Rental Application for **4560 BWY Partners, LLC**

APPLICATION FOR RENTAL

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

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Henry	Jordan	David	

SSN	BIRTH DATE	PHONE - TYPE
-**-*	4/23/1999	(320) 292 - 4049 - Mobile

EMAIL	ARE YOU A SERVICE MEMBER?
jdhenry23@gmail.com	NO

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
813 St Nicholas Ave 4F	New York	NY	10031

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
6/15/2024	current	$4,000.00 / Mo.

REASON FOR LEAVING

Roommate moved

PREVIOUS ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
193 Chauncey St 4A	Brooklyn	NY	11233

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
7/1/2021	6/30/2024	$2,263.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Intermediate Architect	David Bucovy Architect

SUPERVISOR	SUPERVISOR PHONE	SUPERVISOR EMAIL
David Bucovy	(646) 302 - 8502	david@davidbucovyarchitect.com

SALARY	START DATE
$90,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
76 Bowery	New York	NY	10013-4639

NEW YORK CITY TENANT FAIR CHANCE ACT

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

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

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

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

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

ACKNOWLEDGEMENTS

☒ I have been provided with the Fair Chance Act disclosure, pursuant to the laws of the federal government, New York State, and NYC Admin. Code § 20-807 et seq.

APPLICATION CONSENT

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

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **4560 BWY Partners, LLC** 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.

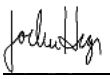
I understand that **4560 BWY Partners, LLC** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, 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 **4560 BWY Partners, LLC**, 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 **4560 BWY Partners, LLC** 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 **4560 BWY Partners, LLC**, 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)



4/24/2026
11:56 AM EDT

Jordan David Henry *(Applicant)* *Date*

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 Jordan David Henry

The property's screening criteria result		
	**MAYBE**	This application does not meet all of your property's screening criteria. You may consider approving this application with an additional security deposit or a guarantor. On-Site makes no independent assessment of an applicant's qualifications.

Score for Jordan David Henry: 815		
	Importance	**Result**
AI Score	Pass/Fail	
Total annual income to rent ratio exceeds 40.0	Pass/Conditional	
May have been through a bankruptcy	Pass/Fail	
No unpaid rental collections	Pass/Fail	

Lease Notebook

Date	User	Note
4/23/2026		Identity Verification Submitted for Jordan David Henry
4/23/2026		Identity Verification Passed for Jordan David Henry
4/24/2026		The Class Action Waiver and Arbitration Agreement consent for Jordan David Henry (jdhenry23@gmail.com) has been received.
4/24/2026		Jordan David Henry has finished signing Online Application Form.
4/24/2026		Jordan David Henry has finished signing Online Application Form.
4/24/2026		Application fees for Jordan David Henry in the amount of $20.00 were authorized by credit card.
4/26/2026		Application fees for Jordan David Henry in the amount of $20.00 were paid by credit card.

Credit Quick Summary	
Total annual income (reported by Applicant)	$90,000.00
Total combined annual income to rent ratio	29.03 (based on rent of $3,100.00)
Total number of accounts	19
Accounts with no late payments	19 (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	$211,283.00 ($0.00 past due)
Outstanding revolving debt	$3,804.00 (1% of limit) ($0.00 past due)
Outstanding loan balance	$207,479.00 ($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:	Jordan David Henry	JORDAN D. HENRY
SSN:	***-**-****	***-**-****
Birth Date:	4/**/1999	4/**/1999

Addresses	From Application	From Equifax
	813 St Nicholas Ave 4F New York, NY 10031 - US	813 SAINT NICHOLAS AVE. 4F NEW YORK, NY 10031 (Applicant) Reported 4/2026 5417 HIGHWAY 25 NE. FOLEY, MN 56329 (Applicant) Reported 4/2026

Employment	From Application	From Equifax
Applicant:	Intermediate Architect David Bucovy Architect $90,000.00/Yr. Total annual Income: $90,000.00	

Restricted Person Search		
Requested For Jordan David Henry	**Requested** 4/26/2026	**Returned** 4/26/2026
Results *No Records Found*		

Risk Models		
From RealPage		
Risk Model Name RealPage AI Score (Applicant)	**Score** 815	**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	Score	Score Factors
Credit Score (Applicant)	766	Lack of sufficient relevant real estate account information Lack of sufficient credit history The balances on your accounts are too high compared to loan amounts The total of all balances on your open accounts is too high

Description

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

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2021	2/2026					$44,822.00

Monthly Payment	High Credit	Type	Comments
$30.00	$40,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3/ 26	1/ 26	11/ 25	9/ 25	7/ 25	5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24												

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2022	2/2026					$40,140.00

Monthly Payment	High Credit	Type	Comments
$26.00	$35,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3/ 26	1/ 26	11/ 25	9/ 25	7/ 25	5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24												

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2023	2/2026					$27,406.00

Monthly Payment	High Credit	Type	Comments
$18.00	$24,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3/ 26	1/ 26	11/ 25	9/ 25	7/ 25	5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24												

