

30 SEAMAN AVENUE

APPLICATION FOR RENTAL

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

The undersigned hereby makes application to rent an Apartment at **30 SEAMAN AVENUE**.

APPLICANT INFORMATION					
LAST NAME Jackson	FIRST NAME Jennifer	M.I.	SSN ***-**-****	DRIVER'S LICENSE #	
BIRTH DATE 7/10/1990	PHONE #1 (404) 904-7697 Mobile	ALTERNATE PHONE Mobile	EMAIL jljelearning@gmail.com		
CURRENT ADDRESS					
STREET ADDRESS 28 w 132nd st 1A			CITY New York		
STATE NY	ZIP 10037	DATE IN 8/7/2019	DATE OUT current	MONTHLY RENT \$1,300.00 / Mo.	
LANDLORD NAME HPH Management			LANDLORD PHONE (212) 280-6823		
EMPLOYMENT INFORMATION					
OCCUPATION Teacher		EMPLOYER/COMPANY NYC DOE		SALARY \$105,103.00/Yr.	
SUPERVISOR Lisa Denerstein		SUPERVISOR PHONE (718) 935-4000	START DATE	END DATE current	
EMPLOYER ADDRESS 215 w 114th St		CITY New York	STATE NY	ZIP 10027	
BACKGROUND INFORMATION					
Have you ever filed for bankruptcy? NO					
Have you ever willfully or intentionally refused to pay rent when due? NO					
Have you ever been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name. NO					
AGREEMENT					
☒ Bronstein Properties, LLC Anti-Discrimination Notice and Acknowledgement Bronstein Properties, LLC does not discriminate based upon an applicant's lawful source of income and accepts vouchers and subsidy programs for apartments where the asking rent is within the voucher or subsidy payment standard. Such subsidies, or vouchers, include, but are not limited to: Section 8, HASA, LINC I-VI, FHEPS, CITY FEPS, TBRA, HUD-VASH, and SEPS. Additionally, Bronstein Properties, LLC does not discriminate against applicants based upon Age, Alienage or Citizenship Status, Color, Disability, Gender, Gender Identity, Lawful Occupation, Marital or Partnership Status, Race, Religion/Creed, National Origin, Pregnancy, The Presence of Children, Sexual Orientation, Status as a victim of domestic violence, stalking, and sex offenses, Status as a Veteran or Active Military Service Member. By utilizing this notice and/or listing in any manner, you acknowledge that as a broker and/or agent of Bronstein Properties, LLC (whether disclosed or undisclosed), you have read, understood, and agree to comply with our policy set forth in this notice. This document may not be edited.					
ADDITIONAL INFORMATION					
AQUARIUM? NO	WATERBED? NO	BOAT? NO	MOTORHOME? NO	MOTORCYCLE? NO	OTHER? NO
OTHER INFORMATION					
HOW DID YOU HEAR ABOUT THIS PROPERTY? Streeteasy.com					
PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION My initial paystubs are lower because NYCDOE starts all teachers off at a base salary of 75k until their salary increase application is processed which usually takes about a month. that is why you will see retro pay on the later stubs to account for the difference in the earlier stubs. Also, I will attach certificates that show my salary step and differential and you can pull the salary schedule which is public with the NYCDOE to see that it falls at 105k.					
APARTMENT APPLYING FOR 30 Seaman Avenue 2AA					

RENTER'S INSURANCE**INSURANCE SELECTION**

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 **30 SEAMAN AVENUE** 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 **30 SEAMAN AVENUE** 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 **30 SEAMAN AVENUE**, 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 **30 SEAMAN AVENUE** 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 **30 SEAMAN AVENUE**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at <https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf>.

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

APPLICATION FOR JENNIFER JACKSON SUBMITTED ONLINE on June 27, 2025**Signed by Jennifer Jackson**

Fri Jun 27 2025 09:38:11 PM EDT

Key: 0F191707; IP Address: 10.33.14.19

Jennifer Jackson (*Applicant*)

Date

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

Application Fee for Jennifer Jackson - Charge Details			
Name on Card Jennifer Jackson	Account Number XXXXXXXXXXXX1548	Reference Number 15960903	Authorized \$23.00
Transaction T2506272138_XD5LL4	Transaction Date 6/27/2025 6:38 PM PDT	<i>Includes \$3.00 convenience fee:</i>	Charged \$23.00



NYC Fair Chance Housing Notice: Criminal Records

As of January 1, 2025, in NYC, it is illegal for most housing providers to discriminate on the basis of a conviction history in rentals or sales, including co-ops and condos.

The protections of the NYC Fair Chance Housing Law apply to current tenants as well as applicants.

It is a violation of the Law for covered housing providers to:

Make statements about criminal background checks or criminal records or express limitations on this basis in ads and applications

Treat applicants or tenants differently because of a conviction history except as allowed by the Fair Chance Housing Law.

Covered housing providers **may NEVER** change the terms of a sale or lease because of a conviction history. Covered housing providers **may** revoke a housing offer or decline to renew a lease **ONLY** based on limited kinds of convictions and **ONLY** when they follow the requirements of the Fair Chance Housing Law.

The NYC Fair Chance Housing Law does not require housing providers to run criminal background checks. Any housing provider can accept a renter or buyer without following the steps below. The steps below are only for covered housing providers that choose to run a background check.



If a Covered Housing Provider Chooses to Run a Criminal Background Check: You Have Rights.

Covered housing providers **must first** consider your general housing eligibility (ability to meet lease terms) AND make a conditional offer of housing. **Only after** this conditional offer is it lawful for a covered housing provider to run a criminal background check.

Before conducting a criminal background check, covered housing providers must:

- Make you a conditional offer of housing AND
- Give you a copy of this notice explaining your rights

Housing providers are also responsible for compliance with laws governing the collection and use of personal information, such as Federal and State Fair Credit Reporting Acts.

Conditional Offer of Housing

A conditional offer of housing is a **written lease, rental agreement, or agreement for a sale** that conditionally commits a unit(s) to a renter or buyer and can only be revoked in limited circumstances. Next a covered housing provider chooses either:

NOT to conduct a criminal background check

At this time, the housing provider can either finalize the offer or revoke it for a lawful, non-discriminatory purpose that is unrelated to conviction history.

TO conduct a criminal background check

It is illegal for the housing provider to seek or review your conviction history before you have a conditional offer.



Criminal Background Check

If a covered housing provider chooses to run a criminal background check after making you a conditional offer, they may only consider **very limited** categories of convictions:

- convictions that require registration on a sex offense registry at the time of the background check
- felony convictions from the last 5 years, except those below
- misdemeanor convictions from the last 3 years, except those below

The 3 or 5 years are measured from the **actual date of release OR the sentencing date** (if the sentence does not include jail or prison time), regardless of probation or parole status.

A covered housing provider can **NEVER** consider arrests or pending cases, or:

- convictions that were sealed, expunged, are under an executive pardon or certificate of relief from disabilities, or legally nullified or vacated
- convictions for violations, which are non-criminal offenses such as disorderly conduct
- convictions under federal law or another state's law for conduct related to reproductive or gender affirming care that is lawful in New York State
- convictions under federal law or another state's law for cannabis possession that does not constitute a felony in New York State
- Adjudgments in Contemplation of Dismissal (ACDs)
- adjudications as a youthful offender or for juvenile delinquency
- terminations in favor of an individual, including but not limited to, acquittals, reversals upon appeal, and exonerations)
- Dispositions of criminal matters under federal law or another state's law that are comparable to those listed here.

It is illegal for a covered housing provider to consider information in these categories. In addition, tenant screening companies may be held liable under federal fair housing laws for discriminatory decisions by housing providers.



Right to Provide Support for Your Application

After considering only reviewable convictions, a covered housing provider that wants to revoke a housing offer must **FOLLOW THE FAIR CHANCE HOUSING PROCESS** while holding a unit open. They must:

1. Give you a copy of all criminal history information they received and/or reviewed
2. Allow you 5 business days to respond by:
 - pointing out errors in the conviction history
 - identifying any information that should not have been considered (any information outside the lawfully reviewable convictions)
 - sharing information on your background, personal and professional references, and/or any information that supports your application.

You are not required to provide information to support your application at this stage. A housing provider must complete an individualized assessment even if you do not provide supporting information.



Right to an Individualized Assessment of Your Application

A covered housing provider must conduct an individualized assessment of the reviewable convictions, together with any other information that you have timely submitted.



A covered housing provider **CANNOT** revoke a conditional offer of housing after running a criminal background check except in two **limited circumstances**:

After conducting an individualized assessment if they show in writing BOTH:

- a legitimate business interest AND
- how the legitimate business interest is linked to your individual history.

If they show *new information, unrelated to criminal history*, that impacts your qualifications for tenancy and that they did not know at the time of your conditional offer.

Legitimate Business Interest

A covered housing provider's legitimate business interest must be specific and objective. Compliance with a particular lease term is a permissible legitimate business interest. Purely discriminatory motives, stigma, stereotypes, or assumptions never constitute a legitimate business interest.

A covered housing provider that shows a legitimate business interest must also **explain** the link between that interest and your particular individual history in light of the individual information you shared to justify a decision to revoke your conditional offer of housing. **The existence of a conviction alone never creates that link.**

The following are not legitimate business interests and do not establish a sufficient link to justify a housing provider's decision to revoke an offer:

- "I don't want a hot spot for law enforcement"
- "The applicant seems likely to commit another crime and I want tenant safety"
- "This is a family building"
- "We don't want bad guys hanging around"
- "My tenants don't want criminals"
- "My insurance rates will go up"
- "This will impact my property value"

Revoking a Conditional Offer of Housing

Before a covered housing provider can revoke a conditional offer because of your criminal history, the housing provider **MUST** take the following steps:

1. Do an individualized assessment of your reviewable convictions **AND** the information you provided
2. Give you copies of all documents that it received and/or reviewed
3. Give you a written statement that explains:
 - the decision to revoke based on your conviction history **AND** the link to a legitimate business interest
 - how your individual information and circumstances were taken into account

Exemptions for Housing Providers

- Housing provider-occupied properties with 2 or fewer rooms or units are not covered by the NYC Fair Chance Housing Law.
- State or federally funded housing providers, including public housing authorities that are required or authorized to take specific actions related to criminal history **CAN** take such specific actions without violating the NYC Fair Chance Housing Law.

For additional information about tenants' and buyers' rights & housing providers' responsibilities under the NYC Fair Chance Housing Law, and to see this notice in multiple languages, visit [NYC.gov/FairChanceHousing](https://www.nyc.gov/fairchancehousing).

