

APPLICATION FOR RENTAL

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

BUILDING/APARTMENT:	RENT:	SECURITY DEPOSIT:	AGENT:
START DATE:	LEASE LENGTH:	BROKER:	BROKER PHONE:
APPLICANT INFORMATION			
FIRST NAME Chloe	M.I. Rose	LAST NAME Correia	SUFFIX SSN ***_*_*_****
HOME PHONE (508) 264-4851	WORK PHONE	CELL PHONE ()	EMAIL chloercorreia@gmail.com
STREET ADDRESS		CITY	STATE ZIP
LANDLORD/MANAGING AGENT NAME		LANDLORD/MANAGING AGENT PHONE	LANDLORD/MANAGING AGENT FAX LANDLORD/MANAGING AGENT EMAIL
MONTHLY RENT	DATE IN	DATE OUT	REASON FOR LEAVING Need more space
BACKGROUND INFORMATION			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO			
DO YOU HAVE ANY CRIMINAL CHARGES PENDING, AWAITING DISPOSITION OR LOOMING IN ANY WAY? NO			
BANK INFORMATION			
CHECKING ACCOUNT BANK NAME	ACCOUNT NUMBER		PHONE NUMBER ()
SAVINGS ACCOUNT BANK NAME	ACCOUNT NUMBER		PHONE NUMBER ()
OTHER ACCOUNT BANK NAME	ACCOUNT NUMBER		PHONE NUMBER ()
EMPLOYMENT & INCOME INFORMATION			
OCCUPATION - PRESENT Software Developer	EMPLOYER/COMPANY CAI	SUPERVISOR NAME Christian Ventriglia	SUPERVISOR PHONE SUPERVISOR FAX SUPERVISOR EMAIL christian.ventriglia@cai.com
OCCUPATION - ☐ ADD'L ☐ PREVIOUS	EMPLOYER/COMPANY	SUPERVISOR NAME	SUPERVISOR PHONE ()
		SUPERVISOR FAX	SUPERVISOR EMAIL
		SALARY \$85,000.00/Yr.	START DATE
		ANNUAL SALARY	START DATE
BUSINESS/CPA REFERENCES (if self-employed)			
NAME	ADDRESS	PHONE ()	RELATIONSHIP

I warrant that all statements above set forth are true. I further represent that I am not renting a room or an apartment under any other name, nor have I ever been dispossessed from any apartment, nor am I now being dispossessed. I hereby give my permission to conduct inquiries concerning my income, credit history, residence, banking relationships, character and reputation for the purpose of verifying information, provided by me, on any apartment rental/purchase application. If this application is approved, I further authorize Owner or its agent(s) to conduct further credit inquiries. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, OFAC search, and landlord/tenant court record search will be done in conjunction with my application. I hereby hold On-Site Manager, Inc., Owner, and its agents free and harmless of any liability for providing written or verbal information and/or discussing the quality of my tenancy with current and former landlords property managers, supervisors, or employers. No representations or agreements by Salespersons, Brokers or others are to be binding on Owner, and/or any party connected with its business organization unless included in the written lease proposed to be executed. By submitting this application, I represent that Owner makes no guarantee regarding the status of this application or the availability of any apartment. If a lease is approved and executed, this completed application form becomes a part of that certain lease.

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.

An electronic signature was received on June 4, 2026 by CHLOE CORREIA.



Signed by Chloe Rose Correia

Thu Jun 4 2026 05:55:05 PM EDT

Key: B5E48A52; IP Address: 10.33.14.4

Chloe Rose Correia (Applicant)

Date

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

Application Fee for Chloe Rose Correia - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Chloe Rose Correia	XXXXXXXXXXXX3148	16691603	\$20.00
<i>This card has been authorized for the amount above and will be charged when the application is processed.</i>			



AUTHORIZATION TO RELEASE RECORDS

EMAIL TO: verifications@on-site.com

I authorize the below parties to verify any and all requested information and to provide written support as necessary to On-Site.com.

(PRINT Applicant Name)

(Applicant Signature)

Date

Please ensure that the below information is completed IN FULL. Inform your references that On-Site.com will be contacting them, and indicate the importance of a prompt response.

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 Chloe Rose Correia**The property's screening criteria result**

**5.6 / 10
APPROVE WITH
CONDITIONS**

This application has been approved with the following condition based on your property's screening criteria: additional security deposit of \$0.00. On-Site makes no independent assessment of an applicant's qualifications.

Score for Chloe Rose Correia: 5.6 / 10

	Importance	Result
Total monthly income to rent ratio exceeds 3.0	Extremely	
Gross monthly income after rent and estimated debt exceeds 25.0% of the monthly income	Extremely	
Maximum percentage of past due negative accounts is less than 25.0%	Very	
Unpaid collections and grossly delinquent past due balances do not exceed \$50.00	Very	
May have been through a bankruptcy	Extremely	



