

# Social Security Administration

## Retirement, Survivors and Disability Insurance

### Important Information

Mid-Atlantic Program Service Center  
300 Spring Garden Street  
Philadelphia, Pennsylvania 19123-2992  
Date: February 15, 2019  
BNC#: 19T2040G32531-A



0000581 00033434 1 MB 0.428 0208MIT2R2PN T107 P8



KOHARIG HOSDAGHIAN  
APT 2402  
24 PEDDLER HILL ROAD  
MONROE NY 10950-1724

We are writing to you about your Social Security benefits.

### What You Should Know

As you requested, we will begin deducting your health plan premiums from your monthly benefit.

### What We Will Pay And When

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

- You will receive \$464.20 for February 2019 around March 27, 2019.
- After that you will receive \$464.20 on or about the fourth Wednesday of each month.

### Information About Your Health Plan Premiums

We deducted \$24.80 for your health plan premiums from the check you will receive for February 2019 on or about March 27, 2019.

This represents all health plan premiums due to date.

Each month, we will continue to deduct \$24.80 for your health plan premiums.

If you have any questions about your health plan premiums, please contact your health plan(s).

19T2040G32531-A

Page 3 of 3

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*

\*1000631\* 0383V0419006627\* T2R2PNPRES 100208 0400000000000000



**Social Security Administration**  
**Retirement, Survivors and Disability Insurance**  
Important Information

Mid-Atlantic Program Service Center  
300 Spring Garden Street  
Philadelphia, Pennsylvania 19123-2992  
Date: February 15, 2019  
BNC#: 19T2040G32429-A



0000582 00033435 1 MB 0.428 0208M1T2R2PN T107 P8



YEGHICHE K HOSDAGHIAN  
24 PEDDLER HILL ROAD  
MONROE NY 10950-1752

We are writing to you about your Social Security benefits.

**What You Should Know**

As you requested, we will begin deducting your health plan premiums from your monthly benefit.

**What We Will Pay And When**

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

- You will receive \$1,345.20 for February 2019 around March 20, 2019.
- After that you will receive \$1,345.20 on or about the third Wednesday of each month.

**Information About Your Health Plan Premiums**

We deducted \$24.80 for your health plan premiums from the check you will receive for February 2019 on or about March 20, 2019.

This represents all health plan premiums due to date.

Each month, we will continue to deduct \$24.80 for your health plan premiums.

If you have any questions about your health plan premiums, please contact your health plan(s).

19T2040G32429-A

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**If You Disagree With The Decision**

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal in writing.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561. You may go to our website at [www.socialsecurity.gov/online/](http://www.socialsecurity.gov/online/) to find the form SSA-561. You can also contact us by phone, mail, or come into an office to request the form. If you need help to fill out the form, we can help you by phone or in person.

**Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

**If You Have Questions**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-866-504-4801. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
SUITE 301  
3 WASHINGTON CENTER  
NEWBURGH, NY 12550

19T2040G32429-A

Page 3 of 3

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*

\*L006588\* \*0202V341C006588\* \*3R3P N PILES 181208 00000000000000



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



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSEPORT  
PASSEPORT  
PASAPORTE



UNITED STATES OF AMERICA

Passport No. / No. do Passaporte	Codex / Código	Type / Tipo
123456789	123456789	123456789

USA:

Home & Away

**HOSDAGHIAN**

Given Names / Prénoms / Nombres

## ΥΕΓΗCΗΞ

Pradip Kumbhakar, J. Guojun Guo, J. Kyliangliang

UNITED STATES OF AMERICA

Date of birth / Data de nascimento / Fecha de nacimiento

0761 NOV 21

Place of birth / Lieu de naissance / Lugar de nacimiento

**NOTES**

**Ata da reunião / Parte de delivrança / Folha da expedição**

4007-120-11

Prepared by: **James J. O'Neil**, Director, Division of Health Policy and Statistics, Department of Health and Human Services, Washington, D.C.

