1st 2022
- The program/service is expected to end/ended on: June 30th 2025

**I certify, to the best of my knowledge and belief, that:**

- The borrower named above is/was engaged in the program/service indicated in Section 2;
- The borrower and program/service meet all conditions indicated by the borrower's responses in Section 2; and
- The information that I have provided in this section is accurate.

Name of Institution/Organization University of Texas Medical Branch - Dermatology
Address 301 University Blvd. City Galveston State TX Zip Code 77555
Official's Name/Title Michelle Karn / Assistant to the Chairman Telephone 409-772-5047

**Official's Signature** [signature] **Date** 11/22/2023

## SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM

Type or print using dark ink. Enter dates as month-day-year (mm-dd-yyyy). Example: March 14, 2019 = 03-14-2019. Include your name and account number on any documentation that you submit with this form. If you want to apply for a forbearance on loans that are held by different loan holders, you must submit a separate forbearance request to each loan holder. **Return the completed form and any required documentation to the address shown in Section 7.**

Endorsers may request forbearance only when you are required to repay the loan because the borrower is not making payments. For those who have loans made jointly (as co-makers), both borrowers must individually meet the requirements for a forbearance and each of you must submit a separate forbearance request.

## SECTION 6: DEFINITIONS

The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Federal Direct Stafford/Ford (Direct Subsidized) Loans, Federal Direct Unsubsidized Stafford/Ford (Direct Unsubsidized) Loans, Federal Direct PLUS (Direct PLUS) Loans, and Federal Direct Consolidation (Direct Consolidation) Loans.

The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans, Federal PLUS Loans, Federal Consolidation Loans, and Federal Supplemental Loans for Students (SLS).

An **authorized official** for the medical or dental internship/residency forbearance is an official from your internship/residency program. An authorized official for the National Guard State Duty forbearance is your commanding or personnel officer. An authorized official for the Department of Defense Student Loan Repayment Program forbearance is an official from the Department of Defense.

**Capitalization** is the addition of unpaid interest to the principal balance of your loan. Capitalization causes more interest to accrue over the life of the loan and may cause your monthly payment amount to increase. Table 1 (below) provides an example of the monthly payments and the total amount repaid for a $30,000 unsubsidized loan. The example loan has a 6% interest rate and the example deferment or forbearance lasts for 12 months and begins when the loan entered repayment. The example compares the effects of paying the interest as it accrues or allowing it to capitalize.

A **co-maker** is one of the two individual who are joint borrowers on a Direct or Federal Consolidation Loan or a Federal PLUS Loan. Both co-makers are equally responsible for repaying the full amount of the loan.

An **endorser** is an individual who signs a promissory note and agrees to pay the loan if the borrower does not.

A **deferment** is a period during which you are entitled to postpone repayment of your loans. Interest is not generally charged to you during a deferment on your subsidized loans. Interest is always charged to you during a deferment on your unsubsidized loans.

A **forbearance** is a period during which you are allowed to postpone making payments temporarily, allowed an extension of time for making payments, or temporarily allowed to make smaller payments than scheduled. A forbearance can be a mandatory forbearance, meaning that your loan holder must grant the forbearance if you qualify for the forbearance and supply all supporting documentation. A forbearance can also be a discretionary forbearance, meaning that your loan holder may grant the forbearance, but is not required to do so.

The **holder** of your Direct Loan Program loans is the Department. The holder of your FFEL Program loans may be a lender, guaranty agency, secondary market, or the Department. Your loan holder may use a servicer to handle billing and other communications related to your loans. References to "your loan holder" on this form mean either your loan holder or your servicer.

A **subsidized loan** is a Direct Subsidized Loan, a Direct Subsidized Consolidation Loan, a Federal Subsidized Stafford Loan, and portions of some Federal Consolidation Loans.

An **unsubsidized loan** is a Direct Unsubsidized Loan, a Direct Unsubsidized Consolidation Loan, a Direct PLUS Loan, a Federal Unsubsidized Stafford Loan, a Federal PLUS Loan, a Federal SLS, and portions of some Federal Consolidation Loans.

**Table 1. Capitalization Chart**

| Treatment of Interest with Deferment/Forbearance | Loan Amount | Capitalized Interest | Outstanding Principal | Monthly Payment | Number of Payments | Total Repaid |
|---|---|---|---|---|---|---|
| Interest is paid | $30,000 | $0 | $30,000 | $333 | 120 | $41,767 |
| Interest is capitalized at the end | $30,000 | $1,800 | $31,800 | $353 | 120 | $42,365 |
| Interest is capitalized quarterly and at the end | $30,000 | $1,841 | $31,841 | $354 | 120 | $42,420 |

## SECTION 7: WHERE TO SEND THE COMPLETED FORBEARANCE REQUEST

Return the completed form and any documentation to:
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:
(If no phone number is shown, call your loan holder.)

## SECTION 8: IMPORTANT NOTICES

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq. or §451 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq. or 20 U.S.C. 1087a et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the William D. Ford Federal Direct Loan (Direct Loan) Program or Federal Family Education Loan (FFEL) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the Direct Loan or FFEL Programs, to permit the servicing of your loans, and, if it becomes necessary, to locate you and to collect and report on your loans if your loans become delinquent or default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loans, to enforce the terms of the loans, to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions.

To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment statuses, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0018. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 682.211 or 685.205.