Rental Report for Chloe Rose Correia, 6/5/2026 for 214 at 1975 MADISON

Credit Quick Summary		
Custom scoring for this report:		
Medical collections not considered Do not consider mortgages in default. Student loans not considered Do not consider foreclosures.		
Total monthly income (reported by Applicant)	\$7,083.33	
Total combined monthly income to rent ratio	1.82 (based on rent of \$3,900.00)	
Estimated monthly debt and rent payments	\$5,695.00 (80% of monthly income)	
Total number of accounts	11	
Accounts with no late payments	8 (0 unpaid past due)	
Accounts paid 30-59 days past due	2 (1 unpaid past due)	
Accounts paid 60-89 days past due	0 (0 unpaid past due)	
Accounts paid more than 90 days past due	1 (0 unpaid past due)	
Total outstanding balance	\$6,551.00 (\$58.00 past due)	
Outstanding revolving debt	\$6,551.00 (4% of limit) (\$58.00 past due)	
Outstanding loan balance	\$0.00 (\$0.00 past due)	
Bankruptcies, foreclosures, and legal items	0	
Collection total balance (includes past due)	\$0.00	

Identity	From Application	From Equifax
Name:	Chloe Rose Correia	CHLOE R. CORREIA
SSN:	***_**_****	***_**_****
Birth Date:	4/**/1994	4/**/1994

Addresses	From Application	From Equifax
	400 W 61st Apt 436 New York, NY 10023 - US	400 W 61ST ST. 436 NEW YORK, NY 10023 (Applicant) Reported 5/2026 392 CHASE RD. NORTH DARTMOUTH, MA 02747 (Applicant) Reported 5/2026 1914 PERRYSVILLE AVE. 2 PITTSBURGH, PA 15214 (Applicant) Reported 2/2025 6454 LIVING PL. 311 PITTSBURGH, PA 15206 (Applicant) Reported 10/2022 1909 WATERFRONT PL. 138 PITTSBURGH, PA 15222 (Applicant) Reported 8/2022 700 MANSFIELD AVE. 1914 PITTSBURGH, PA 15205 (Applicant) Reported 11/2019 208 KEARSARGE ST. PITTSBURGH, PA 15211 (Applicant) Reported 9/2019 301 GRAND AVENUE EXT. 207B CLARION, PA 16214 (Applicant) Reported 7/2017

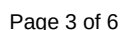
Employment	From Application	From Equifax
Applicant:	Software Developer CAI \$85,000.00/Yr. Total monthly Income: \$7,083.33	RPA DEVELOPER WESCO INTERNATIONAL

Restricted Person Search		
Requested For Chloe Rose Correia	Requested 6/5/2026	Returned 6/5/2026
Results <i>No Records Found</i>		

Risk Models		
From Equifax		
Risk Model Name Credit Score (Applicant)	Score 597	Score Factors The date that you opened your oldest account is too recent Too many bankcard or revolving accounts with delinquent or derogatory status You have too many delinquent or derogatory accounts Lack of sufficient relevant real estate account information
		Description This credit score is a widely used risk model that uses credit report data to predict the likelihood of default. The credit score range is between 300 and 850 (the higher the score, the less risky the consumer).

[illegible]

Account Name AMERICAN EXPRESS (Applicant)	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
	8/2022	4/2026					\$1,658.00
	Monthly Payment	High Credit	Type	Comments			
		\$4,175.00	OPEN ACCOUNT	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 5/26 3/26 1/26 11/25 9/25 7/25 5/25 3/25 1/25 11/24 9/24 7/24						

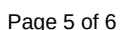
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Rental Report for Chloe Rose Correia, 6/5/2026 for 214 at 1975 MADISON

Account Name BANK OF AMERICA (Applicant)	Opened 10/2022	Last Active 4/2026	30-59	60-89	90+	Past Due	Balance \$398.00
	Monthly Payment \$35.00	High Credit \$18,342.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 5/26 3/26 1/26 11/25 9/25 7/25 5/25 3/25 1/25 11/24 9/24 7/24						
Account Name BARCLAYS BANK DELAWA (Applicant)	Opened 1/2025	Last Active 3/2026	30-59 2	60-89 0	90+ 0	Past Due \$58.00	Balance \$99.00
	Monthly Payment \$29.00	High Credit \$1,200.00	Type REVOLVING	Comments Rate/Status 3: Not more than three payments past due			
	Payment History 2 0 0 0 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0 5/26 3/26 1/26 11/25 9/25 7/25 5/25 3/25						
Account Name FORD MOTOR CREDIT CO (Applicant)	Opened 4/2021	Last Active 6/2022	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$37,231.00	Type INSTALLMENT	Comments FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History 0 7/22 5/22 3/22 1/22 11/21 9/21 7/21 5/21						
Account Name DOMESTIC BANK (Applicant)	Opened 10/2012	Last Active 6/2017	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$7,557.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 <						