REMINDER: All New Yorkers have a right to be free from retaliation in housing. It is illegal for housing providers in NYC to punish you or treat you negatively for telling them about your rights or for reporting discrimination or harassment.



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 Jennifer Jackson**The property's screening criteria result****APPROVE**

This application meets your requirements based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications.

Score for Jennifer Jackson: 711

	Importance	Result
AI Score	Pass/Fail	
No Credit	Pass/Fail	
Total annual income to rent ratio exceeds 40.0	Pass/Fail	
May have been through a bankruptcy	Pass/Fail	
No Foreclosures	Pass/Fail	
No Utility Collections	Pass/Fail	
No unpaid rental collections	Pass/Fail	



Rental Report for Jennifer Jackson, 6/29/2025 for 2aa at 30 SEAMAN AVENUE

Credit Quick Summary		
Total annual income (reported by Applicant)	\$105,103.00	
Total combined annual income to rent ratio	57.59 (based on rent of \$1,825.00)	
Total number of accounts	54	
Accounts with no late payments	54 (0 unpaid past due)	
Accounts paid 30-59 days past due	0 (0 unpaid past due)	
Accounts paid 60-89 days past due	0 (0 unpaid past due)	
Accounts paid more than 90 days past due	0 (0 unpaid past due)	
Total outstanding balance	\$73,064.00 (\$0.00 past due)	
Outstanding revolving debt	\$12,690.00 (7% of limit) (\$0.00 past due)	
Outstanding loan balance	\$60,374.00 (\$0.00 past due)	
Bankruptcies, foreclosures, and legal items	0	
Collection total balance (includes past due)	\$0.00	
Rental History records found	0	

Identity	From Application	From Equifax
Name:	Jennifer Jackson	JENNIFER JACKSONJACKSON JENNIFER L. JACKSON
SSN:	***_**_****	***_**_****
Birth Date:	7/**/1990	7/**/1990

Addresses	From Application	From Equifax
	28 w 132nd st 1A New York, NY 10037 - US	28 W 132ND ST. 1A NEW YORK, NY 10037 (Applicant) Reported 6/2025 277 LILLIQUIN DR. THOMASVILLE, GA 31757 (Applicant) Reported 5/2025 2000 MONROE PL NE APT 2102 ATLANTA, GA 30324 (Applicant) Reported 1/2025 826 TURKEY TROT DR. THOMASVILLE, GA 31792 (Applicant) Reported 11/2022 350 MARCUS GARVEY BLVD 3 BROOKLYN, NY 11221 (Applicant) Reported 5/2020 3448 N DRUID HILLS RD. L DECATUR, GA 30033 (Applicant) Reported 5/2019 832 CHATTAHOOCHEE CIR. ROSWELL, GA 30075 (Applicant) Reported 11/2017 4708 MYSTIC CT NE ROSWELL, GA 30075 (Applicant) Reported 11/2013

Employment	From Application	From Equifax
Applicant:	Teacher NYC DOE \$105,103.00/Yr. Total annual Income: \$105,103.00	TEACHER KIPP SCHOOLS TEACHER KIPPMETROATLANTA

Restricted Person Search		
Requested For Jennifer Jackson	Requested 6/29/2025	Returned 6/29/2025
Results No Records Found		

Risk Models		
From RealPage		
Risk Model Name RealPage AI Score (Applicant)	Score 711	Score Factors Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History
Description RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer).		

From Equifax		
Risk Model Name Credit Score (Applicant)	Score 669	Score Factors Total of all balances on bankcard or revolving accounts is too high Lack of sufficient relevant real estate account information Available credit on your open bankcard or revolving accounts is too low The date that you opened your oldest account is too recent
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).		

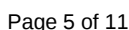
Credit Accounts							
From Equifax							
Account Name MISSOURI HIGHER EDUC (Applicant)	Opened 5/2024	Last Active 2/2025	30-59	60-89	90+	Past Due	Balance \$31,387.00
	Monthly Payment \$203.00	High Credit \$31,049.00	Type INSTALLMENT	Comments FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 3/25 1/25 11/24 9/24 7/24						
Account Name MISSOURI HIGHER EDUC (Applicant)	Opened 8/2024	Last Active 3/2025	30-59	60-89	90+	Past Due \$0.00	Balance \$12,249.00
	Monthly Payment	High Credit \$11,600.00	Type INSTALLMENT	Comments STUDENT LOAN - PAYMENT DEFERRED FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 4/25 2/25 12/24 10/24						



Rental Report for Jennifer Jackson, 6/29/2025 for 2aa at 30 SEAMAN AVENUE

Account Name UPSTART NETWORK INC (Applicant)	Opened 8/2024	Last Active 5/2025	30-59	60-89	90+	Past Due	Balance \$9,274.00
	Monthly Payment \$263.00	High Credit \$9,200.00	Type INSTALLMENT	Comments FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History 000000000000 6/254/252/2512/2410/24						
Account Name BEST EGG (Applicant)	Opened 1/2024	Last Active 4/2025	30-59	60-89	90+	Past Due	Balance \$5,444.00
	Monthly Payment \$268.00	High Credit \$7,000.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
	Payment History 000000000000000000 5/253/251/2511/249/247/245/243/24						
Account Name APPLE CARD - GS BANK (Applicant)	Opened 12/2020	Last Active 4/2025	30-59	60-89	90+	Past Due	Balance \$4,300.00
	Monthly Payment \$128.00	High Credit \$5,890.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 00000000000000000000000000 5/253/251/2511/249/247/245/243/241/2411/239/237/23						
Account Name U.S. BANK (Applicant)	Opened 9/2024	Last Active 4/2025	30-59	60-89	90+	Past Due	Balance \$4,126.00
	Monthly Payment \$40.00	High Credit \$2,390.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0000000000 5/253/251/2511/24						
Account Name SYNCB/PAYPAL (Applicant)	Opened 10/2019	Last Active 4/2025	30-59	60-89	90+	Past Due	Balance \$2,094.00
	Monthly Payment \$69.00	High Credit \$3,094.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 000000000000000000000000000000 5/253/251/2511/249/247/245/243/2411/239/237/23						
Account Name CAPITAL ONE BANK USA (Applicant)	Opened 4/2017	Last Active 5/2025	30-59	60-89	90+	Past Due	Balance \$2,047.00
	Monthly Payment \$25.00	High Credit \$3,560.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0000000000000000000000000000 6/254/252/2512/2410/248/246/244/242/2412/2310/238/23						

Rental Report for Jennifer Jackson, 6/29/2025 for 2aa at 30 SEAMAN AVENUE

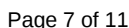
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Rental Report for Jennifer Jackson, 6/29/2025 for 2aa at 30 SEAMAN AVENUE

Account Name BANK OF AMERICA (Applicant)	Opened 6/2019	Last Active 8/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$5,780.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			
	Payment History 0 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23 2/23 12/22						
Account Name SYNCB/CARE CREDIT (Applicant)	Opened 3/2015	Last Active 11/2019	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$4,999.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			
	Payment History 0 1/22 11/21 9/21 7/21 5/21 3/21 1/21 11/20 9/20 7/20 5/20 3/20						
Account Name NELNET LOAN SERVICIN (Applicant)	Opened 9/2008	Last Active 3/2023	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$3,500.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 5/23 3/23 1/23 11/22 9/22 7/22 5/22 3/22 1/22 11/21 9/21 7/21						
Account Name BANK OF AMERICA (Applicant)	Opened 5/2015	Last Active 7/2021	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$2,998.00	Type REVOLVING	Comments ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			
	Payment History 0 9/21 7/21 5/21 3/21 1/21 11/20 9/20 7/20 5/20 3/20 1/20 11/19						
Account Name SYNCB/AMAZON PLCC (Applicant)	Opened 2/2017	Last Active 9/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$2,153.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			
	Payment History 0 1/25 11/24 9/24 7/24 5/24 3/24 1/24 11/23 9/23 7/23 5/23 3/23						
Account Name NELNET LOAN SERVICIN (Applicant)	Opened 9/2009	Last Active 3/2023	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$1,751.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 5/23 3/23 1/23 11/22 9/22 7/22 5/22 3/22 1/22 11/21 9/21 7/21						

Rental Report for Jennifer Jackson, 6/29/2025 for 2aa at 30 SEAMAN AVENUE

Account Name UPSTART NETWORK INC (Applicant)	Opened 7/2021	Last Active 1/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$1,700.00	Type INSTALLMENT	Comments FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History 0 2/ 12/ 10/ 8/ 6/ 4/ 2/ 12/ 10/ 8/ 6/ 4/ 2/ 24 23 23 23 23 23 23 22 22 22 22 22 22						
Account Name BANK OF AMERICA (Applicant)	Opened 2/2017	Last Active 10/2020	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$1,555.00	Type REVOLVING	Comments ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			
	Payment History 0 12/ 10/ 8/ 6/ 4/ 2/ 12/ 10/ 8/ 6/ 4/ 2/ 20 20 20 20 20 20 19 19 19 19 19 19						
Account Name CITICARDS CBNA (Applicant)	Opened 3/2023	Last Active 9/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$1,484.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			
	Payment History 0 1/ 11/ 9/ 7/ 5/ 3/ 1/ 11/ 9/ 7/ 5/ 25 24 24 24 24 24 24 23 23 23 23 23						
Account Name BARCLAYS BANK DELAWA (Applicant)	Opened 5/2016	Last Active 6/2018	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$1,092.00	Type REVOLVING	Comments ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			
	Payment History 0 3/ 1/ 11/ 9/ 7/ 5/ 3/ 1/ 11/ 9/ 25 25 24 24 24 24 24 24 23 23 23						
Account Name TBOM MIL (Applicant)	Opened 8/2023	Last Active 11/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$746.00	Type REVOLVING	Comments ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			
	Payment History 0 3/ 1/ 11/ 9/ 7/ 5/ 3/ 1/ 11/ 9/ 25 25 24 24 24 24 24 24 23 23 23						
Account Name SYNCB/CARE CREDIT (Applicant)	Opened 10/2021	Last Active 5/2022	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$564.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			
	Payment History 0 3/ 1/ 11/ 9/ 7/ 5/ 3/ 1/ 11/ 23 23 22 22 22 22 22 22 21						
Account Name BANK OF AMERICA (Applicant)	Opened 5/2024	Last Active 7/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$500.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 0 0 0 8/ 6/ 24 24						