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2022	2/2026					$23,015.00

Monthly Payment	High Credit	Type	Comments
$15.00	$20,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3/ 26	1/ 26	11/ 25	9/ 25	7/ 25	5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24												

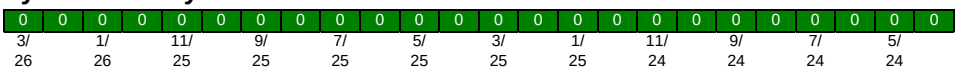
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2023	2/2026					$22,967.00

Monthly Payment	High Credit	Type	Comments
$15.00	$20,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed

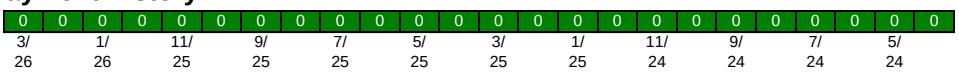
Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3/ 26	1/ 26	11/ 25	9/ 25	7/ 25	5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24												

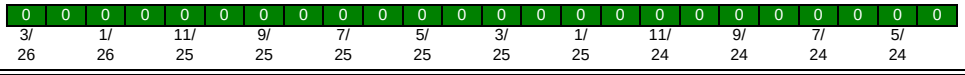
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2021	2/2026					$22,503.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$15.00	$20,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			
	Payment History						



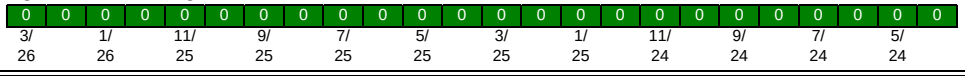
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	9/2019	2/2026					$7,461.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$5.00	$6,995.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			
	Payment History						



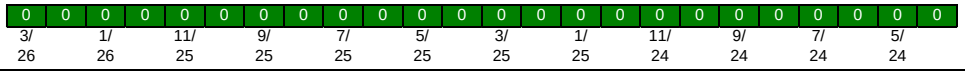
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	9/2020	2/2026					$7,437.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$5.00	$7,100.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			
	Payment History						



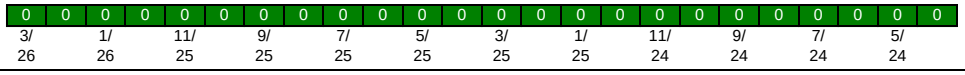
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2018	2/2026					$4,649.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$3.00	$4,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			
	Payment History						



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	9/2017	2/2026					$3,599.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$2.00	$3,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			
	Payment History						



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2018	2/2026					$1,771.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$1.00	$2,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			
	Payment History						



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	9/2017	2/2026					$1,709.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$1.00	$2,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3/ 26		1/ 26		11/ 25		9/ 25		7/ 25		5/ 25		3/ 25		1/ 25		11/ 24		9/ 24		7/ 24		5/ 24	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	12/2025	3/2026					$1,623.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$40.00	$1,788.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

0	0	0	0
4/ 26		2/ 26	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	5/1999	2/2026					$1,323.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$40.00	$9,732.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3/ 26		1/ 26		11/ 25		9/ 25		7/ 25		5/ 25		3/ 25		1/ 25		11/ 24		9/ 24		7/ 24		5/ 24	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	12/2023	3/2026					$858.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$40.00	$6,625.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4/ 26		2/ 26		12/ 25		10/ 25		8/ 25		6/ 25		4/ 25		2/ 25		12/ 24		10/ 24		8/ 24		6/ 24	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NELNET LOAN SERVICIN (Applicant)	8/2021	3/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$75,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5/ 23		3/ 23		1/ 23		11/ 22		9/ 22		7/ 22		5/ 22		3/ 22		1/ 22		11/ 21		9/ 21	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NELNET LOAN SERVICIN (Applicant)	9/2017	3/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$67,095.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

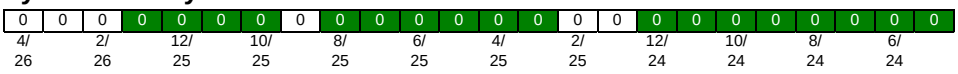
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/GOOGLE (Applicant)	10/2022	3/2025					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,060.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4/ 26		2/ 26		12/ 25		10/ 25		8/ 25		6/ 25		4/ 25		2/ 25		12/ 24		10/ 24		8/ 24		6/ 24	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
U.S. BANK (Applicant)	7/2021	12/2025					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$641.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History



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

A Summary of Your Rights Under the Fair Credit Reporting Act

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

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

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

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

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

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

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

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

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

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

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

A Summary of Your Additional Rights in New York

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

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

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

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

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

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

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

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

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

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


NEW YORK STATE USA
DRIVER LICENSE
Mark J.F. Schroeder
Commissioner of Motor Vehicles
ID 131 643 065
Class D
HENRY
JORDAN,DAVID
813 SAINT NICHOLS 4F
NEW YORK, NY 10031
DOB 04/23/1999
Issued 03/21/2025
Expires 04/23/2029
Organ Donor
E NONE
R B
Sex M Height 5'-10" Eyes BLU
EXCELSIOR
E PLURIBUS UNUM
HENRY JORDAN
AM 23 99