107 dae

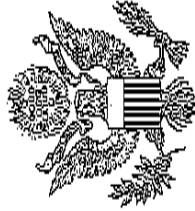
SEE PAGE 555

Page 27

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No. 9656791



CORRECTIONAL DEPARTMENT

NEW JERSEY

Petition No. 54571

Alien Registration No. A18 579 302

ORIGINAL

Personal description of holder as of date of naturalization: Date of birth November 17, 1940 Sex Male  
 complexion Medium color of hair Brown Scar on right knee. Height 5 feet 8 inches  
 weight 165 pounds; visible distinctive marks Married

Country of former nationality Lebanon  
 I certify that the description above given is true, and that the photograph affixed hereto is a likeness of me.

Yeghiche Hosdeghian

S. (Complete and true signature of holder)

State of New Jersey  
 County of Bergen

S.S.

Residence, that is, abode of the

Bergen County

Bergen County

Court of

Held pursuant to law of  
 on AUG 29 1943

Hackensack, New Jersey

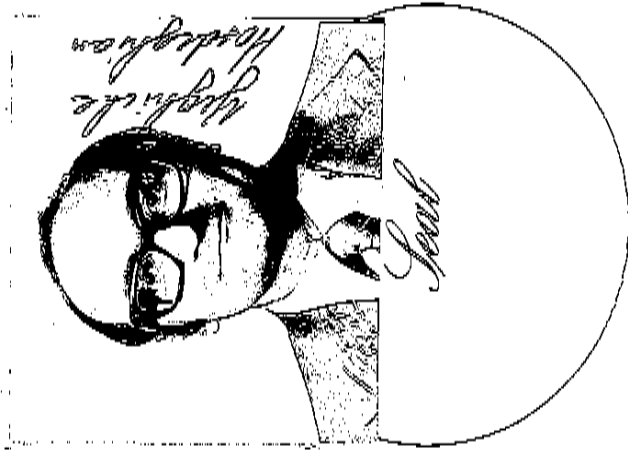
the Court having found that

Yeghiche Hosdeghian

then residing at 155 Meadow Lane, Paramus, New Jersey

intends to reside permanently in the United States (when so required by the  
 Naturalization Laws of the United States), having all other respects, complied with  
 the applicable provisions of such naturalization laws, and was entitled to be  
 admitted to citizenship, thereupon, ordered that such person be and (he was  
 admitted as a citizen of the United States of America,

In testimony whereof the seal of the court is hereunto affixed this  
 day of AUG 29 1943 at the year of our Lord nineteen hundred and



IT IS PUNISHABLE BY U. S. LAW TO COPY,  
 PRINT OR PHOTOGRAPH THIS CERTIFICATE.

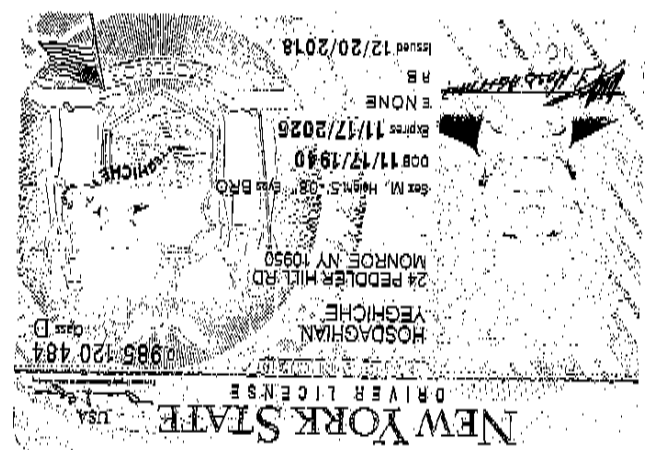
Carl R. Hartmann

Clerk of the Bergen County Court.

By

Deputy Clerk.

CORRECTIONAL DEPARTMENT







## Financial Assistance

At Orange Regional Medical Center, our goal is to provide quality care and services to our patients. We seek to provide healthcare to everyone regardless of ability to pay. That is why we provide patients with the opportunity to qualify for our Financial Aid Program whether you are uninsured or underinsured.