Rental Report for Jennifer Jackson, 6/29/2025 for 2aa at 30 SEAMAN AVENUE

Account Name BANK OF AMERICA (Applicant)	Opened 1/2024	Last Active 3/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$500.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 0 0 4/242/24						
Account Name BANK OF AMERICA (Applicant)	Opened 8/2023	Last Active 10/2023	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$500.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 0 0 11/239/23						
Account Name MISSION LANE TAB BAN (Applicant)	Opened 11/2022	Last Active 11/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$451.00	Type REVOLVING	Comments ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			
	Payment History 0 2/2512/2410/248/246/244/242/2412/2310/238/236/234/23						
Account Name SYNCB/CARE CREDIT (Applicant)	Opened 3/2023	Last Active 7/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$427.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			
	Payment History 0 12/2410/248/246/244/242/2412/2310/238/236/234/23						
Account Name CB INDIGO (Applicant)	Opened 11/2022	Last Active 11/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$363.00	Type REVOLVING	Comments ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			
	Payment History 0 3/251/2511/249/247/245/243/241/2411/239/237/235/23						
Account Name BANK OF AMERICA (Applicant)	Opened 12/2022	Last Active 2/2023	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$200.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 0 0 3/231/23						

Account Name SYNCBPAYPALEXTRA (Applicant)	Opened 3/2024	Last Active 8/2024	30-59	60-89	90+	Past Due	Balance \$0.00																									
	Monthly Payment	High Credit \$158.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed																												
	Payment History <table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>6/25</td><td></td><td>4/25</td><td></td><td>2/25</td><td></td><td>12/24</td><td></td><td>10/24</td><td></td><td>8/24</td><td></td><td>6/24</td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	6/25		4/25		2/25		12/24		10/24		8/24	
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6/25		4/25		2/25		12/24		10/24		8/24		6/24																				
Account Name AMERICAN EXPRESS (Applicant)	Opened 9/2019	Last Active 9/2020	30-59	60-89	90+	Past Due	Balance \$0.00																									
	Monthly Payment	High Credit \$95.00	Type REVOLVING	Comments ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed																												
	Payment History <table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>11/20</td><td></td><td>9/20</td><td></td><td>7/20</td><td></td><td>5/20</td><td></td><td>3/20</td><td></td><td>1/20</td><td></td><td>11/19</td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	11/20		9/20		7/20		5/20		3/20		1/20	
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11/20		9/20		7/20		5/20		3/20		1/20		11/19																				
Account Name AZUMA LEASING (Applicant)	Opened 5/2016	Last Active 4/2017	30-59	60-89	90+	Past Due	Balance \$0.00																									
	Monthly Payment	High Credit \$51.00	Type OPEN ACCOUNT	Comments Rate/Status 1: Pays account as agreed																												
Account Name SYNCB/AMAZON PLCC (Applicant)	Opened 12/2013	Last Active 8/2014	30-59	60-89	90+	Past Due	Balance \$0.00																									
	Monthly Payment	High Credit \$1.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed																												
Account Name CAPITAL ONE BANK USA (Applicant)	Opened 3/2025	Last Active	30-59	60-89	90+	Past Due	Balance \$0.00																									
	Monthly Payment	High Credit \$0.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed																												
	Payment History <table><tr><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>6/25</td><td></td><td>4/25</td><td></td><td></td><td></td><td></td><td></td></tr></table>							0	0	0						6/25		4/25														
0	0	0																														
6/25		4/25																														
Account Name SYNCB/OLD NAVY DC (Applicant)	Opened 11/2019	Last Active	30-59	60-89	90+	Past Due	Balance \$0.00																									
	Monthly Payment	High Credit \$0.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																												
Account Name BARCLAYS BANK DELAWA (Applicant)	Opened 8/2014	Last Active	30-59	60-89	90+	Past Due	Balance \$0.00																									
	Monthly Payment	High Credit \$0.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																												
Account Name SYNCB/BELK (Applicant)	Opened 10/2012	Last Active	30-59	60-89	90+	Past Due	Balance \$0.00																									
	Monthly Payment	High Credit \$0.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed																												



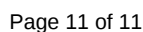
Rental Report for Jennifer Jackson, 6/29/2025 for 2aa at 30 SEAMAN AVENUE

Account Name MISSOURI HIGHER EDUC (Applicant)	Opened 3/2024	Last Active 7/2024	30-59	60-89	90+	Past Due	Balance
	Monthly Payment	High Credit \$5,500.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
Account Name MISSOURI HIGHER EDUC (Applicant)	Opened 3/2024	Last Active 7/2024	30-59	60-89	90+	Past Due	Balance
	Monthly Payment	High Credit \$4,500.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
Account Name MISSOURI HIGHER EDUC (Applicant)	Opened 3/2024	Last Active 7/2024	30-59	60-89	90+	Past Due	Balance
	Monthly Payment	High Credit \$3,500.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
Account Name MISSOURI HIGHER EDUC (Applicant)	Opened 3/2024	Last Active 7/2024	30-59	60-89	90+	Past Due	Balance
	Monthly Payment	High Credit \$3,000.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
Account Name MISSOURI HIGHER EDUC (Applicant)	Opened 3/2024	Last Active 7/2024	30-59	60-89	90+	Past Due	Balance
	Monthly Payment	High Credit \$3,000.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
Account Name MISSOURI HIGHER EDUC (Applicant)	Opened 3/2024	Last Active 7/2024	30-59	60-89	90+	Past Due	Balance
	Monthly Payment	High Credit \$2,000.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
Account Name MISSOURI HIGHER EDUC (Applicant)	Opened 3/2024	Last Active 7/2024	30-59	60-89	90+	Past Due	Balance
	Monthly Payment	High Credit \$2,000.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
Account Name MISSOURI HIGHER EDUC (Applicant)	Opened 3/2024	Last Active 7/2024	30-59	60-89	90+	Past Due	Balance
	Monthly Payment	High Credit \$2,000.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
Account Name MISSOURI HIGHER EDUC (Applicant)	Opened 3/2024	Last Active 7/2024	30-59	60-89	90+	Past Due	Balance
	Monthly Payment	High Credit \$1,347.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
Account Name MISSOURI HIGHER EDUC (Applicant)	Opened 3/2024	Last Active 7/2024	30-59	60-89	90+	Past Due	Balance
	Monthly Payment	High Credit \$1,313.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			

Rental Report for Jennifer Jackson, 6/29/2025 for 2aa at 30 SEAMAN AVENUE

Account Name CREDIT ONE BANK (Applicant)	Opened 1/2018	Last Active 8/2024	30-59	60-89	90+	Past Due	Balance
	Monthly Payment	High Credit \$1,289.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			
	Payment History						
	0 9/ 247/ 245/ 243/ 241/ 2411/ 239/ 237/ 235/ 233/ 231/ 2311/ 22						
Account Name MISSOURI HIGHER EDUC (Applicant)	Opened 3/2024	Last Active 7/2024	30-59	60-89	90+	Past Due	Balance
	Monthly Payment	High Credit \$1,102.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
Account Name MISSOURI HIGHER EDUC (Applicant)	Opened 3/2024	Last Active 7/2024	30-59	60-89	90+	Past Due	Balance
	Monthly Payment	High Credit \$438.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			

Previous Credit Inquiries	
From Equifax	
6/2025	CAPITAL ONE (Applicant)
9/2024	CBNA (Applicant)
8/2024	UPSTART NETWORK INC (Applicant)



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

A Summary of Your Rights Under the Fair Credit Reporting Act

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

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

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

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

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

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

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

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

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

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

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

A Summary of Your Additional Rights in New York

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

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

Equifax Security Freeze

P.O. Box 105788

Atlanta, GA 30348

(800) 685-1111

<https://www.freeze.equifax.com>

Experian Security Freeze

P.O. Box 9554

Allen, TX 75013

(888) 397-3742

<https://www.experian.com/freeze/center.html>

TransUnion LLC

P.O. Box 2000

Chester, PA 19022-2000

(888) 909-8872

www.transunion.com/personal-credit/credit-disputes/credit-freezes.page

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

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

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

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

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

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

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*

3

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA

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

P

USA

597730578

Surname / Nom / Apellidos

JACKSON

Given Names / Prénoms / Nombres

JENNIFER LYNN

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

10 Jul 1990

Place of birth / Lieu de naissance / Lugar de nacimiento

GEORGIA, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

01 Oct 2018

Date of expiration / Date d'expiration / Fecha de caducidad

30 Sep 2028

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

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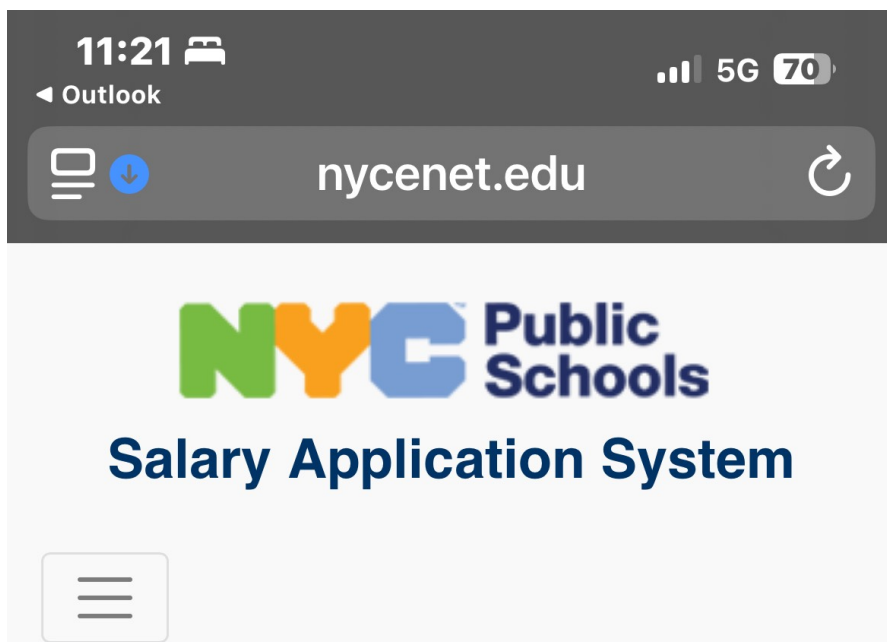
Authority / Autorité / Autoridad

United States

Department of State

USA

P<USA JACKSON<<JENNIFER<LYNN<<<<<<<<<<<<<<<<
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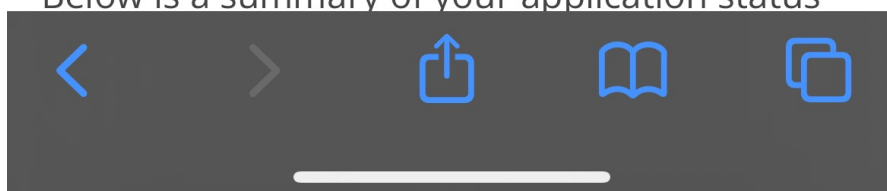
Welcome, Jennifer Jackson!