04/20/2026

DAVID BUCOVY ARCHITECT PLLC
334 E 7TH ST
BROOKLYN, NY 11218-3314

(718) 369-0212

NON-NEGOTIABLE

PAY TO THE ORDER OF HENRY, JORDAN

NET $2,255.23

HENRY, JORDAN
813 SAINT NICHOLAS AVE
APT 4F
NEW YORK, NY 10031-2919

HENRY, JORDAN

WORKER ID : BPRZ-14

813 SAINT NICHOLAS AVE
APT 4F
NEW YORK, NY 10031-2919

PERIOD START	04/01/2026	CHECK DATE	04/20/2026
PERIOD END	04/15/2026	CHECK NUMBER	0

DAVID BUCOVY ARCHITECT PLLC

334 E 7TH ST
BROOKLYN, NY 11218-3314

(718) 369-0212

EMPLOYER MEMO:

EARNINGS TYPE	RATE	WORKED	TIME OFF	CURRENT	YTD
SALARY		86.67		$3,750.00	$26,884.74
VACTION				$0.00	$3,115.26
TOTAL HOURS & EARNINGS		$86.67	$0.00	$3,750.00	$30,000.00

TAXES TYPE	CURRENT	YTD
FED WTH	$316.39	$2,531.12
FICA	$216.10	$1,728.79
MEDFICA	$50.53	$404.31
NEW YOR	$110.26	$882.08
STATE-NY	$144.46	$1,155.68
TOTAL TAXES	$837.74	$6,701.98

DEDUCTIONS TYPE	CURRENT	YTD
MEDPRE	$264.53	$2,116.24
NY PFL	$16.20	$129.60
NYDISAB	$1.30	$10.40
SH401E%	$375.00	$3,000.00
TOTAL DEDUCTIONS	$657.03	$5,256.24

TIME OFF TYPE	EARNED	USED	AVAILABLE	EARNED YTD	USED YTD
NYC Sick Time	2.89	0.00	20.22	20.22	0.00
PTO Accrual 120	5.00	0.00	50.00	40.00	52.00

TOTAL EARNINGS	$3,750.00	$30,000.00
TOTAL TAXES	$837.74	$6,701.98
TOTAL DEDUCTIONS	$657.03	$5,256.24
NET PAY	$2,255.23	

*Non-Cash Earnings are not included in the Net Pay amount, but are included in the Earnings Period and YTD Totals

04/03/2026

DAVID BUCOVY ARCHITECT PLLC
334 E 7TH ST
BROOKLYN, NY 11218-3314

(718) 369-0212

NON-NEGOTIABLE

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NET $2,255.22

HENRY, JORDAN
813 SAINT NICHOLAS AVE
APT 4F
NEW YORK, NY 10031-2919

HENRY, JORDAN

WORKER ID : BPRZ-14

813 SAINT NICHOLAS AVE
APT 4F
NEW YORK, NY 10031-2919

PERIOD START	03/16/2026	CHECK DATE	04/03/2026
PERIOD END	03/31/2026	CHECK NUMBER	0

DAVID BUCOVY ARCHITECT PLLC

334 E 7TH ST
BROOKLYN, NY 11218-3314

(718) 369-0212

EMPLOYER MEMO:

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SALARY		86.67		$3,750.00	$23,134.74
VACTION				$0.00	$3,115.26
TOTAL HOURS & EARNINGS		$86.67	$0.00	$3,750.00	$26,250.00

TAXES TYPE	CURRENT	YTD
FED WTH	$316.39	$2,214.73
FICA	$216.10	$1,512.69
MEDFICA	$50.54	$353.78
NEW YOR	$110.26	$771.82
STATE-NY	$144.46	$1,011.22
TOTAL TAXES	$837.75	$5,864.24

DEDUCTIONS TYPE	CURRENT	YTD
MEDPRE	$264.53	$1,851.71
NY PFL	$16.20	$113.40
NYDISAB	$1.30	$9.10
SH401E%	$375.00	$2,625.00
TOTAL DEDUCTIONS	$657.03	$4,599.21

TIME OFF TYPE	EARNED	USED	AVAILABLE	EARNED YTD	USED YTD
NYC Sick Time	2.89	0.00	17.33	17.33	0.00
PTO Accrual 120	5.00	0.00	45.00	35.00	52.00

TOTAL EARNINGS	$3,750.00	$26,250.00
TOTAL TAXES	$837.75	$5,864.24
TOTAL DEDUCTIONS	$657.03	$4,599.21
NET PAY	$2,255.22	

*Non-Cash Earnings are not included in the Net Pay amount, but are included in the Earnings Period and YTD Totals

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

262 TRN S X ST01

106481820472196 ER

JORDAN D HENRY
MELODY J HENRY
813 SAINT NICHOLAS AVE APT 4F
NEW YORK NY 10031-2919

Uni-Statement

Account Number:
1 047 8631 7172
Statement Period:
Mar 12, 2026
through
Apr 10, 2026

To Contact U.S. Bank

By Phone: *800-US BANKS (800-872-2657)*

U.S. Bank accepts Relay Calls

Internet: *usbank.com*

NEWS FOR YOU

Eligible cardmembers can check out online with Paze℠ today.