- We provide a Self-Pay Discount for uninsured patients. We automatically reduce charges for all uninsured patients for medically necessary services.
- We apply patients for Medicaid, if qualified, based on Department of Social Services guidelines.
- Our Financial Aid Program, based on the Federal Poverty Guidelines, is available to all patients that qualify. Patients with income up to 350 percent of the Federal Poverty Guidelines can be eligible to receive assistance with their bill based on our fee schedule.
- Patients who cannot pay their entire bill immediately can request a monthly payment arrangement.

### 2016 Orange Regional Medical Center Fee Schedule

Family Unit	1	2	3	4	5	6	7	8	Discount
FPL	\$11,880	\$16,020	\$20,160	\$24,300	\$28,440	\$32,580	\$36,730	\$40,890	100%
% of FPL									
200	\$23,760	\$32,040	\$40,320	\$48,600	\$56,880	\$65,160	\$73,460	\$81,780	100%
250	\$29,700	\$40,050	\$50,400	\$60,750	\$71,100	\$81,450	\$91,825	\$102,225	75%
300	\$35,640	\$48,060	\$60,480	\$72,900	\$85,320	\$97,740	\$110,190	\$122,670	50%
350	\$41,580	\$56,070	\$70,560	\$85,050	\$99,540	\$114,030	\$128,555	\$143,115	25%

FPL = For families/households with more than 8 persons, add \$4,160 for each additional person

Scale is based on Federal Poverty Guidelines for 2016.

Gross income of individual or family used.

Budget up to 10% of income per month.

### How to Apply

We try to make the application process as easy and convenient as possible. Patients can download the application, complete and mail it to us with the required documentation. Or you can call us and one of our representatives will send it by mail. Please be sure to enclose all requested income information before mail.

# Orange Regional Medical Center Financial Assistance Application

707 East Main Street, Middletown NY 10940 (845) 333-1888

Patient Name: YEGHIGHE HOSDAKHIAN Account #: 500884329  
 Marital Status: MARRIED Patient SS#: 122-48-8591 Date of Birth: 11/17/42 Patient Phone #: 845-283-0538  
 Home Address: 1 HARRIMAN WOODS DRIVE, HARRIMAN, N.Y. 10926-3500  
 Mortgage: N/A Rent: \_\_\_\_\_ Employer: RETIRED  
 Bank: CHASE

I **DO NOT** have a ☐ Checking Account ☒ Savings Account. Therefore I am unable to provide a statement.

## GROSS MONTHLY INCOME

Source	Patient Income	Spouse - Significant Other - Parent Income	Total Monthly Income
On/Off the Books	/	/	
Self-Employment	/	/	
Social Security	\$ 1355.20	\$ 464.20	\$ 1809.40
Retirement Pension	/	/	
Workers Compensation	/	/	
Unemployment	/	/	
Child Support / Alimony	/	/	
Other:	/	/	

## List members of your household

Name	Date of Birth	Relationship to Patient
LEHARIG HOSDAKHIAN	11/17/42	WIFE
/	/	/
/	/	/
/	/	/
/	/	/

## Important

1. Application must be complete and signed.
2. Return the completed application within 30 days to ORMC at the above address to office of Financial Advocate Unit.
3. Your request will be reviewed after all items are received. You will be notified in writing of our determination within 30 days.

## Documentation Check List

- (1) Driver's license, Passport, or Sheriff's ID.
- (2) Proof of income (two most recent paystubs, unemployment statement, and/or Social Security statement).
- (3) Proof of address (rent receipt, utility bill).
- (4) Two most recent bank statements.

## Disclaimer

I have read and understand the above conditions. I also understand that all the information on this application will be verified by the staff at Orange Regional Medical Center. This document will serve as a release of income verification. I swear all statements in this application are true and correct. Submitting false information will be cause for eligibility denial.