According to our records, you are an existing employee of the NYC Department of Education, with the following salary codes:

- Salary Differential: UA
- Salary Step: 8B

PLEASE NOTE: Effective 9/1/2019, there are changes in the requirements for teachers applying for the "Second" Salary Differential (i.e. Bachelor's Degree + Master's degree + 30 additional credits). Please visit the DOE [website](#) for additional information on Salary Differentials and Salary Steps

Below is a summary of your application status



REVISED 5/99

The City of New York				EMPLOYEE				Payroll Management System			
DIRECT DEPOSIT PAY STATEMENT											
ITEM #	PAY PERIOD	PAYDATE	PAYROLL #		WORK UNIT	CHECK NUMBER	DISTRIBUTION #				
	05/16/25	05/31/25	05/30/25	742		Z84471841	03M415				
PENSION #	ELECTRONIC FUND TRANSFER INFORMATION			JSN	FEDERAL	STATE	REFERENCE #	CD	EMPLOYEE NAME		
171273	XXXXXX0052			1	D	A	2021759		JACKSON, JENNIFER		
TAX INFO	TOTAL EARNINGS	FEDERAL TAX	SOCIAL SECURITY	MEDICARE	STATE TAX	CITY TAX	CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD			
THIS PERIOD	4,379.29	570.67	271.51	63.50	221.02	164.18		1,487.95			
YEAR TO DATE	22,046.76	2,912.46	1,366.89	319.68	1,160.07	827.30		NET PAY			
DESCRIPTION		UNITS / HOUR	AMT. EARNED PRIOR PERIOD	UNITS / HOUR	AMT. EARNED THIS PERIOD	LEAVE BALANCE AS OF: 06/26/25			2,891.34		
RECURRING GROS					4,379.29	DESCRIPTION		BALANCE AVAILABLE H.H. : M.M.	DESCRIPTION		BALANCE AVAILABLE H.H. : M.M.
						CARTOTAL		4 0 0			
Note: Leave Balances are based on the most current data from the Cumulative Absence Reserve screen in EIS. Data is based on Pay Stub printing date											
OTHER ITEMIZED DEDUCTIONS											
DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO	BALANCE DUE OR INSTALLMENT LEFT	DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO	BALANCE DUE OR INSTALLMENT LEFT		
TRS 414H STD		-197.07									
OTHER ITEMIZED DEDUCTIONS											

Pay stub printed on 06/26/25

REVISED 5/99

The City of New York				EMPLOYEE				Payroll Management System			
ITEM #	PAY PERIOD		PAYDATE	DIRECT DEPOSIT PAY STATEMENT				PAYROLL #	WORK UNIT	CHECK NUMBER	DISTRIBUTION #
	04/16/25	04/30/25	04/30/25					742		Z83987782	03M415
PENSION #	ELECTRONIC FUND TRANSFER INFORMATION			JSN	FEDERAL	STATE	REFERENCE #	CD	EMPLOYEE NAME		
171273	XXXXXX0052			1	D	A	2021759		JACKSON, JENNIFER		
TAX INFO	TOTAL EARNINGS	FEDERAL TAX	SOCIAL SECURITY	MEDICARE	STATE TAX	CITY TAX	CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD			
THIS PERIOD	7,343.74	1193.50	455.31	106.48	440.00	290.17		2,815.93			
YEAR TO DATE	13,460.93	1,807.41	834.58	195.18	728.82	506.28		NET PAY			
DESCRIPTION		UNITS / HOUR	AMT. EARNED PRIOR PERIOD	UNITS / HOUR	AMT. EARNED THIS PERIOD	LEAVE BALANCE AS OF: 06/28/25		4,527.81			
RECURRING GROS					4,206.54	DESCRIPTION		BALANCE AVAILABLE	DESCRIPTION		BALANCE AVAILABLE
RETRO SAL ADJ					3,137.20	CARTOTAL		4 0 0			
Note: Leave Balances are based on the most current data from the Cumulative Absence Reserve screen in EIS. Data is based on Pay Stub printing date											
OTHER ITEMIZED DEDUCTIONS											
DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO	BALANCE DUE OR INSTALLMENT LEFT	DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO	BALANCE DUE OR INSTALLMENT LEFT		
TRS 414H STD		-330.47									
OTHER ITEMIZED DEDUCTIONS											

Pay stub printed on 06/28/25

REVISED 5/99

The City of New York				EMPLOYEE				Payroll Management System			
ITEM #	PAY PERIOD		PAYDATE	DIRECT DEPOSIT PAY STATEMENT				PAYROLL #	WORK UNIT	CHECK NUMBER	DISTRIBUTION #
	05/01/25	05/15/25	05/15/25					742		Z84288628	03M415
PENSION #	ELECTRONIC FUND TRANSFER INFORMATION			JSN	FEDERAL	STATE	REFERENCE #	CD	EMPLOYEE NAME		
171273	XXXXXX0052			1	D	A	2021759		JACKSON, JENNIFER		
TAX INFO	TOTAL EARNINGS	FEDERAL TAX	SOCIAL SECURITY	MEDICARE	STATE TAX	CITY TAX	CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD			
THIS PERIOD	4,206.54	534.38	260.80	61.00	210.23	156.84		1,412.54			
YEAR TO DATE	17,667.47	2,341.79	1,095.38	256.18	939.05	663.12		NET PAY			
DESCRIPTION		UNITS / HOUR	AMT. EARNED PRIOR PERIOD	UNITS / HOUR	AMT. EARNED THIS PERIOD	LEAVE BALANCE AS OF:		06/28/25			
RECURRING GROS					4,206.54			2,794.00			
DESCRIPTION		BALANCE AVAILABLE	DESCRIPTION		BALANCE AVAILABLE						
CARTOTAL		4 0 0									
Note: Leave Balances are based on the most current data from the Cumulative Absence Reserve screen in EIS. Data is based on Pay Stub printing date											
OTHER ITEMIZED DEDUCTIONS											
DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO	BALANCE DUE OR INSTALLMENT LEFT	DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO	BALANCE DUE OR INSTALLMENT LEFT		
TRS 414H STD		-189.29									
OTHER ITEMIZED DEDUCTIONS											

Pay stub printed on 06/28/25

REVISED 5/99

The City of New York				EMPLOYEE				Payroll Management System							
ITEM #		PAY PERIOD		PAYDATE		DIRECT DEPOSIT PAY STATEMENT				PAYROLL #	WORK UNIT	CHECK NUMBER	DISTRIBUTION #		
		05/16/25		05/31/25		05/30/25						747	784471R41	01M415	
PENSION #		ELECTRONIC FUND TRANSFER INFORMATION				JSN	REASON FOR EXTENSION	DATE	REFERENCE #	CD	EMPLOYEE NAME				
171273		XXXXX0052				1	D	0	A	0	2021759	JACKSON, JENNIFER			
TAX INFO		TOTAL EARNINGS		FEDERAL TAX		SOCIAL SECURITY		MEDICARE		STATE TAX		CITY TAX		CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD
THIS PERIOD		4,379.29		570.67		271.51		63.50		221.02		164.18			1,487.95
YEAR TO DATE		22,046.76		2,912.46		1,366.89		319.68		1,160.07		827.30			NET PAY
DESCRIPTION		UNITS / HOUR	AMT. EARNED PRIOR PERIOD		UNITS / HOUR	AMT. EARNED THIS PERIOD		LEAVE BALANCE AS OF:		06/26/25		2,891.34			
RECURRING GROS						4,379.29		DESCRIPTION		BALANCE AVAILABLE		DESCRIPTION			
								CAR TOTAL		4 0 0					
Note: Leave Balances are based on the most current data from the Cumulative Absence Reserve screen in EIS. Data is based on Pay Stub printing date															
DESCRIPTION		AMOUNT THIS PERIOD		GROSS AMOUNT OR TOTAL INSTALLMENT NO.		BALANCE DUE OR RESALVANT LEFT		DESCRIPTION		AMOUNT THIS PERIOD		GROSS AMOUNT OR TOTAL INSTALLMENT NO.		BALANCE DUE OR RESALVANT LEFT	
TRS 414H STD		-197.07													
OTHER ITEMIZED DEDUCTIONS															

Pay stub printed on 06/26/25

REVISED 5/99

The City of New York				EMPLOYEE				Payroll Management System			
ITEM #	PAY PERIOD		PAYDATE	DIRECT DEPOSIT PAY STATEMENT				PAYROLL #	WORK UNIT	CHECK NUMBER	DISTRIBUTION #
	06/16/25	06/30/25	06/30/25					742		Z84838302	03M415
PENSION #	ELECTRONIC FUND TRANSFER INFORMATION			JSN	FEDERAL MS EXEMPT	STATE MS EXEMPT	REFERENCE #	CD	EMPLOYEE NAME		
171273	XXXXXX0052			1	D	0	A	0	2021759	JACKSON, JENNIFER	
TAX INFO	TOTAL EARNINGS	FEDERAL TAX	SOCIAL SECURITY	MEDICARE	STATE TAX	CITY TAX	CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD			
THIS PERIOD	4,379.29	570.67	271.52	63.50	221.02	164.18		1,556.93			
YEAR TO DATE	31,530.89	4,206.24	1,954.91	457.20	1,655.44	1,186.50		NET PAY			
DESCRIPTION		UNITS / HOUR	AMT. EARNED PRIOR PERIOD	UNITS / HOUR	AMT. EARNED THIS PERIOD	LEAVE BALANCE AS OF: 06/26/25		2,822.36			
RECURRING GROS					4,379.29						
DESCRIPTION		BALANCE AVAILABLE H.H. : M.M.		DESCRIPTION		BALANCE AVAILABLE H.H. : M.M.					
CARTOTAL		4 0 0									
Note: Leave Balances are based on the most current data from the Cumulative Absence Reserve screen in EIS. Data is based on Pay Stub printing date											
EARNINGS DATA											
DESCRIPTION	AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO	BALANCE DUE OR INSTALLMENT LEFT	DESCRIPTION	AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO	BALANCE DUE OR INSTALLMENT LEFT	MESSAGES			
TRS 414H STD	-197.07			UFT	-68.97						
OTHER ITEMIZED DEDUCTIONS											