**If you have comments or concerns regarding the status of your individual submission of this form, please contact your loan holder directly (see Section 7).**

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# MANDATORY FORBEARANCE REQUEST

**Medical or Dental Internship/Residency, National Guard Duty, or Department of Defense Student Loan Repayment Program Forbearance**
**William D. Ford Federal Direct Loan (Direct Loan Program) / Federal Family Education Loan (FFEL) Program**

OMB No. 1845-0018
Form Approved
Expiration Date
10/31/2024

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER INFORMATION

Please enter or correct the following information.

☐ **Check this box if any of your information has changed.**

SSN 628-34-3099
Name BRINDA CHELLAPPAN
Address 350 N WESLEY DR APT 1316
City LEAGUE CITY State TX Zip Code 77573-7363
Telephone - Primary 972-345-9795
Telephone - Alternate
Email Brinda_Chellappan@yahoo.com

## SECTION 2: BORROWER DETERMINATION OF FORBEARANCE ELIGIBILITY

**Carefully read the entire form before completing it. Complete the applicable part of Section 2 in its entirety.** This form covers three different types of forbearance. Review the information for each forbearance type to determine whether you qualify for that forbearance.

### PART A. MEDICAL OR DENTAL INTERNSHIP/RESIDENCY

You only qualify for this forbearance if you do not qualify for a medical or dental internship/residency deferment.

1. Have you been accepted into an internship/residency?
   - ☑ Yes - Continue to Item 2.
   - ☐ No - You are not eligible for this forbearance.
2. Did your program require for admission that you have a bachelor's degree?
   - ☑ Yes - Continue to Item 3.
   - ☐ No - You are not eligible for this forbearance.
3. Will you receive supervised training in your internship/residency program?
   - ☑ Yes - Continue to Item 4.
   - ☐ No - You are not eligible for this forbearance.
4. Will completion of your program lead to a degree or certificate awarded by an institution of higher education, a hospital, or a health care facility that offers postgraduate training?
   - ☑ Yes - Complete Section 3 and have an authorized official complete Section 4.
   - ☐ No - Continue to Item 5.
5. Is completion of all or a portion of the program required before you can begin professional practice or service?
   - ☑ Yes - Complete Section 3 and have an authorized official complete Section 4. In addition, you must attach a separate statement from the appropriate state licensing agency certifying this requirement.
   - ☐ No - You are not eligible for this forbearance.

### PART B. NATIONAL GUARD DUTY

You only qualify for this forbearance if you do not qualify for a military service deferment.

6. Are you a member of the National Guard?
   - ☐ Yes - Continue to Item 7.
   - ☑ No - You are not eligible for this forbearance.
7. Are you engaged in active state duty for a period of more than 30 consecutive days because a governor activated you based on state statute or policy?
   - ☐ Yes - Continue to Item 8.
   - ☑ No - Skip to Item 9.
8. Is your service being paid for with state funds?
   - ☐ Yes - Skip to Item 11.
   - ☑ No - Continue to Item 9.

**Borrower Name** BRINDA CHELLAPPAN **Borrower SSN** 628-34-3099

## SECTION 2: BORROWER DETERMINATION OF FORBEARANCE ELIGIBILITY (CONTINUED)

**9.** Are you engaged in active state duty for a period of more than 30 consecutive days under which a governor activated you with the approval of the President or the U.S. Secretary of Defense?

- ☐ Yes - Continue to Item 10.
- ☑ No - You are not eligible for this forbearance.

**10.** Is your service being paid for with federal funds?

- ☐ Yes - Continue to Item 11.
- ☑ No - You are not eligible for this forbearance.

**11.** Were you activated no more than 6 months after the last date on which you were enrolled in school at least half-time?

- ☐ Yes - Complete Section 3 and have an authorized official (a commanding or personnel officer) complete Section 4.
- ☑ No - You are not eligible for this forbearance.

### PART C. DEPARTMENT OF DEFENSE STUDENT LOAN REPAYMENT PROGRAM

**12.** Are you performing service that qualifies you for a partial repayment of your loans under any Department of Defense Student Loan Repayment Program?

- ☐ Yes - Complete Section 3 and have an authorized official from the Department of Defense complete Section 4.
- ☑ No - You are not eligible for this forbearance.

## SECTION 3: BORROWER REQUESTS, UNDERSTANDINGS, CERTIFICATIONS, AND AUTHORIZATION

**I request:**

- My loan holder grant forbearance for the period during which I meet the qualifications for the forbearance. If approved for a forbearance, I would like to:
  - Temporarily stop making payments; or
  - Make smaller payments in the amount of _____ per month.
- My loan holder grant my forbearance for up to 12 months unless I specify an earlier end date: _____ .
- If checked, to make interest payments on my loans during forbearance.

**I understand:**

- I am not required to make payments of loan principal or interest during forbearance.
- My forbearance will begin on the later of the date my loan holder determines, or the date the program or service that qualifies me for forbearance began, as certified by the authorized official.
- My loan holder may grant me an additional forbearance while processing my form or to cover any period of delinquency that exists when I submit my form.
- My forbearance will end on the earlier of the date I am no longer eligible for the forbearance, 12 months from the start date of the forbearance, or the end date I requested.
- My forbearance will only be granted in increments of up to 12 months, and I must reapply for the forbearance if I continue to meet the eligibility requirements and want to extend my forbearance.
- Interest may capitalize on my loans during or at the expiration of my forbearance.