Rental Report for Chloe Rose Correia, 6/5/2026 for 214 at 1975 MADISON

Account Name NORDSTROM/TD BANK (Applicant)	Opened 7/2022	Last Active 11/2025	30-59 1	60-89 1	90+ 1	Past Due	Balance \$0.00																																												
	Monthly Payment	High Credit \$1,523.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed																																															
	Payment History																																																		
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Account Name FB&T/MERCURY (Applicant)	Opened 9/2020	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																																															
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5/26	3/26	1/26	11/25	9/25	7/25	5/25	3/25	1/25	11/24	9/24	7/24																																								
Account Name DEPT OF ED (Applicant) Tradeline filtered due to setting: Student loans not considered	Opened 2/2019	Last Active 12/2025	30-59 0	60-89 0	90+ 3	Past Due	Balance \$0.00																																												
	Monthly Payment	High Credit \$29,260.00	Type INSTALLME	Comments Rate/Status 1: Pays account as agreed																																															
	Payment History																																																		
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Account Name DEPT OF ED (Applicant) Tradeline filtered due to setting: Student loans not considered	Opened 11/2016	Last Active 11/2018	30-59	60-89	90+	Past Due	Balance \$0.00																																												
	Monthly Payment	High Credit \$5,500.00	Type INSTALLME	Comments REFINANCED Rate/Status 1: Pays account as agreed																																															
Account Name DEPT OF ED (Applicant) Tradeline filtered due to setting: Student loans not considered	Opened 10/2015	Last Active 11/2018	30-59	60-89	90+	Past Due	Balance \$0.00																																												
	Monthly Payment	High Credit \$4,500.00	Type INSTALLME	Comments REFINANCED Rate/Status 1: Pays account as agreed																																															
Account Name DEPT OF ED (Applicant) Tradeline filtered due to setting: Student loans not considered	Opened 3/2015	Last Active 11/2018	30-59	60-89	90+	Past Due	Balance \$0.00																																												
	Monthly Payment	High Credit \$4,500.00	Type INSTALLME	Comments REFINANCED Rate/Status 1: Pays account as agreed																																															
Account Name DEPT OF ED (Applicant) Tradeline filtered due to setting: Student loans not considered	Opened 1/2013	Last Active 11/2018	30-59	60-89	90+	Past Due	Balance \$0.00																																												
	Monthly Payment	High Credit \$3,500.00	Type INSTALLME	Comments REFINANCED Rate/Status 1: Pays account as agreed																																															
Account Name DEPT OF ED (Applicant) Tradeline filtered due to setting: Student loans not considered	Opened 9/2013	Last Active 11/2018	30-59	60-89	90+	Past Due	Balance \$0.00																																												
	Monthly Payment	High Credit \$2,750.00	Type INSTALLME	Comments REFINANCED Rate/Status 1: Pays account as agreed																																															



Rental Report for Chloe Rose Correia, 6/5/2026 for 214 at 1975 MADISON

Account Name DEPT OF ED (Applicant) Tradeline filtered due to setting: Student loans not considered	Opened 11/2016	Last Active 11/2018	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$2,000.00	Type INSTALLME	Comments REFINANCED Rate/Status 1: Pays account as agreed			
Account Name DEPT OF ED (Applicant) Tradeline filtered due to setting: Student loans not considered	Opened 10/2015	Last Active 11/2018	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$2,000.00	Type INSTALLME	Comments REFINANCED Rate/Status 1: Pays account as agreed			
Account Name DEPT OF ED (Applicant) Tradeline filtered due to setting: Student loans not considered	Opened 1/2013	Last Active 11/2018	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$2,000.00	Type INSTALLME	Comments REFINANCED Rate/Status 1: Pays account as agreed			
Account Name DEPT OF ED (Applicant) Tradeline filtered due to setting: Student loans not considered	Opened 5/2016	Last Active 11/2018	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$1,000.00	Type INSTALLME	Comments REFINANCED Rate/Status 1: Pays account as agreed			
Account Name DEPT OF ED (Applicant) Tradeline filtered due to setting: Student loans not considered	Opened 4/2015	Last Active 11/2018	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$1,000.00	Type INSTALLME	Comments REFINANCED Rate/Status 1: Pays account as agreed			

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

A Summary of Your Rights Under the Fair Credit Reporting Act

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

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

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

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



03/13/2026

Dear Chloe,

Congratulations! We are excited to welcome you to #TeamCAI and offer you the Full Time Remote position of Software Developer.

At CAI, we power the possible for our clients, colleagues, and communities. Our award-winning culture is a product of our diverse workforce committed to our purpose and guided by our 1-3-5 core value philosophy—1 Principle: collaborate; 3 Actions: act honorably, respect everyone, and take ownership; and 5 Attributes: dedicated, intentional, curious, innovative, and proactive. We are excited to welcome you to the team and join us on this journey!

Anticipated Start Date	Manager	Compensation
03/23/2026	Christian Ventriglia Automation Consultant	\$85,000.00 per year

Compensation

You will be paid every other Friday on a bi-weekly basis.

Benefits

You are eligible to participate in our comprehensive benefits package and **MUST TAKE ACTION TO ENROLL IN COVERAGE WITHIN THE FIRST 30 DAYS OF EMPLOYMENT**. Details will be provided on your first day of work within our HR system, Workday.

These benefits will automatically be effective on your hire date and do not require action to enroll:

- Company-paid Life Insurance, Accidental Death & Dismemberment Coverage, Short-Term Disability, and Long-Term Disability benefits and Employee Assistance Program.