Pay stub printed on 06/26/25

REVISED 5/99

The City of New York				EMPLOYEE				Payroll Management System			
DIRECT DEPOSIT PAY STATEMENT											
ITEM #	PAY PERIOD	PAYDATE	PAYROLL #		WORK UNIT	CHECK NUMBER	DISTRIBUTION #				
	06/01/25	06/15/25	06/16/25	742		Z84653730	03M415				
PENSION #	ELECTRONIC FUND TRANSFER INFORMATION			JSN	FEDERAL	STATE	REFERENCE #	CD	EMPLOYEE NAME		
171273	XXXXXX0052			1	D	A	2021759		JACKSON, JENNIFER		
TAX INFO	TOTAL EARNINGS	FEDERAL TAX	SOCIAL SECURITY	MEDICARE	STATE TAX	CITY TAX	CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD			
THIS PERIOD	5,104.84	723.11	316.50	74.02	274.35	195.02		1,812.72			
YEAR TO DATE	27,151.60	3,635.57	1,683.39	393.70	1,434.42	1,022.32		NET PAY			
DESCRIPTION		UNITS / HOUR	AMT. EARNED PRIOR PERIOD	UNITS / HOUR	AMT. EARNED THIS PERIOD	LEAVE BALANCE AS OF: 06/26/25			3,292.12		
RECURRING GROS					4,379.29	DESCRIPTION		BALANCE AVAILABLE	DESCRIPTION		BALANCE AVAILABLE
RETRO SAL ADJ					725.55	CARTOTAL		4 0 0			
Note: Leave Balances are based on the most current data from the Cumulative Absence Reserve screen in EIS. Data is based on Pay Stub printing date											
OTHER ITEMIZED DEDUCTIONS											
DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO	BALANCE DUE OR INSTALLMENT LEFT	DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO	BALANCE DUE OR INSTALLMENT LEFT		
TRS 414H STD		-229.72									

Pay stub printed on 06/26/25



P.O. Box 15284
Wilmington, DE 19850

JENNIFER LYNN JACKSON
28 W 132ND ST APT 1A
NEW YORK, NY 10037-3308

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



Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Plus Banking

for February 19, 2025 to March 19, 2025

Account number: 3340 3946 0563

JENNIFER LYNN JACKSON

Account summary

Beginning balance on February 19, 2025	\$292.12
Deposits and other additions	3,073.36
ATM and debit card subtractions	-442.63
Other subtractions	-2,922.08
Checks	-0.00
Service fees	-0.00
Ending balance on March 19, 2025	\$0.77

New: Scheduled and recurring payments with Zelle®

Send money now, schedule it for later, or make it recurring.

Enroll now! Scan the code or visit bankofamerica.com/zelle.



When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

SSM-03-24-0484B | 6398672



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Wilmington, DE 19850

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28 W 132ND ST APT 1A
NEW YORK, NY 10037-3308

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Service fees	-0.00
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SSM-03-24-0484B | 6398672



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NEW YORK, NY 10037-3308

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

Your Adv Plus Banking

for December 19, 2024 to January 21, 2025

Account number: 3340 3946 0563

JENNIFER LYNN JACKSON

Account summary

Beginning balance on December 19, 2024	\$589.56
Deposits and other additions	17,429.32
ATM and debit card subtractions	-1,918.77
Other subtractions	-15,466.51
Checks	-0.00
Service fees	-0.00
Ending balance on January 21, 2025	\$633.60

Help prevent check fraud

Consider writing fewer checks and paying bills in our Mobile app, Online Banking, or setting up automatic payments directly on utility sites.

Scan the code to learn more or visit: bofa.com/HelpPreventFraud



When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

SSM-03-24-0504.B | 6490905



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Wilmington, DE 19850

JENNIFER LYNN JACKSON
28 W 132ND ST APT 1A
NEW YORK, NY 10037-3308

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 Adv Plus Banking

for April 19, 2025 to May 19, 2025

Account number: 3340 3946 0563

JENNIFER LYNN JACKSON

Account summary

Beginning balance on April 19, 2025	\$206.30
Deposits and other additions	7,445.45
ATM and debit card subtractions	-1,399.85
Other subtractions	-5,598.99
Checks	-272.00
Service fees	-0.00
Ending balance on May 19, 2025	\$380.91

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Send money now, schedule it for later, or make it recurring.

Enroll now! Scan the code or visit bankofamerica.com/zelle.



When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.



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En Español: 1.800.688.6086
- bankofamerica.com
- Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Adv Plus Banking

for May 20, 2025 to June 17, 2025

Account number: 3340 3946 0563

JENNIFER LYNN JACKSON

Account summary

Beginning balance on May 20, 2025	\$380.91
Deposits and other additions	7,281.93
ATM and debit card subtractions	-1,173.68
Other subtractions	-6,221.74
Checks	-0.00
Service fees	-0.00
Ending balance on June 17, 2025	\$267.42

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

Zelle® and the Zelle® related marks are wholly owned by Early Warning Services, LLC and are used herein under license.

2:15

5G 56



NYCDOEHumanResource
s@schools.nyc.gov

Mar 3

To jjackson@mtvernoncsd.or... ⋮



THE NEW YORK CITY DEPARTMENT OF
EDUCATION

Division of Human Capital

65 Court Street

Brooklyn, NY 11201

YOUR File # / EIS ID:0955741

YOUR EMPLOYEE ID:2021759

License:702C

License Description:DANCE

Dear Jennifer Jackson,

With the start of the school year, we are pleased to



Reply All



Department of Education (DOE) As an employee



Mail



Calendar



Copilot



Apps

RENEWAL LEASE FORM

Owners and Tenants should read INSTRUCTIONS TO OWNER and INSTRUCTIONS TO TENANT on reverse side before filling out or signing this form

THIS IS A NOTICE FOR RENEWAL OF LEASE AND RENEWAL LEASE FORM ISSUED UNDER SECTION 2523.5(a) OF THE RENT STABILIZATION CODE. ALL COPIES OF THIS FORM MUST BE SIGNED BELOW AND RETURNED TO YOUR LANDLORD WITHIN 60 DAYS.

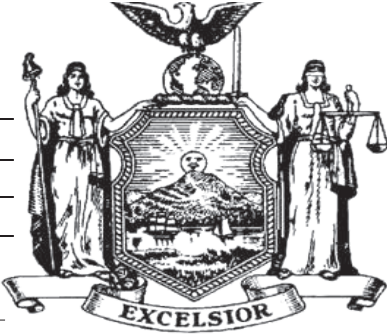
Dated: July, 22 20 24

Tenant's Name(s) and Address:

Allison Queen, Jennifer L. Jackson,
Emily M. Oberdorf
28 W. 132nd Street Apt# 1A
New York, NY 10037

Owner's /Agent's Name and Address:

HPH Trio, LLC
P.O. Box 576
Tallman, NY 10982



1. The owner hereby notifies you that your lease will expire on: 10 / 31 / 2024

PART A - OFFER TO TENANT TO RENEW

2. You may renew this lease, for one or two years, at your option, as follows:

Column A Renewal Term	Column B Legal Rent on Sept.30th Preceding Commencement Date of this Renewal Lease	Column C Guideline % or Minimum \$ Amount (If unknown, check box and see below)* ☐	Column D Applicable Guideline Supplement, if any	Column E Lawful Rent Increase, if any, Effective after Sept. 30th	Column F New Legal Rent (If a different rent is to be charged, check box and see item 5 below) ☒
1 Year	\$ 4,970.53	(2.75 %) \$ 136.69	\$	\$	\$5,107.22
2 Years	Same as above	(5.25 %) \$ 260.95	\$	\$	\$5,231.48

* If applicable guideline rate is unknown at time offer is made, check box in Column C and enter current guideline which will be subject to adjustment when rates are ordered.

3. Security Deposit:

Current Deposit: \$ 4,601.61
Additional Deposit Required - 1 year lease: \$ 126.54
Additional Deposit Required - 2 year lease: \$ 241.58

4. Specify separate charges, if applicable:

a. Air conditioner : \$ c. 421a (2.2%): \$ Total separate charges: \$
b. Appliances : \$ d. Other: \$

5. Different Rent to be charged, if any. 1 year lease \$ 4,728.15 , 2 year lease \$ 4,843.19 Agreement attached: Yes ☒ No ☐

6. Tenant shall pay a monthly rent (enter amount from 2F or 5) of \$ 4,728.15 for a 1 year renewal or \$ 4,843.19 for a 2 year renewal, plus total separate charges (enter amount from 4) \$ for a total monthly payment of \$ 4,728.15 for a 1 year renewal or \$ 4,843.19 for a 2 year renewal.

7. This renewal lease shall commence on 11/1/2024 , which shall not be less than 90 days nor more than 150 days from the date of mailing or personal delivery of this Renewal Lease Form. This Renewal Lease shall terminate on 10/31/2025 (1 year lease) or 10/31/2026 (2 year lease).

8. This renewal lease is based on the same terms and conditions as your expiring lease. (See instructions about additional provisions.)

9. SCRIE and DRIE. Owner and Tenant acknowledge that, as of the date of this renewal, Tenant is entitled to pay a reduced monthly rent in the amount of \$ under the New York City SCRIE program or the New York City DRIE program. The reduced rent may be adjusted by orders of such program.

10. Leased premises does ☒ , does not ☐ have an operative sprinkler system. If operative, it was last maintained and inspected on .

This form becomes a binding lease renewal when signed by the owner below and returned to the tenant. A rider setting forth the rights and obligations of tenants and owners under the Rent Stabilization Law must be attached to this lease when signed by the owner and returned to the tenant. The rent, separate charges and total payment provided for in this renewal lease may be increased or decreased by order or annual updates of the Division of Housing and Community Renewal (DHCR), the Rent Guidelines Board (RGB), or other government agency authorized to fix rents.

PART B - TENANT'S RESPONSE TO OWNER

Tenant: Check and complete where indicated one of three responses below after reading instructions on reverse side. Then date and sign your response below. You must return this Renewal Lease Form to the owner in person or by regular mail, within 60 days of the date this Notice was served upon you by the owner. Your failure to do so may be grounds for the commencement of an action by the owner to evict you from your apartment.

- ☒ I (we), the undersigned Tenant(s), accept the offer of a one (1) year renewal lease at a monthly rent of \$ 4,728.15 , plus separate charges of \$ for a total monthly payment of \$ 4,728.15 .
- ☐ I (we), the undersigned Tenants(s), accept the offer of a two (2) year renewal lease at a monthly rent of \$ 4,843.19 , plus separate charges of \$ for a total monthly payment of \$ 4,843.19 .
- ☐ I (we) will not renew my (our) lease and I (we) intend to vacate the apartment on the expiration date of the current lease.