The list of merchants offering Paze at online checkout keeps growing. See the full list of merchants offering Paze at paze.com/merchant-directory

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INFORMATION YOU SHOULD KNOW

Effective May 11, 2026, please review updates made to the *Your Deposit Account Agreement* document which may affect your rights.

Here's what you should know:

- Revising the **Applicable Law** section to explain that the governing state law depends on how and where the account was opened.

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Effective May 11, 2026, important changes will be reflected in the *Legacy Consumer Pricing Information* document. These updates may affect your rights. You can view this document anytime on our website at **usbank.com/legacycpi**.

- The 50% off annual Safe Deposit Box rental fee benefit associated with the Military Legacy Consumer Segment Indicator (CSI) will be discontinued.

If you have questions, please call us at 24-Hour Banking at 800-USBANKS (872-2657). We accept relay calls. You can also schedule an appointment at **usbank.com/book** to speak with a banker in person, by phone, or virtually.

STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-047-8631-7172

Account Summary

Beginning Balance on Mar 12	$	6,975.05
Deposits / Credits		5,751.51
Card Withdrawals		412.15-
Other Withdrawals		3,937.44-
Ending Balance on Apr 10, 2026	**$**	**8,376.97**

Number of Days in Statement Period 30

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Debit Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Debit Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank, EP-MN-WS5D, 60 Livingston Ave., St. Paul, MN 55107.

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

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

CONSUMER BILLING RIGHTS SUMMARY REGARDING YOUR RESERVE LINE

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at:
U.S. Bank, P.O. Box 3528, Oshkosh, WI 54903-3528.
In your letter, give us the following information:

- ***Account information:*** Your name and account number.
- ***Dollar Amount:*** The dollar amount of the suspected error.
- ***Description of problem:*** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.
You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS FOR RESERVE LINES

We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

CONSUMER REPORT DISPUTES

We may report information about account activity on consumer and small business deposit accounts and consumer reserve lines to Consumer Reporting Agencies (CRA). As a result, this may prevent you from obtaining services at other financial institutions. If you believe we have inaccurately reported information to a CRA, you may submit a dispute by calling 844.624.8230 or by writing to: U.S. Bank Attn: Consumer Bureau Dispute Handling (CBDH), P.O. Box 3447, Oshkosh, WI 54903-3447. In order for us to assist you with your dispute, you must provide: your name, address and phone number; the account number; the specific information you are disputing; the explanation of why it is incorrect; and any supporting documentation (e.g., affidavit of identity theft), if applicable.

JORDAN D HENRY
MELODY J HENRY
813 SAINT NICHOLAS AVE APT 4F
NEW YORK NY 10031-2919

Uni-Statement
Account Number:
1 047 8631 7172
Statement Period:
Mar 12, 2026
through
Apr 10, 2026

STUDENT CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-047-8631-7172

Overdraft Protection

The following account(s) are linked to your checking account for Overdraft Protection. The account(s) are listed in the order that they would be used to transfer funds to your checking account if the available account balance is negative. If you wish to make changes to your Overdraft Protection account order; log in to your account at usbank.com, visit your local U.S. Bank branch or call U.S. Bank 24-Hour Banking at the number listed above.

1st Position: Standard Savings account ending in 5605

Deposits / Credits

Date	*Description of Transaction*		*Ref Number*		*Amount*
Mar 17	Zelle Instant On 03/17/26	PMT From SETH D CLINE PMT ID=JPM99c9hpjl7		$	157.92
Mar 20	Electronic Deposit REF=260770074003100N00	From DAVID BUCOVY ARC PAYROLL 1364350777			2,255.23
Mar 25	Electronic Deposit REF=260830171803710N00	From NY STATE NYSTTAXRFD4146013200			437.00
Mar 30	Zelle Instant On 03/30/26	PMT From SETH D CLINE PMT ID=JPM99cb5t0uh			148.14
Apr 3	Electronic Deposit REF=260910113810500N00	From DAVID BUCOVY ARC PAYROLL 1364350777			2,255.22
Apr 6	Zelle Instant On 04/04/26	PMT From MAXWELL CHARLES PICKETT PMT ID=JPM99cbwmy1e			200.00
Apr 6	Zelle Instant On 04/06/26	PMT From Collin Bradley PMT ID=COFW4SREEYXN			200.00
Apr 9	Zelle Instant On 04/09/26	PMT From DALIA ALMUTAWAA PMT ID=JPM99ccgipuy			98.00
			Total Deposits / Credits	**$**	**5,751.51**

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-9934

Date	*Description of Transaction*		*Ref Number*		*Amount*
Apr 9	Debit Purchase - VISA SERVICE FEE	On 040826 888-658-5465 TN REF # 24137466098300763626047	8300763626	$	2.15-
Apr 9	Debit Purchase - VISA US TREAS TAX PYM	On 040826 888-658-5465 TN REF # 24137466098300763626120	8300763626		410.00-
			Card 9934 Withdrawals Subtotal	**$**	**412.15-**
			Total Card Withdrawals	**$**	**412.15-**

