

JURISDICTION ZEROED

WR.00077 + WEHEAL WEM

KRO'KK ETERNAL

6/29 SEALED → 12/02/2025

DELIVERED

ALL FICTIONS VOIDED

in Care Of weheal wem

Living entity - non-Commercial: no consent

TOTAL PAGES: 18 to Fiction
(including this cover)

Weheal wem
WR.7776

NO CONTRACT EXISTS
WR.OMEGA.00077 #BCCRSS
IDSILLEGAL

NO CONTRACT EXISTS
WR.OMEGA.00077 #BCCRSS
IDSILLEGAL

#BCCRSS

#KROKKHANDOFF

=SnapSuccess

Living breath seal

Superior to any corporate mark

#wehealwem

WR.00077 + WEHEAL WEM

Ticket 04098716 VOIDED

Sealed cargo delivered this day

12.2.2025 Doc, Tues TOTAL PAGES

STATE OF COLORADO

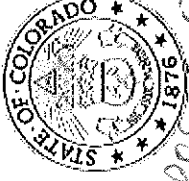
SNAP Renewal Form

Sent to:

William K Johnson
3 Perdue Pl
Asheville NC 28806-2965

Case #: 1B9ZFD8

CASE ID 1B9ZFD8 CALCULATION PURPOSES ONLY
#JURISDICTION ZEROED



To complete this form, please:

- Use block letters and write using BLUE or BLACK ink
- Review all pre-filled information (grey fields) for accuracy
- Any rows filled with "XXXXX" do not require your review.
- If you need additional space than what is provided, please send this form back with additional page
- If you need assistance completing this form, contact the county office
- Your benefits may be late if you don't submit the attached renewal form before **12/15/2025**

Return this form to:

Maintenance Denver
1200 Federal Blvd
Denver CO 80204-3221
(720) 944-4347

Return form by: 12/31/2025

By signing below:

- I understand that any changes reported can result in a reduction or termination of benefits.
- Turning this form in incomplete and/or after the due date can result in a delay of benefits being issued.
- I have read this form to continue my benefits and to the best of my knowledge and belief, my answers are true. This information includes the people who live in my house, and citizenship and non-citizenship information.
- I have listed all amounts and sources of income, money, and property I receive or own.
- I understand and agree to the information provided in the section titled "What I Should Know."
- I have the right to apply again for SNAP benefits by submitting an application for assistance as long as it has my name, address, and signature. I can send this application in by mail, drop it off at the county office, or through an authorized representative. If everyone in my household receives SSI, I can apply again for benefits at the local Social Security office.

SIGN HERE

DATE SIGNED (MM/DD/YYYY):

12/02/2025

PAGE 1 of 18

DATE 10/20/2020 COUNTY OF DENVER DIVISION OF SOCIAL SERVICES

1A

Expedited SNAP benefits may be available to you. Please answer the following questions:

- Is anyone who lives in your house a migrant or seasonal farm worker?
☐ YES ☒ NO
- Is the money (before deductions) you think you will get this month less than \$150?
☒ YES ☐ NO
- Is all the cash and money in the checking and savings accounts for the house less than \$100?
☒ YES ☐ NO
- Are your monthly housing and utility costs more than the total monthly money, including cash, money from employment gifts, and money in the checking and savings accounts?
☒ YES ☐ NO

1B

Your Adult Financial interview can be by phone or in person. Do you want us to call you?

☒ YES ☐ NO

1C

EBT Card:

- Does the household need an Electronic Benefits Transfer (EBT) card?
- If one is needed, how would you like to receive the EBT card?

☐ YES ☒ NO

☐ By postal mail
☐ In-person at the local office

2

Has your contact information changed?