These benefits, if you choose to enroll, will be effective 31 days after your hire date:

- Medical and Prescription Plans
- Dental and Vision Plans
- Flexible Spending Accounts
- Optional additional Life Insurance and Accidental Death & Dismemberment Coverage
- Supplemental benefit offerings such as Accident, Critical Illness, Legal Assistance, and more



You will be automatically enrolled into the CAI 401(k) plan through Vanguard. **If you do not want to participate in CAI's 401(k) plan you must take action within the 30 days following your first paycheck.**

Paid Time Off (PTO)

You will receive hours 168 of PTO per year. These PTO hours include **all forms** of time away from work, including:

- Office closures for observed holidays (New Year's Day, Independence Day, Thanksgiving, etc.)
- Vacation
- Sick/personal time
- Any other personal needs

Your PTO balance for the current year will be prorated to 130.25 hours based on the start date listed above. If your start date changes, the prorated balance for the current year will also adjust accordingly.

Government Mandated Paid Sick Leave

Your current work location requires government mandated paid sick leave. You will receive a bank of paid sick leave hours in accordance with the local law. The paid sick time will accrue based on hours worked and may be subject to a waiting period based on the local regulation.

Additional Communications

You will soon receive an email to your personal email address with a link and login instructions for Workday. Workday is our HR System where you will complete your onboarding tasks. Once you start you will also view pay slips, request time off, and complete other related tasks there. Around your start date, you will also receive an email with your employee login information and a link to Cait, our employee intranet, which is our source of truth for all employment resources. We ask that you provide a mobile number in Workday which will be used to deliver critical internal communications via text message.



Chloe, we are very excited to have you join #TeamCAI! We are looking forward to a productive and beneficial working relationship. Please let us know if we can answer any questions for you about this offer.

Sincerely,

I have read this offer of employment, understand it, and accept the offer as described above. I understand that my employment is contingent upon my successful completion of the pre-employment process which includes a background check and drug screening.



Computer Aid, Inc. 1390 Ridgeview Drive Allentown, PA 18104 +1 (610) 5305000
Chloe Correia 400 W 61st St, Apt 436 New York, NY 10023

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Chloe Correia	Computer Aid, Inc.	22540	04/19/2026	05/02/2026	05/08/2026	

	Hours Worked	Gross Pay	Employee Pre-Tax Deductions	Employee Taxes	Employee Post Tax Deductions	Net Pay
Current	80.00	3,269.24	52.63	896.79	1.40	2,318.42
YTD	240.00	9,807.72	105.26	2,711.04	1.40	6,990.02

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Group Term Life	04/19/2026 - 05/02/2026	0	0	1.29	3.87	Social Security	199.51	601.79
Salary	04/19/2026 - 04/25/2026	40	0	1,634.62		Medicare	46.66	140.74
Salary	04/26/2026 - 05/02/2026	40	0	1,634.62	9,807.72	Federal Withholding	368.04	1,115.70
						State Tax - NY	152.00	458.84
						City Tax - NY	116.46	351.61
						New York Paid Family Leave - NYPL	14.12	42.36
Earnings				3,270.53	9,811.59	Employee Taxes	896.79	2,711.04

Employee Pre-Tax Deductions			Employee Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
Medical Flexible Spending Account	52.63	105.26	Critical Illness Insurance Post Tax	1.40	1.40
Employee Pre-Tax Deductions	52.63	105.26	Employee Post Tax Deductions	1.40	1.40

Taxable Wages		
Description	Amount	YTD
OASDI - Taxable Wages	3,217.90	9,706.33
Medicare - Taxable Wages	3,217.90	9,706.33
Federal Withholding - Taxable Wages	3,217.90	9,706.33

	Federal	State	Paid Time Off Balances		
Marital Status	Single or Married filing separately	Single or Head of Household	Description	Accrued	Reduced Available
Allowances	0	0	USA Paid Time Off Plan	0	0 130.25
Additional Withholding	0	0	USA Sick Time Off Plan (Based on Actua	2.67	0 8.01

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Santander	Santander *****3040	*****3040	2,318.42	USD



Computer Aid, Inc. 1390 Ridgeview Drive Allentown, PA 18104 +1 (610) 5305000
Chloe Correia 400 W 61st St, Apt 436 New York, NY 10023

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Chloe Correia	Computer Aid, Inc.	22540	05/03/2026	05/16/2026	05/22/2026	

	Hours Worked	Gross Pay	Employee Pre-Tax Deductions	Employee Taxes	Employee Post Tax Deductions	Net Pay
Current	80.00	3,269.24	183.40	860.96	1.75	2,223.13
YTD	320.00	13,076.96	288.66	3,572.00	3.15	9,213.15

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Group Term Life	05/03/2026 - 05/16/2026	0	0	1.29	5.16	Social Security	199.51	801.30
Salary	05/03/2026 - 05/09/2026	40	0	1,634.62		Medicare	46.66	187.40
Salary	05/10/2026 - 05/16/2026	40	0	1,634.62	13,076.96	Federal Withholding	339.27	1,454.97
						State Tax - NY	144.94	603.78
						City Tax - NY	116.46	468.07
						New York Paid Family Leave - NYPL	14.12	56.48
Earnings				3,270.53	13,082.12	Employee Taxes	860.96	3,572.00

Employee Pre-Tax Deductions			Employee Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
401K	130.77	130.77	Critical Illness Insurance Post Tax	1.75	3.15
Medical Flexible Spending Account	52.63	157.89			
Employee Pre-Tax Deductions	183.40	288.66	Employee Post Tax Deductions	1.75	3.15

