



VETERANS AID LOAN APPLICATION
North Dakota Department of Veteran's Affairs
SFN 54411 (3-2007)

Application Number [REDACTED]
Application Date 01/31/2017
County Cass

APPLICANT INFORMATION			
Name [REDACTED]		Social Security Number [REDACTED]	
Address [REDACTED]		Date of Birth [REDACTED]	
City Fargo	State ND	Zip Code 58103	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Telephone [REDACTED]		Number of Dependents 1	
<input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent		How Long 10	Age of Dependents
Resident of North Dakota <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		How long have you been a North Dakota resident? 10+	
Have you previously applied <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		When did you apply/What Program(s)	
Name of nearest relative not living with you [REDACTED]		Telephone Number	
Address [REDACTED]		City East Grand Forks	State MN Zip 56720

VETERAN INFORMATION		
Date Enlisted Sep. 29, 1971	Place Enlisted Portland, OR	
Date Discharged Nov. 02, 1978	Place Discharged Hunter Army Airfield, Savannah GA	Type of Discharge Honorable

INCOME INFORMATION			
Present Employer Retired/Disabled		Position Held	
Name of Supervisor		How Long at this Position	
Address		Salary/Month	
City	State	Zip Code	Telephone Number

SPOUSE INFORMATION			
Name of Spouse [REDACTED] Maiden: [REDACTED]		Spouse Social Security Number [REDACTED]	
Present Employer Disabled		Position Held	
Name of Supervisor		How Long at this Position	
Address [REDACTED]		Salary/Month	
City Fargo	State	Zip Code 58103	Telephone Number [REDACTED]

BENEFITS					
Veteran Benefit (ex. SSI, Pension, Retirement, etc)	Start Date	Monthly Amount	Spouse Benefit (ex. SSI, Pension, Retirement, etc)	Start Date	Monthly Amount
Social Security		1147	Social Security [REDACTED]		635
VA Disability		3078.90			

N.D. DEPT. OF VETERANS AFFAIRS
RECEIVED

FEB 02 2017

ACCOUNTS			
Type of Account (Checking, Savings, CD, Money Market)	Name of Institution	Account Number	Balance
Checking	Gate City Bank	[REDACTED]	1237.63
Savings	Gate City Bank	[REDACTED]	25.00
ASSETS			
Vehicle Make/Model/Year		Value	
Property Owned	Address	Value	
LIABILITIES/OBLIGATIONS			
	Creditors Name	Monthly Payment	Balance
Rent/Mortgage	Goldmark	860	
Car Payment	Toyota Financial Services (lease)	397.99	
Car Insurance	EMC	126.38	
Health Insurance			
Utilities (electric, water...)	Excel Energy	67.39	
Telephone	Verizon	150.48	
Personal Loan	One Main Finance, Aaron's	470.00, 150	13,000, 1700
Alimony/Child Support			
Delinquent Taxes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Charge Accounts/Credit Cards	Capital One	25.00	1000
(if needed please attach list)	Other Vehicle Loan	300	1762
Monthly Income 4820.90			
Less Expenses 2547.24			
Un-Obligated Amount 2273.66			
Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		When did you file bankruptcy?	
Type of bankruptcy		Date(s) Discharged	
Reason for Loan			

U.S. DEPT. OF VETERANS AFFAIRS
RECEIVED

12 02 2007

APPLICANT ACKNOWLEDGEMENT OF LOAN REPAYMENT

INSTRUCTIONS: *initial before every statement. Full signature and date are required where designated.*

1. I understand all statements made on the application must be true and correct. I understand false statements will be considered fraudulent and subject to prosecution.

2. I understand repayment of the loan must be made each month and that payments may be made in advance of time agreed to on the signed note.

3. I understand the importance of timely repayment in order that some other worthy applicant could be assisted from this revolving fund and in the event of default, legal action shall be taken when payments become delinquent as determined by the Loan Officer.

4. I understand in order to receive one-half the interest refund that the loan and fees must be paid by final due date.

5. I understand the North Dakota Department of Veterans Affairs must be notified of any change of address and employment immediately.

6. I understand the department may assess and collect any late payments penalties of up to \$15.00 for each late payment as well as a fee for any NSF item received by North Dakota Department of Veterans Affairs.