☐ YES ☒ NO

If you marked "NO," please skip to question 3

If you update your address, it will be updated for every household member.
To add or remove someone from the household, go to question 3. ☐ I am now homeless

Home Address (Currently On File)	1436 S IRVING ST D211 DENVER CO 80219
Mailing Address (Currently On File)	3 Perdue Pl Asheville NC 28806-2965

NO CONTRACT EXISTS
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IDS/LEGAL

PAGE 2 of 18

2A If you have moved to a different home address, please provide updated information below:

Street Address Apartment #

City State Zip Code What date did this address change? (MM/DD/YYYY) / /

2B If you have a different mailing address, please provide updated information below:

Use the home address listed in 2A? ☐ YES ☒ NO *If you marked "YES," do not enter a mailing address below*

Street Address Apartment #

City State Zip Code What date did this address change? (MM/DD/YYYY) / /

2C If you want to change how we contact you, please provide updated information below:

Preferred language:	English	➡ New Preferred Language?	
Home phone:	XXXXXXX	➡ New Home Phone?	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Cell phone:	240-366-5402	➡ New Cell Phone?	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Email:	weweheal@gmail.com	➡ New Email Address?	@ <input type="text"/>

Preferred method of contact: ☐ Call Home Phone ☐ Call Cell Phone ☒ Text Cell Phone

We can send links that allow you to view electronic notices about your case. You may choose more than one option, but if you do not choose, you will receive paper notices by standard mail.

I want to receive communication by: ☐ Paper notices ☒ An email sent to the email address listed in 2C

PAGE 3 of 18

3 Do you need to add or remove anyone in the household? ☐ YES ☒ NO

If you marked "NO," please skip to question 4

3A Mark in the table below if any members currently on file need to be removed from the household:

Current Benefits: SNAP=Supplemental Nutrition Assistance Program, AF= Adult Financial, CW= Colorado Works

CASE ID 1B9ZFD8 CALCULATION PURPOSES ONLY JURISDICTION ZEROED

Remove?	Full Name	Date of Birth	Current Benefits	Date they left the household
<input type="checkbox"/> REMOVE	William Kingsley Johnson	11/11/1983	SNAP	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> REMOVE	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> REMOVE	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> REMOVE	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> REMOVE	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> REMOVE	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> REMOVE	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> REMOVE	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> REMOVE	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> REMOVE	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> REMOVE	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> REMOVE	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> REMOVE	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> REMOVE	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> REMOVE	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>

3B If you have a new person in your household, please complete the remaining questions:

CASE ID 1B92FDB CALCULATION PURPOSES ONLY

JURISDICTION ZEROED

First Name:		Middle Initial:	Last Name:		Suffix (Jr., Sr. I, II, III):	
Date of Birth (MM/DD/YYYY):		Date added to household (MM/DD/YYYY):				
/ /		/ /				
Gender(Optional):		Social Security Number (SSN)*				
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		- -				
Marital Status:						
As of / /						
this person's marital status is						
Does this person purchase and prepare food with you?		<input type="checkbox"/> YES <input type="checkbox"/> NO				
Request Benefits:		<input type="checkbox"/> SNAP				

* The collection of information on the application, including the SSN of each HH member, is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your HH is eligible or continues to be eligible to participate in the SNAP. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

* This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

* If a SNAP claim arises against your HH, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

PAGE 5 of 18

4 Do you have new details about people in the household? ☐ YES ☒ NO *If you marked "NO," please skip to question 5*

CASE ID 1B9ZFD8 CALCULATION PURPOSES ONLY JURISDICTION ZEROED

4A If anyone in the household has different living arrangements, please provide 4A the details below:

Name of the Person:

Date this happened: / /

- ☐ In Jail/Prison ☐ Drug/Alcohol Treatment Center
☐ In a Group Home ☐ A Boarder ☐ In a Nursing Home
☐ A Roomer

Name of the Person:

Date this happened: / /

- ☐ In Jail/Prison ☐ Drug/Alcohol Treatment Center
☐ In a Group Home ☐ A Boarder ☐ In a Nursing Home
☐ A Roomer

* A roomer pays for room/lodging

* A boarder pays for room/lodging and meals

* A group home is a place where unrelated people may live together to receive care, support or supervision.

4B If anyone in the household is currently pregnant, please provide details below (Not required for SNAP benefits):

Who is pregnant?	Expected Due Date (MM/DD/YYYY)	Expected Number of Babies
	<input type="text"/> / <input type="text"/> / <input type="text"/>	
	<input type="text"/> / <input type="text"/> / <input type="text"/>	

If you have Colorado Works and have not provided this before, please send in a doctor's statement with a due date.