Taxable Wages		
Description	Amount	YTD
OASDI - Taxable Wages	3,217.90	12,924.23
Medicare - Taxable Wages	3,217.90	12,924.23
Federal Withholding - Taxable Wages	3,087.13	12,793.46

		Federal	State	Paid Time Off Balances			
Marital Status	Single or Married filing separately	Single or Head of Household		Description	Accrued	Reduced	Available
Allowances	0	0		USA Paid Time Off Plan	0	0	130.25
Additional Withholding	0	0		USA Sick Time Off Plan (Based on Actui	2.67	0	10.68

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Santander	Santander *****3040	*****3040		2,223.13 USD



Computer Aid, Inc. 1390 Ridgeview Drive Allentown, PA 18104 +1 (610) 5305000
Chloe Correia 400 W 61st St, Apt 436 New York, NY 10023

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Earnings				3,270.53	13,082.12	Employee Taxes	860.96	3,572.00

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	Federal	State	Paid Time Off Balances		
Marital Status	Single or Married filing separately	Single or Head of Household	Description	Accrued	Reduced Available
Allowances	0	0	USA Paid Time Off Plan	0	0 130.25
Additional Withholding	0	0	USA Sick Time Off Plan (Based on Actui	2.67	0 10.68

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Santander	Santander *****3040	*****3040	2,223.13	USD



Statement Period 05/01/26 TO 05/31/26
SIMPLY RIGHT CHECKING

If you have questions about your statement,
contact the Customer Service Center at 877-768-2265.
Hearing- and speech-impaired customers may use 7-1-1.
www.santanderbank.com

CHLOE ROSE CORREIA
400 W 61ST ST APT 436
NEW YORK NY 10023-0198

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Financial Summary

Statement Period 05/01/26 - 05/31/26

CHLOE ROSE CORREIA

Deposit Accounts

Account Number

Average Daily Balance

Current Balance

SIMPLY RIGHT CHECKING	39802953040	\$4,277.48	\$5,057.46
SANTANDER SAVINGS	13302147544	\$0.02	\$0.02

Total Deposits

\$5,057.48

SIMPLY RIGHT CHECKING

Statement Period 05/01/26 - 05/31/26

CHLOE ROSE CORREIA

Account # 39802953040

Balances

Beginning Balance	\$4,444.32	Current Balance	\$5,057.46
Deposits/Credits	+\$6,227.55	Average Daily Balance	\$4,277.48
Withdrawals/Debits	-\$5,614.41		

Account Activity

Date	Description	Additions	Subtractions	Balance
05-01	Beginning Balance			\$4,444.32
05-01	FID BKG SVC LLC MONEYLINE 260501 *****34		\$94.00	\$4,350.32
05-05	Zelle Transfer from MARK WIGGANS 877-726-5640-612500K07SJJ	\$1,686.00		\$6,036.32
05-06	AMEX EPAYMENT ACH PMT 260506		\$1,686.09	\$4,350.23
05-07	Zelle Transfer to SHAMIRA ROBLES 877-726-5640-612700J0JG3I		\$13.00	\$4,337.23
05-08	COMPUTER AID, IN PAYROLL 260508 *****40	\$2,318.42		\$6,655.65
05-08	FID BKG SVC LLC MONEYLINE 260508 *****18		\$94.00	\$6,561.65
05-08	AMERICANEXPRESS TRANSFER		\$3,000.00	\$3,561.65
05-15	FID BKG SVC LLC MONEYLINE 260515 *****E2		\$94.00	\$3,467.65
05-18	Zelle Transfer to BRITTANY ROYES 877-726-5640-613700J0EN1W		\$200.00	\$3,267.65
05-19	Disney Plus 8889057888 /CA US CARD PURCHASE		\$20.32	\$3,247.33
05-22	COMPUTER AID, IN PAYROLL 260522 *****40	\$2,223.13		\$5,470.46
05-22	FID BKG SVC LLC MONEYLINE 260522 *****SL		\$94.00	\$5,376.46
05-26	VENMO PAYMENT 260525		\$225.00	\$5,151.46
05-29	FID BKG SVC LLC MONEYLINE 260529 *****SY		\$94.00	\$5,057.46
05-31	Ending Balance			\$5,057.46

SANTANDER SAVINGS

Statement Period 05/01/26 - 05/31/26

CHLOE ROSE CORREIA

Account # 13302147544

Balances

Beginning Balance	\$0.02	Current Balance	\$0.02
Deposits/Credits	+\$0.00	Average Daily Balance	\$0.02
Withdrawals/Debits	\$0.00		



Account Activity

Date	Description	Additions	Subtractions	Balance
05-01	Beginning Balance			\$0.02
05-31	Ending Balance			\$0.02

What You Need to Know About Overdrafts and Overdraft Fees
Overview

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer an overdraft protection plan, which allows you to link other deposit accounts, such as a savings account, to cover overdrafts in your checking account. This plan may be less expensive than our standard overdraft practices. To learn more, ask us about this plan.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments
- Recurring Debit Card transactions
- Online Banking payments and transfers

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- One-time Debit Card purchases

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if Santander pays an overdraft?