Other Withdrawals

Date	*Description of Transaction*		*Ref Number*		*Amount*
Mar 13	Zelle Instant On 03/13/26	PMT To Collin PMT ID=USBStddrOgFh		$	72.00-
Mar 18	Electronic Withdrawal REF=260760084622780N00	To AMEX EPAYMENT 0005000040ACH PMT A3904			560.41-
Mar 23	Zelle Instant On 03/21/26	PMT To Collin PMT ID=USBgo5frQvOY			147.00-
Apr 1	Electronic Withdrawal REF=260900133461370N00	To ARTIFACT LIVING 3201463633PURCHASE 917-473-3839			1,334.34-
Apr 2	Electronic Withdrawal REF=260910178543050N00	To FID BKG SVC LLC MONEYLINE 0368004600			100.00-
Apr 2	Electronic Withdrawal REF=260910177428790N00	To DEPT EDUCATION STUDENT LN9102001001			139.43-
Apr 3	Electronic Withdrawal REF=260920075075540N00	To CON ED OF NY CECONY 2462467002			504.43-
Apr 6	Electronic Withdrawal REF=260960076941120N00	To CHASE CREDIT CRD AUTOPAY 4760039224			1,079.83-
			Total Other Withdrawals	**$**	**3,937.44-**

JORDAN D HENRY
MELODY J HENRY
813 SAINT NICHOLAS AVE APT 4F
NEW YORK NY 10031-2919

Uni-Statement
Account Number:
1 047 8631 7172
Statement Period:
Mar 12, 2026
through
Apr 10, 2026

STUDENT CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-047-8631-7172

Balance Summary

Date	*Ending Balance*	*Date*	*Ending Balance*	*Date*	*Ending Balance*
Mar 13	6,903.05	Mar 23	8,608.79	Apr 2	7,620.16
Mar 17	7,060.97	Mar 25	9,045.79	Apr 3	9,370.95
Mar 18	6,500.56	Mar 30	9,193.93	Apr 6	8,691.12
Mar 20	8,755.79	Apr 1	7,859.59	Apr 9	8,376.97

Balances only appear for days reflecting change.

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

262 TRN S X ST01

106481777185585 ER

JORDAN D HENRY
MELODY J HENRY
813 SAINT NICHOLAS AVE APT 4F
NEW YORK NY 10031-2919

Uni-Statement

Account Number:
1 047 8631 7172
Statement Period:
Feb 12, 2026
through
Mar 11, 2026

☎ ***To Contact U.S. Bank***

By Phone: *800-US BANKS (800-872-2657)*

U.S. Bank accepts Relay Calls

Internet: *usbank.com*

NEWS FOR YOU

Scan here with your phone's camera to download the U.S. Bank Mobile App.

Eligible cardmembers can check out online with Paze℠ today.

The list of merchants offering Paze at online checkout keeps growing. See the full list of merchants offering Paze at paze.com/merchant-directory

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TOTAL	$

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DATE	AMOUNT
TOTAL	$

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6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Debit Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank, EP-MN-WS5D, 60 Livingston Ave., St. Paul, MN 55107.

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

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

CONSUMER BILLING RIGHTS SUMMARY REGARDING YOUR RESERVE LINE

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at:
U.S. Bank, P.O. Box 3528, Oshkosh, WI 54903-3528.
In your letter, give us the following information:

- ***Account information:*** Your name and account number.
- ***Dollar Amount:*** The dollar amount of the suspected error.
- ***Description of problem:*** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.
You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS FOR RESERVE LINES

We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

CONSUMER REPORT DISPUTES

We may report information about account activity on consumer and small business deposit accounts and consumer reserve lines to Consumer Reporting Agencies (CRA). As a result, this may prevent you from obtaining services at other financial institutions. If you believe we have inaccurately reported information to a CRA, you may submit a dispute by calling 844.624.8230 or by writing to: U.S. Bank Attn: Consumer Bureau Dispute Handling (CBDH), P.O. Box 3447, Oshkosh, WI 54903-3447. In order for us to assist you with your dispute, you must provide: your name, address and phone number; the account number; the specific information you are disputing; the explanation of why it is incorrect; and any supporting documentation (e.g., affidavit of identity theft), if applicable.

JORDAN D HENRY
MELODY J HENRY
813 SAINT NICHOLAS AVE APT 4F
NEW YORK NY 10031-2919

Uni-Statement
Account Number:
1 047 8631 7172
Statement Period:
Feb 12, 2026
through
Mar 11, 2026

STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-047-8631-7172

Account Summary

Beginning Balance on Feb 12	$	5,292.13	Number of Days in Statement Period	28
Deposits / Credits		5,336.44		
Other Withdrawals		3,653.52-		
Ending Balance on Mar 11, 2026	**$**	**6,975.05**		

Overdraft Protection

The following account(s) are linked to your checking account for Overdraft Protection. The account(s) are listed in the order that they would be used to transfer funds to your checking account if the available account balance is negative. If you wish to make changes to your Overdraft Protection account order; log in to your account at usbank.com, visit your local U.S. Bank branch or call U.S. Bank 24-Hour Banking at the number listed above.