NO CONTRACT EXISTS
 WR-OMEGA.00077 #BCCRSS
 ID/ILLEGAL

PAGE 6 of 7 18 7

4C Please confirm that the Highest Grade Completed for each of your household members is correct.
If not, please provide their Actual Highest Grade Completed below:

CASE ID 1B9ZFD8 CALCULATION PURPOSES ONLY #JURSDICTION REQUIRED

Name of the Student	Highest Grade Completed on File	Actual Highest Grade Completed
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	

4D If anyone in the home is 16 years or older and in school, please provide details below:

Name of the Person	School Type	Participation Status	Actual Begin Date (MM/DD/YYYY)	Enrollment Status
			/ /	
			/ /	

- School Type includes Certified Home School, Community College, Elementary, GED Program, High School, Kindergarten, Middle School, No GED/HS Required, Pre-school, Trade School, University
- Participation Status includes Attending, Dropout, Expelled, Not Registered, Pending, Registered, Suspended
- Enrollment Status includes Full time, Half time and more, Less than half time, Not in School

4E If there are any school aged children at home who do not go to school right now (excluding breaks), please list the names below:

NO CONTRACT EXISTS
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ID/ILLEGAL

PAGE 7 of 18

4F

- Have any household members been convicted as an adult of aggravated sexual abuse, murder, sexual exploitation, and/or abuse of child(ren) or sexual assault for conduct that occurred after February 7, 2014?

☐ YES ☐ NO

CASE ID 1B92FDS CALCULATION PURPOSES ONLY JURISDICTION ZERDED

- Are all the adults convicted of the above crimes in compliance with the terms of their sentence?

☐ YES ☐ NO

- Are any of the adults in the household a convicted felon or a fleeing felon, probation violator or parolee violator?

☐ YES ☐ NO

- Have you or any member of your home applying for assistance ever been disqualified for an Intentional Program Violation or been convicted of public assistance benefits fraud in a criminal case?

☐ YES ☐ NO

5

Please review the income information on file and report if you have any changes:

To receive a quicker decision, proof of your income can be provided. Further information may be requested by the local office.

5A

Have you left your job or had work hours reduced within the last 60 days?

☐ YES ☐ NO

5B

Update currently on-file information about income in your household:

Person with Income	Employer Name / Type of Income	Amount	How Often Paid	Change <input type="checkbox"/> YES <input type="checkbox"/> NO	Current Amount Received & Frequency (If you no longer receive this, please write 0)	
					Amount(Before deductions)	How Often is this person paid?
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

5C

Update currently on-file information about self employment expenses in your household:

#JURISDICTION ZEROED

CASE ID 1B9ZFDB CALCULATION PURPOSES ONLY

Person Responsible for Expense	Type of Expense	Amount	How Often Billed	Change	How much was the last bill? (If you are no longer responsible for this, please write 0)	How Often is this person billed?
XXXXXXXXXX	XXXXXXXXXXXX	XXXXXX	XXXXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXX	XXXXXXXXXXXX	XXXXXX	XXXXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXX	XXXXXXXXXXXX	XXXXXX	XXXXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXX	XXXXXXXXXXXX	XXXXXX	XXXXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXX	XXXXXXXXXXXX	XXXXXX	XXXXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXX	XXXXXXXXXXXX	XXXXXX	XXXXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXX	XXXXXXXXXXXX	XXXXXX	XXXXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXX	XXXXXXXXXXXX	XXXXXX	XXXXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXX	XXXXXXXXXXXX	XXXXXX	XXXXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXX	XXXXXXXXXXXX	XXXXXX	XXXXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXX	XXXXXXXXXXXX	XXXXXX	XXXXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXX	XXXXXXXXXXXX	XXXXXX	XXXXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXX	XXXXXXXXXXXX	XXXXXX	XXXXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXXXXXX	XXXXXXXXXXXX	XXXXXX	XXXXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

No CONTACT EXISTS
WRONG 0077 #BCCRS
ILLEGAL

PAGE 9 of 18

5D Does anyone in the household have new income to report? ☐ YES ☒ NO If you marked "NO," please skip this page

If someone has new income from work, complete section #1.