Under our standard overdraft practices:

- We will charge you a fee of up to **\$15** each time we pay an overdraft (maximum of three(3) per Business Day).
- We will only charge you an overdraft fee if the balance on your account is overdrawn by more than **\$100**.
- An additional one-time fee of **\$15** applies to accounts overdrawn by any amount (negative balance) for five (5) consecutive Business Days when the overdrawn balance at the end of the first day is more than **\$100**, and is assessed to the account on the sixth (6th) Business Day. This charge generally applies to checking, savings, and money market savings accounts. See the Fee Schedule for details.

What if I want Santander to authorize and pay overdrafts on my ATM and one-time Debit Card transactions?

If you want us to authorize and pay overdrafts on ATM and one-time Debit Card transactions, visit a Santander branch or call our Customer Service Center at **877-768-2265**. You can also make this change in Santander Online or Mobile Banking.

Can I change my mind later?

If you tell us that we are permitted to pay any overdrafts caused by ATM or one-time debit transactions, you can always change your mind and tell us you no longer want us to do this.

You can visit any Santander branch or call us at 877-768-2265 to tell us you no longer want us to pay these types of overdrafts . You can also make this change in Santander Online or Mobile Banking.

In Case of Errors or Questions About Your Electronic Transfers Telephone us at the Customer Service Center phone number shown on the top of your statement or write us at the address listed below as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt.

FOR DEBIT CARD ISSUES:
Santander Bank
Attn: Card Disputes Team
MAI MB3 02 05
P.O. Box 831002
Boston, MA 02283-1002

FOR ALL OTHER ELECTRONIC TRANSFER ISSUES:
Santander Bank
Attn: Client Relations
10-421-CR1
P.O. Box 12646
Reading, PA 19612-2646

We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

(1) Tell us your name and account number (if any).

(2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account 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.

IN CASE OF ERRORS OR QUESTIONS ABOUT OTHER TRANSACTIONS ON YOUR STATEMENT

You must contact us within thirty (30) days after you receive your statement if you think a transaction, other than an electronic transfer, shown on your statement is wrong or if you need more information about the transaction.

You may contact your nearest branch or our Customer Contact Center at 1-877-768-2265. Hearing and speech impaired customers may use 7-1-1 or their preferred relay service. We will investigate your dispute and tell you the results of that investigation.



Statement Period 04/01/26 TO 04/30/26
SIMPLY RIGHT CHECKING

If you have questions about your statement,
contact the Customer Service Center at 877-768-2265.
Hearing- and speech-impaired customers may use 7-1-1.
www.santanderbank.com

CHLOE ROSE CORREIA
400 W 61ST ST APT 436
NEW YORK NY 10023-0198

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Financial Summary

Statement Period 04/01/26 - 04/30/26

CHLOE ROSE CORREIA

Deposit Accounts

Account Number

Average Daily Balance

Current Balance

SIMPLY RIGHT CHECKING	39802953040	\$2,254.61	\$4,444.32
SANTANDER SAVINGS	13302147544	\$0.02	\$0.02

Total Deposits

\$4,444.34

SIMPLY RIGHT CHECKING

Statement Period 04/01/26 - 04/30/26

CHLOE ROSE CORREIA

Account # 39802953040

Balances

Beginning Balance	\$322.44	Current Balance	\$4,444.32
Deposits/Credits	+\$7,524.60	Average Daily Balance	\$2,254.61
Withdrawals/Debits	-\$3,402.72		

Account Activity

Date	Description	Additions	Subtractions	Balance
04-01	Beginning Balance			\$322.44
04-03	FID BKG SVC LLC MONEYLINE 260403 *****5N		\$94.00	\$228.44
04-09	Zelle Transfer from MARK WIGGANS 877-726-5640-609900L0EC5O	\$1,553.00		\$1,781.44
04-09	Zelle Transfer from MARK WIGGANS 877-726-5640-609900D02C7U	\$1,300.00		\$3,081.44
04-09	EXTERNAL TRANSFER TO ACCT - Mark Wiggans		\$1,300.00	\$1,781.44
04-10	COMPUTER AID, IN PAYROLL 260410 *****40	\$2,351.78		\$4,133.22
04-10	FID BKG SVC LLC MONEYLINE 260410 *****KC		\$94.00	\$4,039.22
04-10	AMEX EPAYMENT ACH PMT 260410		\$1,533.40	\$2,505.82
04-13	Zelle Transfer to BRITTANY ROYES 877-726-5640-610300M0EEYO		\$100.00	\$2,405.82
04-17	NYS DTF PIT Tax Paymnt *****46		\$73.00	\$2,332.82
04-17	FID BKG SVC LLC MONEYLINE 260417 *****KL		\$94.00	\$2,238.82
04-20	Disney Plus 8889057888 /CA US CARD PURCHASE		\$20.32	\$2,218.50
04-24	COMPUTER AID, IN PAYROLL 260424 *****40	\$2,319.82		\$4,538.32
04-24	FID BKG SVC LLC MONEYLINE 260424 *****GC		\$94.00	\$4,444.32
04-30	Ending Balance			\$4,444.32