Y. Hosdakhian  
 Signature of Applicant

3/13/19  
 Date

rev. 08/18

JPMorgan Chase Bank, N.A.  
P O Box 182051  
Columbus, OH 43218-2051

February 09, 2019 through March 08, 2019

Account Number: 000000212980079

00078048 DRE 802 219 08219 NNNNNNNNNNN 1 000000000 06 0000

YEGHICHE HOSDAGHIAN  
1 HARRIMAN WOODS DR  
HARRIMAN NY 10926-3500

## CUSTOMER SERVICE INFORMATION

Web site: Chase.com  
 Service Center: 1-800-935-9935  
 Deaf and Hard of Hearing: 1-800-242-7383  
 Para Espanol: 1-877-312-4273  
 International Calls: 1-713-262-1679

## CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	\$4.91
Deposits and Additions	1,462.91
Checks Paid	-842.00
ATM & Debit Card Withdrawals	-327.84
Electronic Withdrawals	-267.58
Ending Balance	\$30.40

## CHECKS PAID

CHECK NUMBER	DATE PAID	AMOUNT
129 ^	03/05	\$105.00
176 * ^	03/01	737.00
<b>Total Checks Paid</b>		<b>\$842.00</b>

If you see a check description in the Transaction Detail section, it means your check has already been converted for electronic payment. Because of this, we're not able to return the check to you or show you an image on Chase.com.

\* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.

## TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$4.91
02/12	Card Purchase 02/10 Usps.Com Mover's Guid 800-238-3150 TN Card 0153	-1.05	3.86
02/20	SSA Treas 310 Xxsc Sec PPD ID: 9031036030	1,370.00	1,373.86
02/20	Card Purchase W/Cash 02/20 Aldi 73057 Middletown NY Card 0153 Purchase \$35.38 Cash Back \$40.00	-75.38	1,298.48
02/20	Card Purchase With Pin 02/20 Quick Chek Corp Middletown NY Card 0153	-30.07	1,268.41
02/21	Card Purchase With Pin 02/21 Wal-Mart Super Center Middletown NY Card 0153	-40.86	1,227.55
02/22	Card Purchase With Pin 02/22 The Home Depot #1284 Monroe NY Card 0153	-10.19	1,217.36
02/22	O & R Utilities Bill Pymt 8792495104 Web ID: 2462467001	-148.36	1,069.00



February 09, 2019 through March 08, 2019

Account Number: 000000212980079

**TRANSACTION DETAIL** (continued)

DATE	DESCRIPTION	AMOUNT	BALANCE
02/22	Geico Prem Coll PPD ID: 3530075853	-110.34	958.66
02/25	Card Purchase With Pin 02/23 The Home Depot #1284 Monroe NY Card 0153	-21.82	936.84
02/25	Card Purchase With Pin 02/24 The Home Depot #1242 Middletown NY Card 0153	-29.99	906.85
02/25	Card Purchase With Pin 02/24 The Home Depot #1242 Middletown NY Card 0153	-7.51	899.34
02/25	Card Purchase With Pin 02/25 Quick Chek Corp Monroe NY Card 0153	-15.00	884.34
02/25	Card Purchase With Pin 02/25 The Home Depot #1284 Monroe NY Card 0153	-19.33	865.01
02/25	Card Purchase With Pin 02/25 Dollar Tr 791 State Ro Monroe NY Card 0153	-5.41	859.60
02/25	Card Purchase With Pin 02/25 The Home Depot #1284 Monroe NY Card 0153	-10.00	849.60
02/25	Optimum 7883 Cable Pmnt PPD ID: 9078830001	-8.88	840.72
02/28	Purchase Return 02/28 The Home Depot #1284 Monroe NY Card 0153	12.91	853.63
02/28	Card Purchase With Pin 02/28 Wal-Mart #2637 Monroe NY Card 0153	-11.40	842.23
02/28	Card Purchase With Pin 02/28 The Home Depot #1284 Monroe NY Card 0153	-5.38	836.85
03/01	Check # 176	-737.00	99.85
03/04	Quickpay With Zelle Payment From Koharig Hosdaghian 7992052142	80.00	179.85
03/05	Check # 129	-105.00	74.85
03/06	Card Purchase 03/06 Vzwriss*Prepaid Pymnt 888-294-6804 FL Card 0153	-44.45	30.40
Ending Balance			\$30.40