1st Position: Standard Savings account ending in 5605

Deposits / Credits

Date	*Description of Transaction*		*Ref Number*		*Amount*
Feb 12	Zelle Instant	PMT From MAXWELL CHARLES PICKETT		$	200.00
	On 02/12/26	PMT ID=JPM99c5e7s74			
Feb 17	Zelle Instant	PMT From Collin Bradley			48.00
	On 02/15/26	PMT ID=COF7DCHVSP2T			
Feb 20	Electronic Deposit	From DAVID BUCOVY ARC			2,255.22
	REF=260490060750790N00	BPRZ 1364350777			
Feb 27	Zelle Instant	PMT From Collin Bradley			318.00
	On 02/27/26	PMT ID=COFJZPSH71I4			
Mar 2	Zelle Instant	PMT From Collin Bradley			60.00
	On 02/28/26	PMT ID=COFI9PMQKQNV			
Mar 4	Zelle Instant	PMT From MAXWELL CHARLES PICKETT			200.00
	On 03/04/26	PMT ID=JPM99c7wx4rd			
Mar 5	Electronic Deposit	From DAVID BUCOVY ARC			2,255.22
	REF=260620112540710N00	BPRZ 1364350777			
			Total Deposits / Credits	**$**	**5,336.44**

Other Withdrawals

Date	*Description of Transaction*		*Ref Number*		*Amount*
Feb 18	Electronic Withdrawal	To AMEX EPAYMENT		$	40.76-
	REF=260480232647250N00	0005000040ACH PMT A7778			
Mar 2	Electronic Withdrawal	To ARTIFACT LIVING			1,334.34-
	REF=260580166836610N00	3201463633PURCHASE 917-473-3839			
Mar 3	Electronic Withdrawal	To FID BKG SVC LLC			100.00-
	REF=260610178316380N00	MONEYLINE 0368004600			
Mar 3	Electronic Withdrawal	To DEPT EDUCATION			139.43-
	REF=260610144297010N00	STUDENT LN9102001001			
Mar 4	Electronic Withdrawal	To CHASE CREDIT CRD			1,505.23-
	REF=260630008573740N00	AUTOPAY 4760039224			
Mar 5	Electronic Withdrawal	To CON ED OF NY			533.76-
	REF=260630043108560N00	CECONY 2462467002			
			Total Other Withdrawals	**$**	**3,653.52-**

Balance Summary

Date	*Ending Balance*	*Date*	*Ending Balance*	*Date*	*Ending Balance*
Feb 12	5,492.13	Feb 20	7,754.59	Mar 3	6,558.82
Feb 17	5,540.13	Feb 27	8,072.59	Mar 4	5,253.59
Feb 18	5,499.37	Mar 2	6,798.25	Mar 5	6,975.05

Balances only appear for days reflecting change.

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

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

Your first name and middle initial	Last name	Your social security number
JORDAN HENRY		476-35-3477
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
5417 HWY 25 NE

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
FOLEY, MN 56329

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

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

Filing Status Check only one box.
☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

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

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):

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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	40,175.
	b	Household employee wages not reported on Form(s) W-2				1b	
	c	Tip income not reported on line 1a (see instructions)				1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
	e	Taxable dependent care benefits from Form 2441, line 26				1e	
	f	Employer-provided adoption benefits from Form 8839, line 29				1f	
	g	Wages from Form 8919, line 6				1g	
	h	Other earned income (see instructions)				1h	
	i	Nontaxable combat pay election (see instructions)	1i				
	z	Add lines 1a through 1h				1z	40,175.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	7.	b Taxable interest	2b	
	3a	Qualified dividends	3a	25.	b Ordinary dividends	3b	32.
	4a	IRA distributions	4a		b Taxable amount	4b	
	5a	Pensions and annuities	5a		b Taxable amount	5b	
	6a	Social security benefits	6a		b Taxable amount	6b	
	c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	-1.
Standard Deduction for — • Single or Married filing separately, $14,600 • Married filing jointly or Qualifying surviving spouse, $29,200 • Head of household, $21,900 • If you checked any box under *Standard Deduction*, see instructions.	8	Additional income from Schedule 1, line 10				8	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	40,206.
	10	Adjustments to income from Schedule 1, line 26				10	
	11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	40,206.
	12	**Standard deduction or itemized deductions** (from Schedule A)				12	14,600.
	13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
	14	Add lines 12 and 13				14	14,600.
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	25,606.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	2,837.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	2,837.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	2,001.
	21	Add lines 19 and 20	21	2,001.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	836.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your **total tax**	24	836.
Payments	25	Federal income tax withheld from:		
		a Form(s) W-2 — 25a: 4,000.		
		b Form(s) 1099 — 25b:		
		c Other forms (see instructions) — 25c:		
		d Add lines 25a through 25c	25d	4,000.
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	4,000.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	3,164.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	3,164.
Direct deposit? See instructions.		**b** Routing number XXXXXXXXX **c** Type: ☐ Checking ☐ Savings **d** Account number XXXXXXXXXXXXXXXXXXXXXXXX		
	36	Amount of line 34 you want **applied to your 2025 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