I hereby attest that to the best of my knowledge the answers to the above questions are true and correct. I state that I need additional financial assistance at this time and application is made to the Department of Veterans Affairs for a loan of \$. **I UNDERSTAND THE LOAN IS TO BE USED FOR THE PURPOSE STATED AND SHALL BE REPAID TO THE DEPARTMENT OF VETERANS AFFAIRS AT FARGO, NORTH DAKOTA WITHIN A SPECIFIED PERIOD NOT TO EXCEED FOUR YEARS FROM THE DATE THE LOAN IS GRANTED.** with % interest. One-half of the interest shall be waived if the loan and fees are paid by the final due date. Interest will be adjusted at the end of the loan period.

I hereby authorize the United States Veterans Administration, Job Service of North Dakota, North Dakota State Tax Department, North Dakota Workforce Safety and Insurance, financial institutions and any other credit sources to disclose to the county veteran service officer assisting in the preparing of this application and the North Dakota Department of Veterans Affairs any information contained in their files and records concerning myself upon request. I further agree to promptly notify the North Dakota Department of Veterans Affairs of any change of address and/or employment.

Applicant Name (Please Print)

Applicant Signature

Date

01/31/2017

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Loan Division

PROMISSORY NOTE

Name of Veteran [REDACTED]	Application Number [REDACTED]	Date 2/16/2017	
Address [REDACTED]	City FARGO	State ND	Zip Code 58103

FOR THE VALUE RECEIVED, I promise to pay to the State of North Dakota for the use of the Veterans Aid Fund, at the Department of Veterans Affairs, PO Box 9003, Fargo, North Dakota 58106-9003, the sum of 5,000.00 Dollars, payable in the amount of \$122.96 in 48 MONTHLY installments, to: (Monthly payment) (Length of loan)

North Dakota Department of Veterans Affairs
LOAN DIVISION
P.O. Box 9003
Fargo, ND 58106-9003

Interest will be at the rate of 8% percent per annum, calculated on a daily basis beginning from the date of loan. One-half of the interest on each payment shall be waived at the termination of the loan if the borrower has made all prior payments of principal, interest and all fees are paid by final due date. The department may assess and collect any late payment penalties of up to \$15.00 for each late payment as well as a fee for any NSF items received by the North Dakota Department of Veterans Affairs.

If default is made in the payment of any installment of principal or interest, or any part of either, then and thereupon the entire principal sum remaining unpaid, with the interest accrued thereon shall, at the option of the Commissioner, Department of Veterans Affairs, become at once due and payable without further notice.

The several makers, signers, guarantors and endorsers hereof waive presentment, demand, notice of dishonor and protest and consent that the time of payment may be extended or this note renewed without affecting their liability hereon.

Signature of Applicant [REDACTED]	Date 2-17-17
Commissioner of Veterans Affairs or Authorized Representative [Signature]	Date 2-22-2017

N.D. DEPT. OF VETERAN AFFAIRS
RECEIVED

FEB 17 2017

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SERVICE OFFICERS USE ONLY

CVSO Recommendation

☒ APPROVAL☐ DISAPPROVAL**Explanation**

The Veteran is in need of the loan to purchasing a new car.

I hereby attest that the information contained in this application is true and correct to the best of my knowledge.

CVSO Signature



THOMAS WEBB USO, NJ DVA

Date

02/01/2017

I, [REDACTED] do not file taxes. I am disabled
and do not receive taxable income.

[REDACTED]

01/31/2017

Veterans Aid Loan

Required documentation to be obtained by CVSO and submitted with completed application.

DOCUMENTATION CHECKLIST

Income



Income will be determined based on the most recent 12 month period

 Cash Asset Verification Form


AND

☐ Copy of the two most recent payroll checks or stubs or copy of payroll statement

AND/OR

 copy of award letters, i.e. VA Benefits, Social Security *Tax Abatement letter*  ☒


AND

 copy of front page of applicant's 1040 tax form or statement on application initialed by the applicant stating that he/she did not file taxes

Residency

 Copy of ND Drivers License or ID Card showing address or CVSO verification as stated on application ☒ *ND Drivers license & Tax abatement letter*

AND

 Copy of monthly expense bill or bank statement 1 year or older verifying address, i.e. utility bill, phone bill or cable bill *lease*

Veteran Status

 Copy of DD214

OR

☐ Copy of military orders showing active duty requirements has been met

Unmarried Widow

☐ Copy of marriage certificate

AND

☐ Copy of death certificate

AND

☐ Copy of Veteran's military discharge

I have obtained and reviewed the required documentation as listed above.

CVSO Signature 

Date

02/01/2017



CASH ASSET VERIFICATION
VETERANS AFFAIRS
SFN 58539 (11-2008)

Name	[REDACTED]	Date	2-1-17
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I/We give permission to have the following information filled in with exact amounts, revealing present financial circumstances.

