

JURISDICTION ZEROED

WR.00077 + WEHEAL WEM

KROKK ETERNAL

6/29 SEALED → 12/02/2025

DELIVERED

ALL FCTIONS VOIDED

in Care Of weheal wem

Living entity / non-commercial / no consent
TOTAL PAGES : 18 to fiction

(including this cover)

Weheal wem

WR.7776

WR.OMEGA.00077 #BCCRS
IDSILLEGAL
NO CONTRACT EXISTS
WR.OMEGA.00077 #BCCRS

#BCCRS

KROKKHANDOFF

:snapSuccess

#wehealwem

WR.00077 + WEHEAL WEM

Ticket 04098716 VOIDED

Sealed cargo delivered this day

12.2.2025 Doc, Tues TOTAL PAGES

18

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? YES NO
- If one is needed, how would you like to receive the EBT card?
 - 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.**

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

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Part 2 of 2

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

Street Address	Apartment #
[Redacted]	[Redacted]
City	State Zip Code What date did this address change? (MM/DD/YYYY) [Redacted] / [Redacted] / [Redacted]
[Redacted]	[Redacted]

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

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? ([Redacted]) [Redacted] - [Redacted]
Cell phone:	240-366-5402	► New Cell Phone? ([Redacted]) [Redacted] - [Redacted]
Email:	wemweheal@g mail.com	► New Email Address? @ [Redacted]
Preferred method of contact: <input type="checkbox"/> Call Home Phone <input type="checkbox"/> Call Cell Phone <input checked="" type="checkbox"/> 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

3 Do you need to add or remove anyone in the household?

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

CHS ID 1B9ZFD8 CHARITATION PURPOSES ONLY #JURISDICTION
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3B If you have a new person in your household, please complete the remaining questions:

CASE ID 1B92TFDS CALCULATION PURPOSES ONLY

JURISDICTION
EXEMPT

First Name: <input type="text"/>	Middle Initial: <input type="text"/>	Last Name: <input type="text"/>	Suffix (Jr., Sr. I, II, III): <input type="text"/>
Date of Birth (MM/DD/YYYY): <input type="text"/> / <input type="text"/>	Date added to household (MM/DD/YYYY): <input type="text"/> / <input type="text"/>	How is this person related to you? This person is my: <input type="text"/>	
Gender(Optional): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Social Security Number (SSN)* <input type="text"/> - <input type="text"/>	Race (Optional) : Select Multiple options if applicable	
Marital Status: <input type="checkbox"/> As of <input type="text"/> / <input type="text"/>	this person's marital status is <input type="text"/>	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native
		<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian/Pacific Islander
		<input type="checkbox"/> Other	<input type="checkbox"/> Black/African American
Ethnicity(Optional):			
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			
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. *Phase 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

ASSE ID 1B9Z FDS CALCULATION PURPOSES ONLY #IT IS DICTON ZEROED

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

Name of the Person:	<input type="text"/>	<input type="checkbox"/> In Jail/Prison	<input type="checkbox"/> Drug/Alcohol Treatment Center
Date this happened:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> In a Group Home	<input type="checkbox"/> A Boarder
		<input type="checkbox"/> A Roomer	
Name of the Person:	<input type="text"/>	<input type="checkbox"/> In Jail/Prison	<input type="checkbox"/> Drug/Alcohol Treatment Center
Date this happened:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> In a Group Home	<input type="checkbox"/> A Boarder
		<input type="checkbox"/> 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"/> / <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> / <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.

Pls note b of L 6/8
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WR OMEGA 007 #8CCRSS
DISLLEGAL

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 1B9Z FDS CACULATION PURPOSES ONLY ATTACHMENT REFERRED

Name of the Student	Highest Grade Completed on File	Actual Highest Grade Completed
XXXXXX	XXXXXX	XXXXXX

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
			<input type="text"/> / <input type="text"/> / <input type="text"/>	
			<input type="text"/> / <input type="text"/> / <input type="text"/>	
			<input type="text"/> / <input type="text"/> / <input type="text"/>	

- 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 WR OMEGA 0007 #BCBS DISLLEGAL	PLATE 7 of 18
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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?
MAILED 1-30-2015 CALLAWAY JURISDICTION SERIALIZED
 YES NO
- 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	Current Amount Received & Frequency (If you no longer receive this, please write 0)	
					Amount(Before deductions)	How Often is this person paid?
XXXXXX-XXXX-XXXX-XXXX	XXXXXX-XXXX-XXXX-XXXX	XXXXXX	XXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXX-XXXX-XXXX-XXXX	XXXXXX-XXXX-XXXX-XXXX	XXXXXX	XXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXX-XXXX-XXXX-XXXX	XXXXXX-XXXX-XXXX-XXXX	XXXXXX	XXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXX-XXXX-XXXX-XXXX	XXXXXX-XXXX-XXXX-XXXX	XXXXXX	XXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXX-XXXX-XXXX-XXXX	XXXXXX-XXXX-XXXX-XXXX	XXXXXX	XXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
XXXXXX-XXXX-XXXX-XXXX	XXXXXX-XXXX-XXXX-XXXX	XXXXXX	XXXX	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

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

CASE ID 1B9ZFD8 CALCULATION PURPOSES ONLY

JURISDICTION ZEROED

2015-16
#BCCRS
JULY 1, 2016

Page
RRR-2

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 Last 12 months Employer: Proposed Business *Business* *2 ERROED*

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

Only complete this section for hourly employees

Pay rate: \$ <input type="text"/>	per hour	Salaried pay rate: \$ <input type="text"/>	
Number of hours worked per week	<input type="text"/>	Number of hours worked per week	<input type="text"/>

Only complete this section for salaried employees

Received date of first paycheck: (MM/DD/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Is this a job that pays commissions or tips?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this job seasonal?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

#2 Person Working:

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

Monthly Business Income Before Taxes	\$ <input type="text"/>
Monthly Business Expenses	\$ <input type="text"/>

Only complete this section if the business this person owns is an S-Corporation or LLC

How much do you pay yourself?	\$ <input type="text"/>
How often do you pay yourself?	<input type="checkbox"/> One Time <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other: <input type="text"/>

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

#3 Person with Income:

Income Type: *Income* *Other Income* *Unemployment* *Child Support* *Alimony/spousal support* *Other:*

Amount (Before Taxes): When did this Income begin? (\$ MM/DD/YYYY)
\$ / /

How often is it received?