Tenant's Signature(s): Jennifer Jackson

Emily Oberdorf

Dated: 10/09/2024

Dated: 11/05/2024

Owner's Signature(s):

10:11



🔍 Hi, I'm Erica. How can I help?



Provided by Bank of America

ADV PLUS BANKING - 0563

[EDIT](#)

\$15,797.76

Available balance ⓘ

Account & Routing #



Status Tracker

For service items, claims and requests for this account



RECENT TRANSACTIONS

10:12



Accounts

Dashboard



Adv Plus Banking - 0563

\$15,797.76

Available balance



BankAmeriDeals®

15% was 3%

4 Days Left



Alerts

[Enroll now](#)



Better Money Habits®

Know your repayment
options



My Rewards

All your rewards in one
place

10:06



Menu

Inbox

Products

Log Out

Accounts

Dashboard



Review your personal information



It's been a while since you updated your personal information.

Please Review



Hi, I'm Erica. How can I help?



Hello, Jennifer



Bank of America Life Plan®



Set, track, achieve. Your goals are in reach.

My Rewards



Banking



Bank of America



FDIC FDIC-Insured - Backed by the full faith and credit of the U.S. Government

Adv Plus Banking -
0563

\$15,797.76



There's more to explore

Explore Bank of America credit cards, loans,



Accounts



Pay & Transfer



Deposit Checks



Invest

Copy B - To Be Filed With Employee's FEDERAL Tax Return.				2023 OMB No 1545-0008	
a Employee's social security number	1 Wages, tips, other comp	2 Federal income tax withheld			
XXX-XX-2493	78968.72	10579.58			
b Employer ID number	3 Social security wages	4 Social security tax withheld			
13-6007140	83265.24	5162.39			
	5 Medicare wages and tips	6 Medicare tax withheld			
	83265.24	1207.37			
c Employer's name, address, and ZIP code					
Mount Vernon City School District 165 NORTH COLUMBUS AVENUE MOUNT VERNON, NY 10553					
d Control number					
3986 DENZEL WASHINGTON SCHOOL OF THE					
e Employee's name, address, and ZIP code					
Jennifer L Jackson 28 West 132nd Street #1A New York, NY 10037					
7 Social security tips	8 Allocated tips	9			
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst for box 12			
		DD 11470.80			
13 Stat employee	14 Other	12b Code			
Retirement Plan	414B 4296.52				
X	FLEX/MED 2192.40	12c Code			
Third-party sick pay	DUES 811.60	12d Code			
NY	136007140	78968.72	4011.45		
15 State Employer's state ID no	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
78968.72	3012.32	NYC			

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

Copy C - For EMPLOYEE'S RECORDS (See Notice To Employee.)				2023 OMB No 1545-0008	
a Employee's social security number	1 Wages, tips, other comp	2 Federal income tax withheld			
XXX-XX-2493	78968.72	10579.58			
b Employer ID number	3 Social security wages	4 Social security tax withheld			
13-6007140	83265.24	5162.39			
	5 Medicare wages and tips	6 Medicare tax withheld			
	83265.24	1207.37			
c Employer's name, address, and ZIP code					
Mount Vernon City School District 165 NORTH COLUMBUS AVENUE MOUNT VERNON, NY 10553					
d Control number					
3986 DENZEL WASHINGTON SCHOOL OF THE					
e Employee's name, address, and ZIP code					
Jennifer L Jackson 28 West 132nd Street #1A New York, NY 10037					
7 Social security tips	8 Allocated tips	9			
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst for box 12			
		DD 11470.80			
13 Stat employee	14 Other	12b Code			
Retirement Plan	414B 4296.52				
X	FLEX/MED 2192.40	12c Code			
Third-party sick pay	DUES 811.60	12d Code			
NY	136007140	78968.72	4011.45		
15 State Employer's state ID no	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
78968.72	3012.32	NYC			

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

COPY B

Copy 2 - To Be Filed With Employee's State City, or Local Income Tax Return.				2023 OMB No 1545-0008	
a Employee's social security number	1 Wages, tips, other comp	2 Federal income tax withheld			
XXX-XX-2493	78968.72	10579.58			
b Employer ID number	3 Social security wages	4 Social security tax withheld			
13-6007140	83265.24	5162.39			
	5 Medicare wages and tips	6 Medicare tax withheld			
	83265.24	1207.37			
c Employer's name, address, and ZIP code					
Mount Vernon City School District 165 NORTH COLUMBUS AVENUE MOUNT VERNON, NY 10553					
d Control number					
3986 DENZEL WASHINGTON SCHOOL OF THE					
e Employee's name, address, and ZIP code					
Jennifer L Jackson 28 West 132nd Street #1A New York, NY 10037					
7 Social security tips	8 Allocated tips	9			
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst for box 12			
		DD 11470.80			
13 Stat employee	14 Other	12b Code			
Retirement Plan	414B 4296.52				
X	FLEX/MED 2192.40	12c Code			
Third-party sick pay	DUES 811.60	12d Code			
NY	136007140	78968.72	4011.45		
15 State Employer's state ID no	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
78968.72	3012.32	NYC			

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

Copy 2 - To Be Filed With Employee's State City, or Local Income Tax Return.				2023 OMB No 1545-0008	
a Employee's social security number	1 Wages, tips, other comp	2 Federal income tax withheld			
XXX-XX-2493	78968.72	10579.58			
b Employer ID number	3 Social security wages	4 Social security tax withheld			
13-6007140	83265.24	5162.39			
	5 Medicare wages and tips	6 Medicare tax withheld			
	83265.24	1207.37			
c Employer's name, address, and ZIP code					
Mount Vernon City School District 165 NORTH COLUMBUS AVENUE MOUNT VERNON, NY 10553					
d Control number					
3986 DENZEL WASHINGTON SCHOOL OF THE					
e Employee's name, address, and ZIP code					
Jennifer L Jackson 28 West 132nd Street #1A New York, NY 10037					
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10 Dependent care benefits	11 Nonqualified plans	12a Code See inst for box 12			
		DD 11470.80			
13 Stat employee	14 Other	12b Code			
Retirement Plan	414B 4296.52				
X	FLEX/MED 2192.40	12c Code			
Third-party sick pay	DUES 811.60	12d Code			
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15 State Employer's state ID no	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
78968.72	3012.32	NYC			

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

COPY C

3

3

Copy B-To Be Filed With Employee's FEDERAL Tax Return		W-2	Wage and Tax Statement	2023	OMB No. 1545-0048
a. Employee's soc. sec. no. 592-02-2493	1. Wages, tips, other comp 7000.00	2. Fed. income tax withheld 581.44			
b. Employer ID number (EIN) 13-2830437	3. Social security wages 7000.00	4. Soc. sec. tax withheld 434.00			
d. Control number 6YJS-980	5. Medicare wages and tips 7000.00	6. Medicare tax withheld 101.50			
c. Employer's name, address, and ZIP code Young Judaea Sprout Lake Camp Inc 6 Sprout Lake Camp Rd Verbank, NY 12585					
e. Employee's name, address, and ZIP code Jennifer Jackson 28 w 132nd street #1A New York, NY 10037					
7. Social security tips	8. Allocated tips	9.			
10. Dependent care benefits	11. Nonqualified plans	12a. Code			
13. Statutory employee	14. Other NY DISABILITY 4.80	12b. Code			
Retirement plan		12c. Code			
Third-party sick pay		12d. Code			
15. State NY	Employer's state ID no. 132830437	16. State wages, tips, etc. 7000.00	17. State income tax 297.07		
18. Local wages, tips, etc. 7000.00	19. Local income tax 219.50	20. Locality name NEW YORK CITY			

Department of the Treasury — Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return		W-2	Wage and Tax Statement	2023	OMB No. 1545-0048
a. Employee's soc. sec. no. 592-02-2493	1. Wages, tips, other comp 7000.00	2. Fed. income tax withheld 581.44			
b. Employer ID number (EIN) 13-2830437	3. Social security wages 7000.00	4. Soc. sec. tax withheld 434.00			
d. Control number 6YJS-980	5. Medicare wages and tips 7000.00	6. Medicare tax withheld 101.50			
c. Employer's name, address, and ZIP code Young Judaea Sprout Lake Camp Inc 6 Sprout Lake Camp Rd Verbank, NY 12585					
e. Employee's name, address, and ZIP code Jennifer Jackson 28 w 132nd street #1A New York, NY 10037					
7. Social security tips	8. Allocated tips	9.			
10. Dependent care benefits	11. Nonqualified plans	12a. Code			
13. Statutory employee	14. Other NY DISABILITY 4.80	12b. Code			
Retirement plan		12c. Code			
Third-party sick pay		12d. Code			
15. State NY	Employer's state ID no. 132830437	16. State wages, tips, etc. 7000.00	17. State income tax 297.07		
18. Local wages, tips, etc. 7000.00	19. Local income tax 219.50	20. Locality name NEW YORK CITY			

Department of the Treasury — Internal Revenue Service

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee)		W-2	Wage and Tax Statement	2023	OMB No. 1545-0048
a. Employee's soc. sec. no. 592-02-2493	1. Wages, tips, other comp 7000.00	2. Fed. income tax withheld 581.44			
b. Employer ID number (EIN) 13-2830437	3. Social security wages 7000.00	4. Soc. sec. tax withheld 434.00			
d. Control number 6YJS-980	5. Medicare wages and tips 7000.00	6. Medicare tax withheld 101.50			
c. Employer's name, address, and ZIP code Young Judaea Sprout Lake Camp Inc 6 Sprout Lake Camp Rd Verbank, NY 12585					
e. Employee's name, address, and ZIP code Jennifer Jackson 28 w 132nd street #1A New York, NY 10037					
7. Social security tips	8. Allocated tips	9.			
10. Dependent care benefits	11. Nonqualified plans	12a. Code			
13. Statutory employee	14. Other NY DISABILITY 4.80	12b. Code			
Retirement plan		12c. Code			
Third-party sick pay		12d. Code			
15. State NY	Employer's state ID no. 132830437	16. State wages, tips, etc. 7000.00	17. State income tax 297.07		
18. Local wages, tips, etc. 7000.00	19. Local income tax 219.50	20. Locality name NEW YORK CITY			