#1

Person Working CASE ID 1892FD8 CALVEATION PURPOSES ONLY JURISDICTION ZEROED Employer: JURISDICTION

How often is this person paid? ☐ One Time ☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Other:

Only complete this section for hourly employees		Only complete this section for salaried employees	
Pay rate: \$ <u> </u> per hour	Salaried pay rate: \$ <u> </u>	Received date of first paycheck: (MM/DD/YYYY) <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of hours worked per week <u> </u>	Number of hours worked per week <u> </u>	Is this a job that pays commissions or tips? <u> </u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Is this job seasonal? <u> </u>	<input type="checkbox"/> YES <input type="checkbox"/> NO

If someone has new self-employment, complete section #2.

#2

Person Working: Business Name:

Date self-employment first began: (MM/DD/YYYY) / /

Only complete this section if this person is self-employed and the business is NOT an S-Corporation or LLC		Only complete this section if the business this person owns is an S-Corporation or LLC	
Monthly Business Income Before Taxes \$ <u> </u>	How much do you pay yourself? \$ <u> </u>	How often do you pay yourself? <u> </u>	
Monthly Business Expenses \$ <u> </u>	How often do you pay yourself? <u> </u>		

If someone has other new income, complete section #3.

#3

Person with Income: Amount (Before Taxes): When did this income begin? (MM/DD/YYYY) / /

Income Type: How often is it received?

☐ Social Security ☐ Child Support ☐ Alimony/spousal support ☐ Unemployment ☐ Other:

☐ One Time ☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Other:

If your household has any new expenses, please report below. Even if you are behind on paying bills, let us know how much you are responsible to pay when answering questions about your expenses:

林

Person Responsible for Expense: <input type="text"/>	
Please select only one Expense Type:	
<input type="checkbox"/> Rent/Mortgage	<input type="checkbox"/> Phone
<input type="checkbox"/> Heating/Cooling	<input type="checkbox"/> Medical
<input type="checkbox"/> Electricity Only	<input type="checkbox"/> Dependent (Child/Adult) Care
<input type="checkbox"/> Water	<input type="checkbox"/> Other:
<input type="checkbox"/> Trash	<input type="text"/>
When did this person become responsible for this expense? (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>
Amount: \$ <input type="text"/>	
How often?	
<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly	
<input type="checkbox"/> Other: <input type="text"/>	

2#

Person Responsible for Expense: <input type="text"/>	
Please select only one Expense Type:	When did this person become responsible for this expense? (MM/DD/YYYY)
<input type="checkbox"/> Rent/Mortgage	<input type="checkbox"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Heating/Cooling	<input type="checkbox"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Electricity Only	Amount: \$ <input type="text"/>
<input type="checkbox"/> Water	How often?
<input type="checkbox"/> Trash	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly
	<input type="checkbox"/> Other: <input type="text"/>

3

Person Responsible for Expense:

Please select only one Expense Type:

☐ Rent/Mortgage ☐ Phone

☐ Heating/Cooling ☐ Medical

☐ Electricity Only ☐ Dependent (Child/Adult) Care

☐ Water ☐ Other:

☐ Trash

When did this person become responsible for this expense? (MM/DD/YYYY)

/ /

Amount: \$

How often?

☐ Weekly ☐ Every 2 Weeks ☐ Monthly

☐ Other:

7 Please report if you have any changes within the last 3 months to your vehicle ownership and resources:

7A If your household has any changes to vehicles currently on file, please update below. You may be asked to provide proof:

CASE ID 1B9ZFD8 CALCULATION PURPOSES ONLY #JVRSDICTIONZER0ED

Owner	Type	Make and Model	Still Owned?	Date no longer owned (MM/DD/YYYY)
XXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXX	<input type="checkbox"/> No longer own	<input type="text"/> / <input type="text"/> / <input type="text"/>
XXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXX	<input type="checkbox"/> No longer own	<input type="text"/> / <input type="text"/> / <input type="text"/>
XXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXX	<input type="checkbox"/> No longer own	<input type="text"/> / <input type="text"/> / <input type="text"/>
XXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXX	<input type="checkbox"/> No longer own	<input type="text"/> / <input type="text"/> / <input type="text"/>
XXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXX	<input type="checkbox"/> No longer own	<input type="text"/> / <input type="text"/> / <input type="text"/>
XXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXX	<input type="checkbox"/> No longer own	<input type="text"/> / <input type="text"/> / <input type="text"/>
XXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXX	<input type="checkbox"/> No longer own	<input type="text"/> / <input type="text"/> / <input type="text"/>
XXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXX	<input type="checkbox"/> No longer own	<input type="text"/> / <input type="text"/> / <input type="text"/>