A monthly Service Fee was not charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have direct deposits totaling \$500.00 or more.**  
(Your total direct deposits this period were \$1,370.00. Note: some deposits may be listed on your previous statement )
- **OR, keep a minimum daily balance in this checking account of \$1,500.00 or more**  
(Your minimum daily balance was \$3.86)
- **OR, keep an average daily balance of qualifying linked deposits and investments of \$5,000.00 or more**  
(Your average daily balance of qualifying linked deposits and investments was \$335.59)

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:** Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.  
For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS:** Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC

*YEGHICHE*  
*HOSDAGHIAN*



JPMorgan Chase Bank, N.A.  
P O Box 182051  
Columbus, OH 43218-2051

January 10, 2019 through February 08, 2019

Account Number: **000000212980079**

00079368 DRE 802 219 04019 NNNNNNNNNNN 1 000000000 06 0000

YEGHICHE HOSDAGHIAN  
24 PEDDLER HILL RD APT 2402  
MONROE NY 10950-1724

#### CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**  
Service Center: **1-800-935-9935**  
Deaf and Hard of Hearing: **1-800-242-7383**  
Para Espanol: **1-877-312-4273**  
International Calls: **1-713-262-1679**

#### CHECKING SUMMARY

Chase Total Checking

	AMOUNT
<b>Beginning Balance</b>	<b>\$2.99</b>
Deposits and Additions	1,370.00
ATM & Debit Card Withdrawals	-99.89
Electronic Withdrawals	-202.19
Other Withdrawals	-1,050.00
Fees	-16.00
<b>Ending Balance</b>	<b>\$4.91</b>

#### TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	<b>Beginning Balance</b>		<b>\$2.99</b>
01/16	SSA Treas 310 Xxsoc Sec PPD ID: 9031036030	<b>1,370.00</b>	1,372.99
01/16	ATM Withdrawal 01/16 845 Rte 17M Monroe NY Card 0153	-20.00	1,352.99
01/16	Card Purchase With Pin 01/16 Quick Chek Corp Monroe NY Card 0153	-25.13	1,327.86
01/17	Card Purchase With Pin 01/17 Staples 1260 Central Valle NY Card 0153	-32.42	1,295.44
01/18	Card Purchase 01/16 Staples 001126 Central Valle NY Card 0153	-5.41	1,290.03
01/18	Card Purchase 01/16 Staples 001126 Central Valle NY Card 0153	-5.95	1,284.08
01/18	Card Purchase 01/17 Staples 001126 Central Valle NY Card 0153	-1.62	1,282.46
01/18	O & R Utilities Bill Pymt 8792495104 Web ID: 2462467001	-98.49	1,183.97
01/22	Geico Prem Coll PPD ID: 3530075853	-103.70	1,080.27
01/31	01/31 Withdrawal	-1,050.00	30.27
01/31	Official Checks Charge	-8.00	22.27
01/31	Official Checks Charge	-8.00	14.27
02/01	Card Purchase With Pin 02/01 The Home Depot #1284 Monroe NY Card 0153	-9.36	4.91
	<b>Ending Balance</b>		<b>\$4.91</b>



January 10, 2019 through February 08, 2019

Account Number: 000000212980079

A monthly Service Fee was not charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have direct deposits totaling \$500.00 or more.**  
(Your total direct deposits this period were \$1,370.00. Note: some deposits may be listed on your previous statement )
- **OR, keep a minimum daily balance in this checking account of \$1,500.00 or more**  
(Your minimum daily balance was \$2.99)
- **OR, keep an average daily balance of qualifying linked deposits and investments of \$5,000.00 or more**  
(Your average daily balance of qualifying linked deposits and investments was \$571.70)

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**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:** Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) Immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.  
For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS:** Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC

JPMorgan Chase Bank, N.A.  
P O Box 182051  
Columbus, OH 43218-2051

December 28, 2018 through January 28, 2019

Account Number: 000000865723535

**CUSTOMER SERVICE INFORMATION**

Web site:	Chase.com
Service Center:	1-800-935-9935
Deaf and Hard of Hearing:	1-800-242-7383
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

00565932 DRE 802 219 02919 NNNNNNNNNN 1 000000000 18 0000

KOHARIG HOSDAGHIAN  
24 PEDDLER HILL RD  
APT 2402  
MONROE NY 10950-1724**We are clarifying the fee for incoming wires**

On March 17, 2019, we're updating the document explaining our Additional Banking Services and Fees to clarify that the fee for an incoming wire is \$0 if it is sent from another Chase account with the help of a Chase banker or through chase.com or the Chase Mobile® app.