Department of the Treasury — Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a
negligence penalty or other sanction may be imposed on you if the income is false and you fail to report it.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return		W-2	Wage and Tax Statement	2023	OMB No. 1545-0048
a. Employee's soc. sec. no. 592-02-2493	1. Wages, tips, other comp 7000.00	2. Fed. income tax withheld 581.44			
b. Employer ID number (EIN) 13-2830437	3. Social security wages 7000.00	4. Soc. sec. tax withheld 434.00			
d. Control number 6YJS-980	5. Medicare wages and tips 7000.00	6. Medicare tax withheld 101.50			
c. Employer's name, address, and ZIP code Young Judaea Sprout Lake Camp Inc 6 Sprout Lake Camp Rd Verbank, NY 12585					
e. Employee's name, address, and ZIP code Jennifer Jackson 28 w 132nd street #1A New York, NY 10037					
7. Social security tips	8. Allocated tips	9.			
10. Dependent care benefits	11. Nonqualified plans	12a. Code			
13. Statutory employee	14. Other NY DISABILITY 4.80	12b. Code			
Retirement plan		12c. Code			
Third-party sick pay		12d. Code			
15. State NY	Employer's state ID no. 132830437	16. State wages, tips, etc. 7000.00	17. State income tax 297.07		
18. Local wages, tips, etc. 7000.00	19. Local income tax 219.50	20. Locality name NEW YORK CITY			

Department of the Treasury — Internal Revenue Service

Copy B-To Be Filed With Employee's FEDERAL Tax Return		W-2 Wage and Tax Statement	2023	OMB No. 1545-0048
a. Employee's soc. sec. no. XXX-XX-2493	1. Wages, tips, other comp 2430.00	2. Fed. income tax withheld 372.34		
b. Employer ID number (EIN) 11-3099936	3. Social security wages 2430.00	4. Soc. sec. tax withheld 150.66		
d. Control number 331-303	5. Medicare wages and tips 2430.00	6. Medicare tax withheld 35.24		
c. Employer's name, address, and ZIP code Fancy Feet Enterprises Inc 1717 Crosby Ave Bronx, NY 10461				
e. Employee's name, address, and ZIP code Jennifer Jackson 28 W 132nd Street 1A New York, NY 10037				
7. Social security tips	8. Allocated tips	9.		
10. Dependent care benefits	11. Nonqualified plans	12a. Code		
13. Statutory employee	14. Other NYS DI 8.76	12b. Code		
Retirement plan		12c. Code		
Third-party sick pay		12d. Code		
15. State NY	Employer's state ID no. 113099936	16. State wages, tips, etc. 2430.00	17. State income tax 18.30	
18. Local wages, tips, etc. 2430.00	19. Local income tax 19.39	20. Locality name NEW YORK CITY		

Department of the Treasury — Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return		W-2 Wage and Tax Statement	2023	OMB No. 1545-0048
a. Employee's soc. sec. no. XXX-XX-2493	1. Wages, tips, other comp 2430.00	2. Fed. income tax withheld 372.34		
b. Employer ID number (EIN) 11-3099936	3. Social security wages 2430.00	4. Soc. sec. tax withheld 150.66		
d. Control number 331-303	5. Medicare wages and tips 2430.00	6. Medicare tax withheld 35.24		
c. Employer's name, address, and ZIP code Fancy Feet Enterprises Inc 1717 Crosby Ave Bronx, NY 10461				
e. Employee's name, address, and ZIP code Jennifer Jackson 28 W 132nd Street 1A New York, NY 10037				
7. Social security tips	8. Allocated tips	9.		
10. Dependent care benefits	11. Nonqualified plans	12a. Code		
13. Statutory employee	14. Other NYS DI 8.76	12b. Code		
Retirement plan		12c. Code		
Third-party sick pay		12d. Code		
15. State NY	Employer's state ID no. 113099936	16. State wages, tips, etc. 2430.00	17. State income tax 18.30	
18. Local wages, tips, etc. 2430.00	19. Local income tax 19.39	20. Locality name NEW YORK CITY		

Department of the Treasury — Internal Revenue Service

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee)		W-2 Wage and Tax Statement	2023	OMB No. 1545-0048
a. Employee's soc. sec. no. XXX-XX-2493	1. Wages, tips, other comp 2430.00	2. Fed. income tax withheld 372.34		
b. Employer ID number (EIN) 11-3099936	3. Social security wages 2430.00	4. Soc. sec. tax withheld 150.66		
d. Control number 331-303	5. Medicare wages and tips 2430.00	6. Medicare tax withheld 35.24		
c. Employer's name, address, and ZIP code Fancy Feet Enterprises Inc 1717 Crosby Ave Bronx, NY 10461				
e. Employee's name, address, and ZIP code Jennifer Jackson 28 W 132nd Street 1A New York, NY 10037				
7. Social security tips	8. Allocated tips	9.		
10. Dependent care benefits	11. Nonqualified plans	12a. Code		
13. Statutory employee	14. Other NYS DI 8.76	12b. Code		
Retirement plan		12c. Code		
Third-party sick pay		12d. Code		
15. State NY	Employer's state ID no. 113099936	16. State wages, tips, etc. 2430.00	17. State income tax 18.30	
18. Local wages, tips, etc. 2430.00	19. Local income tax 19.39	20. Locality name NEW YORK CITY		

Department of the Treasury — Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return		W-2 Wage and Tax Statement	2023	OMB No. 1545-0048
a. Employee's soc. sec. no. XXX-XX-2493	1. Wages, tips, other comp 2430.00	2. Fed. income tax withheld 372.34		
b. Employer ID number (EIN) 11-3099936	3. Social security wages 2430.00	4. Soc. sec. tax withheld 150.66		
d. Control number 331-303	5. Medicare wages and tips 2430.00	6. Medicare tax withheld 35.24		
c. Employer's name, address, and ZIP code Fancy Feet Enterprises Inc 1717 Crosby Ave Bronx, NY 10461				
e. Employee's name, address, and ZIP code Jennifer Jackson 28 W 132nd Street 1A New York, NY 10037				
7. Social security tips	8. Allocated tips	9.		
10. Dependent care benefits	11. Nonqualified plans	12a. Code		
13. Statutory employee	14. Other NYS DI 8.76	12b. Code		
Retirement plan		12c. Code		
Third-party sick pay		12d. Code		
15. State NY	Employer's state ID no. 113099936	16. State wages, tips, etc. 2430.00	17. State income tax 18.30	
18. Local wages, tips, etc. 2430.00	19. Local income tax 19.39	20. Locality name NEW YORK CITY		

Department of the Treasury — Internal Revenue Service

XXX-XX-2493		3 Social security wages 97876.74		4 Social security tax withheld 6068.34	
b Employer ID number 13-6007140		5 Medicare wages and tips 97876.74		6 Medicare tax withheld 1419.21	
c Employer's name, address, and ZIP code Mount Vernon City School District 165 NORTH COLUMBUS AVENUE MOUNT VERNON, NY 10553					
d Control number 3986 DENZEL WASHINGTON SCHOOL OF THE					
e Employee's name, address, and ZIP code Jennifer L Jackson 28 West 132nd Street #1A New York, NY 10037					
7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst for box 12 DD 11470.80	
13 Stat employee		14 Other		12b Code	
Retirement Plan X		414H 5765.65 FLEX/MED 2395.36 DUES 842.40		12c Code	
Third-party sick pay				12d Code	
NY	136007140	92111.09	4877.20		
15 State Employer's state ID no		16 State wages, tips, etc		17 State income tax	
18 Local wages, tips, etc 92111.09		19 Local income tax 3608.42		20 Locality name NYC	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy C - For EMPLOYEE'S RECORDS

2024

OMB No
1545-0008

(See Notice To Employee.)

a Employee's social security number XXX-XX-2493	1 Wages, tips, other comp 92111.09	2 Federal income tax withheld 12851.98
b Employer ID number 13-6007140	3 Social security wages 97876.74	4 Social security tax withheld 6068.34
	5 Medicare wages and tips 97876.74	6 Medicare tax withheld 1419.21

c Employer's name, address, and ZIP code

Mount Vernon City School District
165 NORTH COLUMBUS AVENUE
MOUNT VERNON, NY 10553

d Control number

3986 DENZEL WASHINGTON SCHOOL OF THE

e Employee's name, address, and ZIP code

Jennifer L Jackson
28 West 132nd Street
#1A
New York, NY 10037

7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst for box 12 DD 11470.80	
13 Stat employee		14 Other		12b Code	
Retirement Plan X		414H 5765.65 FLEX/MED 2395.36 DUES 842.40		12c Code	
Third-party sick pay				12d Code	
NY	136007140	92111.09	4877.20		
15 State Employer's state ID no		16 State wages, tips, etc		17 State income tax	
18 Local wages, tips, etc		19 Local income tax		20 Locality name NYC	

XXX-XX-2493		3 Social security wages 97876.74		4 Social security tax withheld 6068.34	
b Employer ID number 13-6007140		5 Medicare wages and tips 97876.74		6 Medicare tax withheld 1419.21	
c Employer's name, address, and ZIP code Mount Vernon City School District 165 NORTH COLUMBUS AVENUE MOUNT VERNON, NY 10553					
d Control number 3986 DENZEL WASHINGTON SCHOOL OF THE					
e Employee's name, address, and ZIP code Jennifer L Jackson 28 West 132nd Street #1A New York, NY 10037					
7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst for box 12 DD 11470.80	
13 Stat employee		14 Other		12b Code	
Retirement Plan X		414H 5765.65 FLEX/MED 2395.36 DUES 842.40		12c Code	
Third-party sick pay				12d Code	
NY	136007140	92111.09	4877.20		
15 State Employer's state ID no		16 State wages, tips, etc		17 State income tax	
18 Local wages, tips, etc 92111.09		19 Local income tax 3608.42		20 Locality name NYC	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy 2 - To Be Filed With Employee's State City, or Local Income Tax Return.