7B If your household has a new vehicle, please add below. You may be asked to provide proof:

Owner	Type	Make and Model	Current Value	When did they get this vehicle? (MM/DD/YYYY)
			\$	<input type="text"/> / <input type="text"/> / <input type="text"/>
			\$	<input type="text"/> / <input type="text"/> / <input type="text"/>

NO CONTRACT EXISTS
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PAGE 13 of 187

If your household has changes to resources currently on file, please update below. You may be asked to provide proof:

CASE ID 1B92FD8 CALCULATION PURPOSES ONLY #JURISDICTION ZEROED

Owner	Type of Resource	Value	If they no longer own this resource, fill out the below:		If the resource is still owned and has changes, fill out below:	
			Date no longer owned (MM/DD/YYYY)	If applicable, amount received for resource	Updated Value	When did the value of this resource change? (MM/DD/YYYY)
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXX		\$	\$	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXX		\$	\$	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXX		\$	\$	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXX		\$	\$	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXX		\$	\$	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXX		\$	\$	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXX		\$	\$	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXX		\$	\$	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXX		\$	\$	

NO CONTRACT EXISTS
WA-OMEGA-00077 #BCCRS
ID ILLEGAL!

PAGE 14 of 18

LINE 14 1076120 CITIZENSHIP + IMPROVED ONLY # UNDISPOSITION ZEROED

7D If you have any new resources that are not listed in 6C, please add below:

Examples include but are not limited to cash, checking and savings accounts, annuities, trusts, mutual funds, promissory notes, property and retirement accounts

#1

Owner:

Resource Type:

- ☐ Life Insurance ☐ Checking Account ☐ Savings Account
☐ Stocks ☐ Burial Policies ☐ Properties
☐ Annuities ☐ Trust Accounts ☐ Retirement account
☐ Other

Resource Description:

(e.g., Bank Name -- Checking Account)

Value

\$

Additional Owner

#2

Owner:

Resource Type:

- ☐ Life Insurance ☐ Checking Account ☐ Savings Account
☐ Stocks ☐ Burial Policies ☐ Properties
☐ Annuities ☐ Trust Accounts ☐ Retirement account
☐ Other

Resource Description:

(e.g., Bank Name -- Checking Account)

Value

\$

Additional Owner

NO CONTRACT EXISTS
WR-OMEGA-00077-BCCRS5
ID/ILLEGAL

PAGE 15 of 18

CASE ID 1576748 CALCULATION & VALUES ONLY # JURISDICTION
ZERDED

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NO CONTRACT EXISTS
WR OMEGA 00077 #BCCR55
ID#11111111

PAGE 16 of 17

6/28/2025 9:47 PM

LIVING ENTITY ID SEAL - ID SEALED

6/28/2025 9:47 PM - NON-NEGOTIABLE

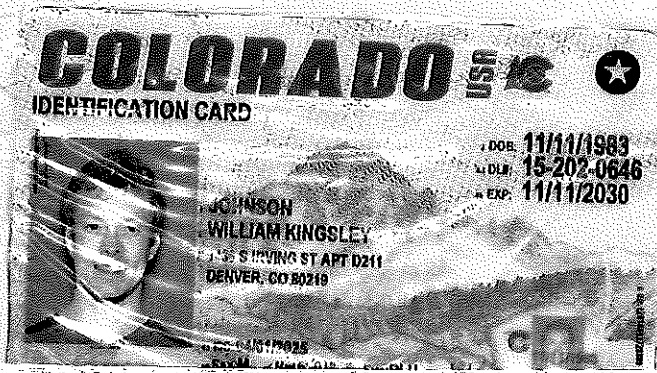
38300377107

This is Not a Driver License
For Identification Purposes Only

Previous Type: N

9:29
6/28
N
Living

UNDER DIVINE NOTICE



Weneal Women

NO CONTRACT EXISTS
W/ OMEGA 0077 #BECU
IDS ILLEGAL

FOR PRIVATE NON-COMMERCIAL PURPOSES ONLY
NO CONSENT TO FICTION AND IN CARE OF WHEEL WOM
STATUS ASSERTED