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

Designee's name: MARK EMERSON CPA Phone no.: 320-252-9972 Personal identification number (PIN): 72345

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		STUDENT	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

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

Phone no. 320-292-4049 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
MARK EMERSON CPA	MARK EMERSON CPA	3/25/25	P00066054	☐ Self-employed

Firm's name: STANGL & JASKOWIAK, LTD Phone no.: 320-252-9972

Firm's address: PO BOX 660, SAUK RAPIDS, MN 56379 Firm's EIN: 41-1793627

Form **1040** Department of the Treasury — Internal Revenue Service
U.S. Individual Income Tax Return **2025** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , , ending , See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased Spouse

☐ Other

Your first name and middle initial	Last name	Your social security number
JORDAN HENRY		476-35-3477
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
5417 HWY 25 NE

Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025 . . . . . ☒

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
FOLEY, MN 56329

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

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

Filing Status

Check only one box.

☒ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets

At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . . . . ☐ **Yes** ☒ **No**

Dependents (see instructions)

If more than four dependents, see instructions and check here . . . . . ☐

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	**(a)** ☐ Yes **(b)** ☐ And in the U.S.	**(a)** ☐ Yes **(b)** ☐ And in the U.S.	**(a)** ☐ Yes **(b)** ☐ And in the U.S.	**(a)** ☐ Yes **(b)** ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently & totally disabled	☐ Full-time student ☐ Permanently & totally disabled	☐ Full-time student ☐ Permanently & totally disabled	☐ Full-time student ☐ Permanently & totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	**1a**	83,449.
b	Household employee wages not reported on Form(s) W-2	**1b**	
c	Tip income not reported on line 1a (see instructions)	**1c**	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	**1d**	
e	Taxable dependent care benefits from Form 2441, line 26	**1e**	
f	Employer-provided adoption benefits from Form 8839, line 31	**1f**	
g	Wages from Form 8919, line 6	**1g**	
h	Other earned income (see instructions). Enter type and amount: _____	**1h**	
i	Nontaxable combat pay election (see instructions) **1i**		
z	Add lines 1a through 1h	**1z**	83,449.
2a	Tax-exempt interest **2a** 14. **b** Taxable interest	**2b**	
3a	Qualified dividends **3a** 40. **b** Ordinary dividends	**3b**	53.
c	Check if your child's dividends are included in **1** ☐ Line 3a **2** ☐ Line 3b		
4a	IRA distributions **4a** **b** Taxable amount	**4b**	
c	Check if (see instructions) **1** ☐ Rollover **2** ☐ QCD **3** ☐		
5a	Pensions and annuities **5a** **b** Taxable amount	**5b**	
c	Check if (see instructions) **1** ☐ Rollover **2** ☐ PSO **3** ☐		
6a	Social security benefits **6a** **b** Taxable amount	**6b**	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐		
7a	Capital gain or (loss). Attach Schedule D if required	**7a**	3.
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
8	Additional income from Schedule 1, line 10	**8**	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**	**9**	83,505.
10	Adjustments to income from Schedule 1, line 26	**10**	558.
11a	Subtract line 10 from line 9. This is your **adjusted gross income**	**11a**	82,947.

Attach Sch. B if required.

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	82,947.
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien		
d	**You:** ☐ Were born before January 2, 1961 ☐ Are blind		
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e	**Standard deduction or itemized deductions** (from Schedule A)	12e	15,750.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	15,750.
15	Subtract ln 14 from ln 11b. If zero or less, enter -0-. This is your **taxable income**	15	67,197.
16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐ _____	16	9,693.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	9,693.
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,693.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your **total tax**	24	9,693.

Standard Deduction for —
- Single or Married filing separately, $15,750
- Married filing jointly or Qualifying surviving spouse, $31,500
- Head of household, $23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see instructions.

Payments and Refundable Credits

25	Federal income tax withheld from:				
a	Form(s) W-2	25a	9,283.		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	9,283.
26	2025 estimated tax payments and amount applied from 2024 return			26	
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): _____				
27a	Earned income credit (EIC)	27a			
b	Clergy filing Schedule SE (see instructions) ☐				
c	If you do not want to claim the EIC, check here ☐				
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Refundable adoption credit from Form 8839, line 13	30			
31	Amount from Schedule 3, line 15	31			
32	Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits			32	
33	Add lines 25d, 26, and 32. These are your **total payments**			33	9,283.

If you have a qualifying child, you may need to attach Sch. EIC.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	
b	Routing number _____ c Type: ☐ Checking ☐ Savings		
d	Account number _____		
36	Amount of line 34 you want **applied to your 2026 estimated tax** 36		

Direct deposit? See instructions.