2024

a Employee's social security number XXX-XX-2493	1 Wages, tips, other comp 92111.09	2 Federal income tax withheld 12851.98
b Employer ID number 13-6007140	3 Social security wages 97876.74	4 Social security tax withheld 6068.34
	5 Medicare wages and tips 97876.74	6 Medicare tax withheld 1419.21

c Employer's name, address, and ZIP code

Mount Vernon City School District
165 NORTH COLUMBUS AVENUE
MOUNT VERNON, NY 10553

d Control number

3986 DENZEL WASHINGTON SCHOOL OF THE

e Employee's name, address, and ZIP code

Jennifer L Jackson
28 West 132nd Street
#1A
New York, NY 10037

7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst for box 12 DD 11470.80	
13 Stat employee		14 Other		12b Code	
Retirement Plan X		414H 5765.65 FLEX/MED 2395.36 DUES 842.40		12c Code	
Third-party sick pay				12d Code	
NY	136007140	92111.09	4877.20		
15 State Employer's state ID no		16 State wages, tips, etc		17 State income tax	
18 Local wages, tips, etc		19 Local income tax		20 Locality name NYC	

a. Employee's soc. sec. no. XXX-XX-2493		1. Wages, tips, other comp 7996.25		2. Fed. income tax withheld 308.63	
b. Employer ID number (EIN) 11-3099936		3. Social security wages 7996.25		4. Soc. sec. tax withheld 495.77	
d. Control number 331-303		5. Medicare wages and tips 7996.25		6. Medicare tax withheld 115.95	
c. Employer's name, address, and ZIP code Fancy Feet Enterprises Inc. 1717 Crosby Ave. Bronx, NY 10461					
e. Employee's name, address, and ZIP code Jennifer Jackson 28 W 132nd Street 1A New York, NY 10037					
7. Social security tips		8. Allocated tips		9.	
10. Dependent care benefits		11. Nonqualified plans		12a. Code	
13. Statutory employee		14. Other None		12b. Code	
Retirement plan				12c. Code	
Third-party sick pay				12d. Code	
15. State NY	Employer's state ID no. 113099936	16. State wages, tips, etc. 7996.25		17. State income tax 116.24	
18. Local wages, tips, etc. 7996.25		19. Local income tax 97.82		20. Locality name NEW YORK CITY	

Department of the Treasury — Internal Revenue Service
This information is being furnished to the Internal Revenue Service

a. Employee's soc. sec. no. XXX-XX-2493		1. Wages, tips, other comp 7996.25		2. Fed. income tax withheld 308.63	
b. Employer ID number (EIN) 11-3099936		3. Social security wages 7996.25		4. Soc. sec. tax withheld 495.77	
d. Control number 331-303		5. Medicare wages and tips 7996.25		6. Medicare tax withheld 115.95	
c. Employer's name, address, and ZIP code Fancy Feet Enterprises Inc. 1717 Crosby Ave. Bronx, NY 10461					
e. Employee's name, address, and ZIP code Jennifer Jackson 28 W 132nd Street 1A New York, NY 10037					
7. Social security tips		8. Allocated tips		9.	
10. Dependent care benefits		11. Nonqualified plans		12a. Code	
13. Statutory employee		14. Other None		12b. Code	
Retirement plan				12c. Code	
Third-party sick pay				12d. Code	
15. State NY	Employer's state ID no. 113099936	16. State wages, tips, etc. 7996.25		17. State income tax 116.24	
18. Local wages, tips, etc. 7996.25		19. Local income tax 97.82		20. Locality name NEW YORK CITY	

Department of the Treasury — Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee)		W-2 Wage and Tax Statement		2024	OMB No. 1545-0048
a. Employee's soc. sec. no. XXX-XX-2493		1. Wages, tips, other comp 7996.25		2. Fed. income tax withheld 308.63	
b. Employer ID number (EIN) 11-3099936		3. Social security wages 7996.25		4. Soc. sec. tax withheld 495.77	
d. Control number 331-303		5. Medicare wages and tips 7996.25		6. Medicare tax withheld 115.95	
c. Employer's name, address, and ZIP code Fancy Feet Enterprises Inc. 1717 Crosby Ave. Bronx, NY 10461					
e. Employee's name, address, and ZIP code Jennifer Jackson 28 W 132nd Street 1A New York, NY 10037					
7. Social security tips		8. Allocated tips		9.	
10. Dependent care benefits		11. Nonqualified plans		12a. Code	
13. Statutory employee		14. Other None		12b. Code	
Retirement plan				12c. Code	
Third-party sick pay				12d. Code	
15. State NY	Employer's state ID no. 113099936	16. State wages, tips, etc. 7996.25		17. State income tax 116.24	
18. Local wages, tips, etc. 7996.25		19. Local income tax 97.82		20. Locality name NEW YORK CITY	

Copy B—To Be Filed With Employee's State, City, or Local Income Tax Return		W-2 Wage and Tax Statement		2024	OMB No. 1545-0048
a. Employee's soc. sec. no. XXX-XX-2493		1. Wages, tips, other comp 7996.25		2. Fed. income tax withheld 308.63	
b. Employer ID number (EIN) 11-3099936		3. Social security wages 7996.25		4. Soc. sec. tax withheld 495.77	
d. Control number 331-303		5. Medicare wages and tips 7996.25		6. Medicare tax withheld 115.95	
c. Employer's name, address, and ZIP code Fancy Feet Enterprises Inc. 1717 Crosby Ave. Bronx, NY 10461					
e. Employee's name, address, and ZIP code Jennifer Jackson 28 W 132nd Street 1A New York, NY 10037					
7. Social security tips		8. Allocated tips		9.	
10. Dependent care benefits		11. Nonqualified plans		12a. Code	
13. Statutory employee		14. Other None		12b. Code	
Retirement plan				12c. Code	
Third-party sick pay				12d. Code	
15. State NY	Employer's state ID no. 113099936	16. State wages, tips, etc. 7996.25		17. State income tax 116.24	
18. Local wages, tips, etc. 7996.25		19. Local income tax 97.82		20. Locality name NEW YORK CITY	

2024 W-2 and EARNINGS SUMMARY



This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

Employee Reference Copy		Wage and Tax Statement		2024	
Copy C for employee's records.		OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only		
001461	CLIF/8KA	000009	T 235		
c Employer's name, address, and ZIP code					
BERKELEY-CARROLL STREET SCHOOL 152 STERLING PL BROOKLYN NY 11217					
Batch #01938					
e/f Employee's name, address, and ZIP code					
JENNIFER JACKSON 28 W 132ND STREET 1A NEW YORK NY 10037					
b Employer's FED ID number			a Employee's SSA number		
11-2611384			XXX-XX-2493		
1 Wages, tips, other comp.		2 Federal income tax withheld			
5970.00		462.42			
3 Social security wages		4 Social security tax withheld			
5970.00		370.14			
5 Medicare wages and tips		6 Medicare tax withheld			
5970.00		86.57			
7 Social security tips		8 Allocated tips			
9		10 Dependent care benefits			
11 Nonqualified plans		12a See instructions for box 12			
14 Other		12b			
22.28 NY PFL		12c			
		12d			
		13 Stat emp Ret. plan 3rd party sick pay			
15 State		Employer's state ID no.		16 State wages, tips, etc.	
NY		11-2611384		5970.00	
17 State income tax		254.17		18 Local wages, tips, etc.	
				5970.00	
19 Local income tax		187.96		20 Locality name	
				NYC RES	

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2	NYC RES Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	5,970.00	5,970.00	5,970.00	5,970.00	5,970.00
Reported W-2 Wages	5,970.00	5,970.00	5,970.00	5,970.00	5,970.00

2. Employee Name and Address.

JENNIFER JACKSON
28 W 132ND STREET
1A
NEW YORK NY 10037

© 2024 ADP, Inc.

1 Wages, tips, other comp.		2 Federal income tax withheld	
5970.00		462.42	
3 Social security wages		4 Social security tax withheld	
5970.00		370.14	
5 Medicare wages and tips		6 Medicare tax withheld	
5970.00		86.57	
d Control number	Dept.	Corp.	Employer use only
001461	CLIF/8KA	000009	T 235
c Employer's name, address, and ZIP code			
BERKELEY-CARROLL STREET SCHOOL 152 STERLING PL BROOKLYN NY 11217			
b Employer's FED ID number		a Employee's SSA number	
11-2611384		XXX-XX-2493	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other		12b	
22.28 NY PFL		12c	
		12d	
		13 Stat emp Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code			
JENNIFER JACKSON 28 W 132ND STREET 1A NEW YORK NY 10037			
15 State		Employer's state ID no.	
NY		11-2611384	
17 State income tax		254.17	
		18 Local wages, tips, etc.	
		5970.00	
19 Local income tax		187.96	
		20 Locality name	
		NYC RES	
Federal Filing Copy			
W-2		Wage and Tax Statement	
Copy B to be filed with employee's		Copy 2 to be filed with employee's Federal Income Tax Return.	
2024		OMB No. 1545-0008	

1 Wages, tips, other comp.		2 Federal income tax withheld	
5970.00		462.42	
3 Social security wages		4 Social security tax withheld	
5970.00		370.14	
5 Medicare wages and tips		6 Medicare tax withheld	
5970.00		86.57	
d Control number	Dept.	Corp.	Employer use only
001461	CLIF/8KA	000009	T 235
c Employer's name, address, and ZIP code			
BERKELEY-CARROLL STREET SCHOOL 152 STERLING PL BROOKLYN NY 11217			
b Employer's FED ID number		a Employee's SSA number	
11-2611384		XXX-XX-2493	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
14 Other		12b	
22.28 NY PFL		12c	
		12d	
		13 Stat emp Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code			
JENNIFER JACKSON 28 W 132ND STREET 1A NEW YORK NY 10037			
15 State		Employer's state ID no.	
NY		11-2611384	
17 State income tax		254.17	
		18 Local wages, tips, etc.	
		5970.00	
19 Local income tax		187.96	
		20 Locality name	
		NYC RES	
NY. State Filing Copy			
W-2		Wage and Tax Statement	
Copy 2 to be filed with employee's State Income Tax Return.		Copy 2 to be filed with employee's City or Local Income Tax Return.	
2024		OMB No. 1545-0008	

1 Wages, tips, other comp.		2 Federal income tax withheld	
5970.00		462.42	
3 Social security wages		4 Social security tax withheld	
5970.00		370.14	
5 Medicare wages and tips		6 Medicare tax withheld	
5970.00		86.57	
d Control number	Dept.	Corp.	Employer use only
001461	CLIF/8KA	000009	T 235
c Employer's name, address, and ZIP code			
BERKELEY-CARROLL STREET SCHOOL 152 STERLING PL BROOKLYN NY 11217			
b Employer's FED ID number		a Employee's SSA number	
11-2611384		XXX-XX-2493	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
14 Other		12b	
22.28 NY PFL		12c	
		12d	
		13 Stat emp Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code			
JENNIFER JACKSON 28 W 132ND STREET 1A NEW YORK NY 10037			
15 State		Employer's state ID no.	
NY		11-2611384	
17 State income tax		254.17	
		18 Local wages, tips, etc.	
		5970.00	
19 Local income tax		187.96	
		20 Locality name	
		NYC RES	
City or Local Filing Copy			
W-2		Wage and Tax Statement	
Copy 2 to be filed with employee's City or Local Income Tax Return.		Copy 2 to be filed with employee's City or Local Income Tax Return.	
2024		OMB No. 1545-0008	