SANTANDER SAVINGS

Statement Period 04/01/26 - 04/30/26

CHLOE ROSE CORREIA

Account # 13302147544

Balances

Beginning Balance	\$0.02	Current Balance	\$0.02
Deposits/Credits	+\$0.00	Average Daily Balance	\$0.02
Withdrawals/Debits	\$0.00		



Account Activity

Date	Description	Additions	Subtractions	Balance
04-01	Beginning Balance			\$0.02
04-30	Ending Balance			\$0.02

What You Need to Know About Overdrafts and Overdraft Fees
Overview

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer an overdraft protection plan, which allows you to link other deposit accounts, such as a savings account, to cover overdrafts in your checking account. This plan may be less expensive than our standard overdraft practices. To learn more, ask us about this plan.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments
- Recurring Debit Card transactions
- Online Banking payments and transfers

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- One-time Debit Card purchases

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if Santander pays an overdraft?

Under our standard overdraft practices:

- We will charge you a fee of up to **\$15** each time we pay an overdraft (maximum of three(3) per Business Day).
- We will only charge you an overdraft fee if the balance on your account is overdrawn by more than **\$100**.
- An additional one-time fee of **\$15** applies to accounts overdrawn by any amount (negative balance) for five (5) consecutive Business Days when the overdrawn balance at the end of the first day is more than **\$100**, and is assessed to the account on the sixth (6th) Business Day. This charge generally applies to checking, savings, and money market savings accounts. See the Fee Schedule for details.

What if I want Santander to authorize and pay overdrafts on my ATM and one-time Debit Card transactions?

If you want us to authorize and pay overdrafts on ATM and one-time Debit Card transactions, visit a Santander branch or call our Customer Service Center at **877-768-2265**. You can also make this change in Santander Online or Mobile Banking.

Can I change my mind later?

If you tell us that we are permitted to pay any overdrafts caused by ATM or one-time debit transactions, you can always change your mind and tell us you no longer want us to do this.

You can visit any Santander branch or call us at 877-768-2265 to tell us you no longer want us to pay these types of overdrafts . You can also make this change in Santander Online or Mobile Banking.

In Case of Errors or Questions About Your Electronic Transfers Telephone us at the Customer Service Center phone number shown on the top of your statement or write us at the address listed below as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt.

FOR DEBIT CARD ISSUES:
Santander Bank
Attn: Card Disputes Team
MAI MB3 02 05
P.O. Box 831002
Boston, MA 02283-1002

FOR ALL OTHER ELECTRONIC TRANSFER ISSUES:
Santander Bank
Attn: Client Relations
10-421-CR1
P.O. Box 12646
Reading, PA 19612-2646

We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

(1) Tell us your name and account number (if any).

(2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account 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.

IN CASE OF ERRORS OR QUESTIONS ABOUT OTHER TRANSACTIONS ON YOUR STATEMENT

You must contact us within thirty (30) days after you receive your statement if you think a transaction, other than an electronic transfer, shown on your statement is wrong or if you need more information about the transaction.

You may contact your nearest branch or our Customer Contact Center at 1-877-768-2265. Hearing and speech impaired customers may use 7-1-1 or their preferred relay service. We will investigate your dispute and tell you the results of that investigation.



Computer Aid, Inc. 1390 Ridgeview Drive Allentown, PA 18104 +1 (610) 5305000
Chloe Correia 400 W 61st St, Apt 436 New York, NY 10023

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Chloe Correia	Computer Aid, Inc.	22540	04/19/2026	05/02/2026	05/08/2026	

	Hours Worked	Gross Pay	Employee Pre-Tax Deductions	Employee Taxes	Employee Post Tax Deductions	Net Pay
Current	80.00	3,269.24	52.63	896.79	1.40	2,318.42
YTD	240.00	9,807.72	105.26	2,711.04	1.40	6,990.02

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Group Term Life	04/19/2026 - 05/02/2026	0	0	1.29	3.87	Social Security	199.51	601.79
Salary	04/19/2026 - 04/25/2026	40	0	1,634.62		Medicare	46.66	140.74
Salary	04/26/2026 - 05/02/2026	40	0	1,634.62	9,807.72	Federal Withholding	368.04	1,115.70
						State Tax - NY	152.00	458.84
						City Tax - NY	116.46	351.61
						New York Paid Family Leave - NYPL	14.12	42.36
Earnings				3,270.53	9,811.59	Employee Taxes	896.79	2,711.04

Employee Pre-Tax Deductions			Employee Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
Medical Flexible Spending Account	52.63	105.26	Critical Illness Insurance Post Tax	1.40	1.40
Employee Pre-Tax Deductions	52.63	105.26	Employee Post Tax Deductions	1.40	1.40

Taxable Wages		
Description	Amount	YTD
OASDI - Taxable Wages	3,217.90	9,706.33
Medicare - Taxable Wages	3,217.90	9,706.33
Federal Withholding - Taxable Wages	3,217.90	9,706.33

	Federal	State	Paid Time Off Balances		
Marital Status	Single or Married filing separately	Single or Head of Household	Description	Accrued	Reduced Available
Allowances	0	0	USA Paid Time Off Plan	0	0 130.25
Additional Withholding	0	0	USA Sick Time Off Plan (Based on Actua	2.67	0 8.01