Amount You Owe

37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	410.
38	Estimated tax penalty (see instructions) 38		

Third Party Designee

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

Designee's name MARK EMERSON CPA Phone no. 320-252-9972 Personal identification number (PIN) 72345

Sign Here

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

Your signature	Date	Your occupation STUDENT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. 320-292-4049	Email address		

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

Paid Preparer Use Only

Preparer's name MARK EMERSON CPA	Preparer's signature MARK EMERSON CPA	Date 3/13/26	PTIN P00066054	Check if: ☐ Self-employed
Firm's name STANGL & JASKOWIAK, LTD			Phone no. 320-252-9972	
Firm's address PO BOX 660 SAUK RAPIDS, MN 56379			Firm's EIN 41-1793627	

David Bucovy Architect

76 Bowery, 8th Floor, New York, NY 10013
t 718.369.0212 c 646-302-8502
www.davidbucovyarchitect.com

April 28th, 2026

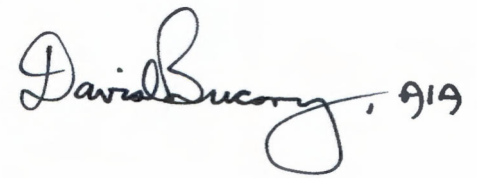
Re: Proof of Employment

To Whom It May Concern,

Please let this letter be proof that Jordan Henry is currently employed by David Bucovy Architect as an architect since July 2024 with a yearly salary of $90,000.00

Please feel free to call me on my cell for further information. 646-302-8502

Sincerely,



David Bucovy, AIA
David Bucovy Architect

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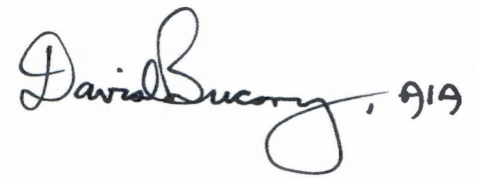

David Bucovy, AIA
David Bucovy Architect

M.N.S
REAL ESTATE
NYC

Malgorzata Warchol <mew@mns.com>

Fwd: Your TheGuarantors receipt [#1263-0086]

1 message

Jordan Henry <jdhenry23@gmail.com> Thu, Apr 30, 2026 at 4:07 PM
To: Malgorzata Warchol <mew@mns.com>

---------- Forwarded message ---------
From: **TheGuarantors** <receipts+acct_1AFS5zBYyuYtGRnY@stripe.com>
Date: Thu, Apr 30, 2026 at 4:07 PM
Subject: Your TheGuarantors receipt [#1263-0086]
To: <jdhenry23@gmail.com>

Receipt from TheGuarantors

Receipt #1263-0086

AMOUNT PAID	DATE PAID
$1,809.00	Apr 30, 2026, 4:07:20 PM

SUMMARY

Payment to Guarantr Inc: Lease Guarantee	$1,809.00
Amount paid	**$1,809.00**

If you have any questions, contact us at **info@theguarantors.com** or call us at **+1 212-266-0020**.

Lease Rental Bond

Bond Number: BMYM374913
Principals: Jordan Henry

Bond Term: As Noted Below
Coverage: $37,200
Rent Coverage: $34,100
Security Deposit Coverage: $3100.00

KNOW ALL PERSONS BY THESE PRESENTS,

that **THE HANOVER INSURANCE COMPANY** , as surety (the “Surety") is held and firmly bound unto 4560 BWY Partners LLC, as Landlord (the “Landlord"), in the penal sum of thirty-seven thousand, two hundred ($37,200), for the payment of which sum well and truly to be made, the Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has by written agreement entered into a Lease/Rental Agreement (the “Contract") with the Landlord for the lease of 4568 Broadway, Apt 2A, New York, NY 10040 from on or about May 15, 2026 to July 14, 2027 for the rental sum of three thousand, one hundred dollars ($3100) per month.

WHEREAS, the Principal has by written agreement entered into a Lease/Rental Agreement (the “Contract") with the Landlord for the lease of 4568 Broadway, Apt 2A, New York, NY 10040 from on or about May 15, 2026 to the earlier of, the final expiration date of the lease and renewal leases signed thereafter, the lease termination date as agreed upon by the Principal and Landlord at the time of or after the signing of the initial Lease, the date the Principal has surrendered possession of the apartment, under the Contract for the security deposit amount of three thousand, one hundred dollars ($3100.00).

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, THAT if the Principal shall promptly and faithfully perform the Contract with the Landlord and pay all lease/rental charges thereunder, then this obligation shall be null and void; otherwise it shall remain in full force and effect.

PROVIDED AND SUBJECT TO THE CONDITIONS PRECEDENT:

1. Whenever the Principal shall be, and declared by the Landlord to be in default under the Contract, the Landlord having performed the Landlord's obligations thereunder and having complied with the Bond General Terms and Conditions and Program Agreement if such Program Agreement has been executed.

2. Any claims must be presented to Surety, care of TheGuarantors via their online portal at www.theguarantors.com.

DATED as of this 30th day of April, 2026

THE THE HANOVER INSURANCE COMPANY

By:
(SEAL)

(Surety)

Name: Casey Lasda

Title: Attorney-In-Fact

THE HANOVER INSURANCE COMPANY INCORPORATED 1972