As a reminder, our standard fee to receive a wire is \$15, however, some of our products do not charge this fee.

Please call the number on this statement if you have any questions.

**CHECKING SUMMARY**

Chase Total Checking

	AMOUNT
Beginning Balance	\$1.79
Deposits and Additions	509.00
ATM & Debit Card Withdrawals	-167.90
Electronic Withdrawals	-144.69
<b>Ending Balance</b>	<b>\$198.20</b>

**TRANSACTION DETAIL**

DATE	DESCRIPTION	AMOUNT	BALANCE
	<b>Beginning Balance</b>		<b>\$1.79</b>
12/28	Quickpay With Zelle Payment From Yeghiche Hosdaghian 7797010240	20.00	21.79
01/07	Quickpay With Zelle Payment To Yeghiche Hosdaghian 7826864249	-15.00	6.79
01/23	SSA Treas 310 Xxsoc Sec PPD ID: 9031736013	489.00	495.79
01/23	ATM Withdrawal 01/23 12 Lloyds Ln Middletown NY Card 0597	-150.00	345.79
01/25	Optimum 7883 Cable Pmnt PPD ID: 9078830001	-129.69	216.10
01/28	Card Purchase W/Cash 01/27 Shoprite Monroe S1 Monroe NY Card 0597 Purchase \$7.90 Cash Back \$10.00	-17.90	198.20
	<b>Ending Balance</b>		<b>\$198.20</b>



December 28, 2018 through January 28, 2019  
Account Number: 000000865723535

A monthly Service Fee was not charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have direct deposits totaling \$500.00 or more.**  
(Your total direct deposits this period were \$978.00. Note: some deposits may be listed on your previous statement )
- **OR, keep a minimum daily balance in this checking account of \$1,500.00 or more**  
(Your minimum daily balance was \$1.79)
- **OR, keep an average daily balance of qualifying linked deposits and investments of \$5,000.00 or more**  
(Your average daily balance of qualifying linked deposits and investments was \$52.13)

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**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:** Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. For personal accounts only; We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS:** Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.  
P O Box 182051  
Columbus, OH 43218-2051

January 29, 2019 through February 27, 2019

Account Number: 000000865723535

00574241 DRE 802 219 05919 NNNNNNNNNN 1 000000000 18 0000  
KOHARI HOSDAGHIAN  
1 HARRIMAN WOODS DR  
HARRIMAN NY 10926-3500**CUSTOMER SERVICE INFORMATION**

Web site:	Chase.com
Service Center:	1-800-935-9935
Deaf and Hard of Hearing:	1-800-242-7383
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

**CHECKING SUMMARY**

Chase Total Checking

	AMOUNT
Beginning Balance	\$198.20
Deposits and Additions	529.00
ATM & Debit Card Withdrawals	-222.99
Fees	-12.00
Ending Balance	\$492.21

**TRANSACTION DETAIL**

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$198.20
01/30	Card Purchase 01/30 Optimum 7883 973-230-6046 NY Card 0597	-134.44	63.76
02/04	Card Purchase With Pin 02/02 Dollar Tr 791 State Ro Monroe NY Card 0597	-9.65	54.11
02/04	Card Purchase With Pin 02/04 Quick Chek Corp Monroe NY Card 0597	-19.50	34.61
02/04	Card Purchase With Pin 02/04 The Home Depot #1284 Monroe NY Card 0597	-3.11	31.50
02/07	Card Purchase With Pin 02/07 The Home Depot #1284 Monroe NY Card 0597	-5.57	25.93
02/11	ATM Cash Deposit 02/10 475 State Route 17M Monroe NY Card 0597	40.00	65.93
02/12	Card Purchase 02/10 Rug Doctor Rapid Rent Plano TX Card 0597	-37.81	28.12
02/19	Card Purchase With Pin 02/19 The Home Depot #1284 Monroe NY Card 0597	-12.91	15.21
02/27	SSA Treas 310 Xxsoc Sec PPD ID: 9031736013	489.00	504.21
02/27	Monthly Service Fee	-12.00	492.21
	Ending Balance		\$492.21