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Santander	Santander *****3040	*****3040	2,318.42	USD



Computer Aid, Inc. 1390 Ridgeview Drive Allentown, PA 18104 +1 (610) 5305000
Chloe Correia 400 W 61st St, Apt 436 New York, NY 10023

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Chloe Correia	Computer Aid, Inc.	22540	05/03/2026	05/16/2026	05/22/2026	

	Hours Worked	Gross Pay	Employee Pre-Tax Deductions	Employee Taxes	Employee Post Tax Deductions	Net Pay
Current	80.00	3,269.24	183.40	860.96	1.75	2,223.13
YTD	320.00	13,076.96	288.66	3,572.00	3.15	9,213.15

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Group Term Life	05/03/2026 - 05/16/2026	0	0	1.29	5.16	Social Security	199.51	801.30
Salary	05/03/2026 - 05/09/2026	40	0	1,634.62		Medicare	46.66	187.40
Salary	05/10/2026 - 05/16/2026	40	0	1,634.62	13,076.96	Federal Withholding	339.27	1,454.97
						State Tax - NY	144.94	603.78
						City Tax - NY	116.46	468.07
						New York Paid Family Leave - NYPL	14.12	56.48
Earnings				3,270.53	13,082.12	Employee Taxes	860.96	3,572.00

Employee Pre-Tax Deductions			Employee Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
401K	130.77	130.77	Critical Illness Insurance Post Tax	1.75	3.15
Medical Flexible Spending Account	52.63	157.89			
Employee Pre-Tax Deductions	183.40	288.66	Employee Post Tax Deductions	1.75	3.15

Taxable Wages		
Description	Amount	YTD
OASDI - Taxable Wages	3,217.90	12,924.23
Medicare - Taxable Wages	3,217.90	12,924.23
Federal Withholding - Taxable Wages	3,087.13	12,793.46

		Federal	State	Paid Time Off Balances			
Marital Status	Single or Married filing separately	Single or Head of Household		Description	Accrued	Reduced	Available
Allowances	0	0		USA Paid Time Off Plan	0	0	130.25
Additional Withholding	0	0		USA Sick Time Off Plan (Based on Actui	2.67	0	10.68

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Santander	Santander *****3040	*****3040		2,223.13 USD

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

See separate instructions.

Your first name and middle initial CHLOE R		Last name CORREIA		Your social security number 617 74 1771		
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. 400 WEST 61ST STREET				Apt. no. 436		
City, town, or post office. If you have a foreign address, also complete spaces below. NEW YORK			State NY		ZIP code 10023	
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 ☒ Single ☐ Head of household (HOH)

Check only one box. ☐ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)

☐ Married filing separately (MFS)

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):

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

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	130,470.
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	130,470.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	46.
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
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	-260.
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	130,630.
10	Adjustments to income from Schedule 1, line 26	10	0.
11	Subtract line 10 from line 9. This is your adjusted gross income	11	130,630.
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	116,030.

Attach Sch. B if required.

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.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2

☐ Combat zone

☐ Deceased

☐ Spouse

☐ Other

Your first name and middle initial CHLOE R	Last name CORREIA	Your social security number 617 74 1771
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. 400 WEST 61ST STREET		Apt. no. 436	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. ☒ X	
City, town, or post office. If you have a foreign address, also complete spaces below. NEW YORK		State NY		ZIP code 10023
Foreign country name	Foreign province/state/county	Foreign postal code		

Filing Status

☒ Single

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____

☐ 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: _____

☐ 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 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	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 and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and 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	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	15,830.
	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	15,830.
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.	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	36.
	c	Check if your child's dividends are included in 1 ☐ Line 3a	2	☐ Line 3b
	4a	IRA distributions	4a	
	c	Check if (see instructions) 1 ☐ Rollover	2	☐ QCD 3 ☐
	5a	Pensions and annuities	5a	
	c	Check if (see instructions) 1 ☐ Rollover	2	☐ PSO 3 ☐
	6a	Social security benefits	6a	
	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 ☐		☐
Attach Sch. B if required.	7a	Capital gain or (loss). Attach Schedule D if required	7a	2,417.
	b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
	8	Additional income from Schedule 1, line 10	8	13,834.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9	32,550.
	10	Adjustments to income from Schedule 1, line 26	10	232.
11a	Subtract line 10 from line 9. This is your adjusted gross income	11a	32,318.	

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	32,318.
	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 line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	16,568.
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	1,745.	
17	Amount from Schedule 2, line 3	17	0.	
18	Add lines 16 and 17	18	1,745.	
19	Child tax credit or credit for other dependents from Schedule 8812	19		
20	Amount from Schedule 3, line 8	20	202.	
21	Add lines 19 and 20	21	202.	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1,543.	
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	1,543.	

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 inst.

Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	1,383.
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	1,383.
	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	1,383.	

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 X X X X X X X X X X	c	Type: ☐ Checking ☐ Savings
	d	Account number X X X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2026 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	160.
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ Yes . Complete below. ☒ No		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			UNEMPLOYED	
	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.)

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Firm's name				Phone no.
	Firm's address				Firm's EIN

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

CHLOE R CORREIA

Your social security number

617-74-1771

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	7	13,834.
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	13,834.