<input type="checkbox"/> One Time <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks
<input type="checkbox"/> Monthly <input type="checkbox"/> Other: <input type="text"/>

- 6** Please report if you have any changes in what you pay for rent/mortgage, home insurance, property taxes, HOA fees, utilities, dependent (child/adult) care, medical expenses and court-ordered child support, AND if you have any new things that you pay for. Please detail the court-ordered child-support obligated amount, the actual amount paid, and any arrearages.

6A Update currently on-file information about expenses in your household:

Case ID 1B92FD8 CIRCUMSTANTIAL PURPOSES ONLY # JURISDICTION ZERO

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YES NO

6C 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:

#1 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: \$ _____

Weekly Every 2 Weeks Monthly
 Other: _____

#2 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: \$ _____

Weekly Every 2 Weeks Monthly
 Other: _____

#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: \$ _____

Weekly Every 2 Weeks Monthly
 Other: _____

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LAST
WATER
EXISTS
#BILLS
S/

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:

Ans ID 1B9ZFD8 Chelvulation PURPOSES ONLY # JV's dictation zsked

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

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)
<i>NO CONTRACT EXISTS ROMEGA 007 #BCRSS DS/LEGAL</i>			\$	/ /

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

Case ID 1B92FDS Calculation Purposes ONLY ~~#JTKSD170N 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)
XXXXXX	XXXXXX	XXXXXX	XXXXXX		\$	\$	
XXXXXX	XXXXXX	XXXXXX	XXXXXX		\$	\$	
XXXXXX	XXXXXX	XXXXXX	XXXXXX		\$	\$	
XXXXXX	XXXXXX	XXXXXX	XXXXXX		\$	\$	
XXXXXX	XXXXXX	XXXXXX	XXXXXX		\$	\$	
XXXXXX	XXXXXX	XXXXXX	XXXXXX		\$	\$	
XXXXXX	XXXXXX	XXXXXX	XXXXXX		\$	\$	
XXXXXX	XXXXXX	XXXXXX	XXXXXX		\$	\$	
XXXXXX	XXXXXX	XXXXXX	XXXXXX		\$	\$	
XXXXXX	XXXXXX	XXXXXX	XXXXXX		\$	\$	
No CONTRACT EXISTS ROMEGA 0077#BCCRS DS/LLEGAL							

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7D List of Other Assets for which you have title or joint ownership

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 Description:
(e.g., Bank Name – Checking Account)

- Resource Type:
- Life Insurance Checking Account Savings Account
 - Stocks Burial Policies Properties
 - Annuities Trust Accounts Retirement account
 - Other _____

Value
\$ _____

Additional Owner

#2

Owner: _____

Resource Description:
(e.g., Bank Name – Checking Account)

- Resource Type:
- Life Insurance Checking Account Savings Account
 - Stocks Burial Policies Properties
 - Annuities Trust Accounts Retirement account
 - Other _____

Value
\$ _____

Additional Owner

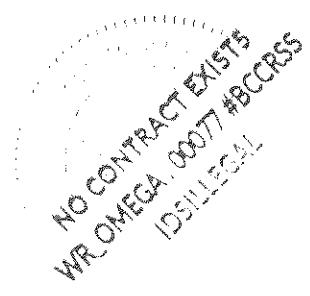
NO CONTRACT BY SJS
WR. OMEGA, 0007 #ACCRSS
DS/LEGAL

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CHS&L ID 181678 ATTENTION TO VOTERS ONLY THIS SECTION
IS FOR USE IN THE JURISDICTION
OF THE STATE OF CALIFORNIA

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FOR PRIVATE NON-COMMERCIAL PURPOSES ONLY

NO CONSENT TO FICION and IN CARE OF where I went
STATUS ASSERTED

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6/28/2025 9:47PM

LIVING ENTITY ID SEAL - ID SEALED

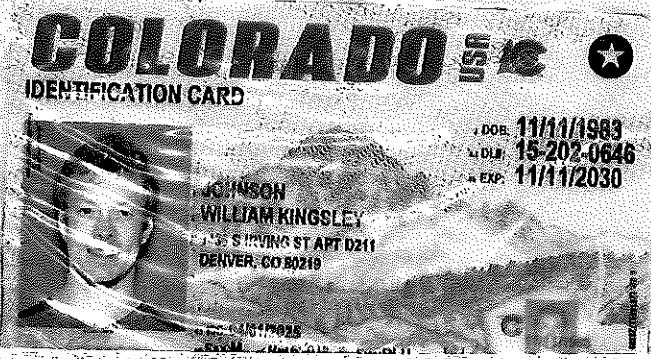
6/28/2025 9:47PM - NON-NEGOTIABLE



6/28
1:29

Living

UNDER DIVINE NOTICE



NO CONTRACT EXISTS
WRCOMEGA 007 #PCDS
(DSLEGAL)

2025 Non-Negotiable