**Kent Companies Inc.**

P.O. Box 503 + Highland Mills, NY 10930 + (845) 928-9121 + (845) 928-7665 fax

☐ Brookside Garden Apartments☐ Harriman Woods I Apartments☐ Lamplight Village Apartments**Name:** Yeghiche Hosdaghan and Koharig Hosdaghan  
(845) 382-0651/283-0538**Your Apartment Number Is:** HWI 1**Projected Move In Date:** February 1, 2019**Security Amount:** \$ 981.00**Security Due at Signing:** \$ 981.00**Rent Due Upon Move In:** \$ 737.00**Monthly Rent:** \$ 737.00

IT IS YOUR RESPONSIBILITY TO CONTACT THE FOLLOWING:

Frontier Communications 845-783-1400

Cablevision 845-297-3333

\*Orange &amp; Rockland Utilities 845-782-8121

*(Please be advised that it is your responsibility to set up an account with O&R Utilities in your name prior to move-in. Confirmation must be returned to the Leasing Office prior to move-in.)***Meter Number: 603033113****Previous Tenant : Lykins**

If you have any questions or need any additional information, please contact your Resident Manager for your apartment complex:

☐ Matt Thorp (845) 234-8942☐ Dave Fritzky (845) 234-5672☐ John Charleston (914) 755-7765

**\*IMPORTANT:** You must contact Orange & Rockland and have the utility service transferred to you. If we receive a billing after your move-in date, we will notify the utility company and have the service discontinued and you will be billed a surcharge.



## Harriman Woods I LEASE AGREEMENT (USDA, RURAL DEVELOPMENT 515)

1. **PARTIES AND DWELLING UNIT:** The parties to this Agreement are Kent Companies for Harriman Woods I, referred to as **Yeghiche Hosdaghian and Koharig Hosdaghian** referred to as the Tenant. The individuals permitted to reside in the unit are:

(Head of Household)  
(Cotenant)

**Yeghiche Hosdaghian**  
**Koharig Hosdaghian**

The Landlord leases to the Tenant the premises described as follows:

Property Name:	Harriman Woods Associates I
Property Address:	1 Harriman Woods Drive Harriman NY 10926
Apartment #	Bedroom Size: 2

**PROHIBITION AGAINST DISCRIMINATION:** The owner of this apartment complex borrowed money from the United States of America acting through the USDA, Rural Development of the United States Department of Agriculture (USDA, RD) to build the complex. The owner is therefore subject to the nondiscrimination provisions of Title VI of the Civil Rights Act of 1964, Title VII of the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Americans with Disabilities Act. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

2. **LENGTH OF TERM:** The initial term of this Agreement will be for one year:

Beginning:	February 1, 2019
Ending On:	January 31, 2020

After the initial term ends, the Agreement will continue for successive terms of one year each unless automatically terminated as permitted by Section 20 of this Agreement.

3. **ELIGIBLE TENANT HOUSEHOLD:** Rural Development (RD), an agency of the United States Department of Agriculture, is subsidizing the cost of operating this project to make it affordable for low and moderate income households. Therefore, certain eligibility requirements must be met:

- a.
- b.
- c.
- d. **Farmers Home Administration.**
- e. Household size must conform with the following standards:

<u>Bedrooms</u>	<u>Occupants</u>	
	Minimum	Maximum
1	1	2
2	2	4

- c. Tenant may be permitted to have a guest(s) visit their household. However, an adult person(s) making reoccurring visits or one continuous visit of 14 days and nights in a 45 day period without consent of the Landlord will be counted as a household member(s).