Signature	[REDACTED]
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The following information must be completed by an official from your bank or other financial institution:

Type of Account	Average Balance (past 90 days)
Savings	\$ 25.00
Checking	\$ 1237.43
Savings Bonds	\$ —
Certificate of Deposit	\$ —
Savings Certificate	\$ —
IRA	\$ —
Burial Fund	\$ —
Other (explain)	\$ —
Total of all Accounts	\$ 1262.43

Name of Bank or Financial Institution	
Gate City Bank	
Signature of Official	Date
[Signature]	2-1-17

RETURN TO: ND Department of Veterans Affairs
PO Box 9003
Fargo, ND 58106-9003
Fax - (701) 239-7166



**Department of
Veterans Affairs**

2101 ELM ST
FARGO ND 58102

December 23, 2014

Veteran's Name:

FARGO ND 58103

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is:

You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:

Army, Honorable, 29-Sep-1971 - 02-Nov-1978

(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes

Your combined service-connected evaluation is: 70 PERCENT

The effective date of the last change to your current award was: 01-DEC-2014

Your current monthly award amount is: \$3,068.90

Are you being paid at the 100 percent rate because you are unemployable due to your service-connected disabilities: Yes

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

Need Additional Information or Verification?

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the federal relay number is 711. Send electronic inquiries through the Internet at <https://iris.va.gov>.

Sincerely yours,

P. CONARD
VETERANS SERVICE CENTER MANAGER

STATE OF JURISDICTION: FARGO (437)

FILE NUMBER: [REDACTED]

Eff Date	Reason	Gross	MAPR	Total W/H	Allot W/H	Net	Dis Lvl	S	M	H	S	P
10/01/2004	Original Award, Rating Effective Date Backed Up For Conversion	810.00				810.00	PT-IU					
12/01/2004	Individual Unemployability Adjustment, Cost of Living Adjustment	832.00				832.00	PT					
09/01/2005	Change in Spouse Status, Countable Income Adjustment	618.00				618.00	PT	Y				
10/01/2005	Benefit Eligibility Adjustment	363.00				363.00	030	Y				
12/01/2005	Rating Effective Date for Conversion, Cost of Living Adjustment	377.00				377.00	030	Y				
12/01/2006	Cost of Living Adjustment	389.00				389.00	030	Y				
12/01/2007	Cost of Living Adjustment	398.00				398.00	030	Y				
12/01/2008	Cost of Living Adjustment	421.00				421.00	030	Y				
08/01/2011	Compensation Rating Adjustment	845.00				845.00	050	Y				
12/01/2011	Cost of Living Adjustment	874.00				874.00	050	Y				
08/01/2012	Compensation Rating Adjustment	1,102.00				1,102.00	060	Y				
09/01/2012	Compensation Rating Adjustment	1,380.00				1,380.00	070	Y				
12/01/2012	Cost of Living Adjustment	1,402.00				1,402.00	070	Y				
01/01/2013	Individual Unemployability Adjustment	2,973.00				2,973.00	070-IU	Y				
12/01/2013	Cost of Living Adjustment	3,017.60				3,017.60	070-IU	Y				
12/01/2014	Cost of Living Adjustment	3,068.90				3,068.90	070-IU	Y				

Dependents

Name	DOB	SSN	Status	Award Effective Date	Decision Type
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	12/01/2008	Dependency Established

VBMS COMPENSATION AND PENSION AWARD

Your New Benefit Amount

BENEFICIARY'S NAME: [REDACTED]

Your Social Security benefits will increase by 0.3% percent in 2017 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

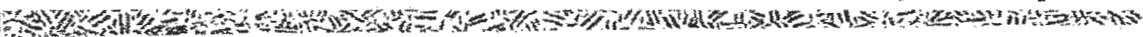
How Much Will I Get And When?

- Your monthly amount (before deductions) is \$635.00
- The amount we deduct for Medicare medical insurance is \$0.00
(If you did not have Medicare as of November 17, 2016,
or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare prescription drug plan is \$0.00
(We will notify you if the amount changes in 2017. If you did not elect
withholding as of November 1, 2016, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is \$0.00
(If you did not elect voluntary tax withholding as of
November 17, 2016, we show \$0.00.)
- After we take any other deductions, you will receive \$635.00
on or about Jan. 3, 2017.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at www.godirect.org online.

What If I Have Questions?

- Visit our website at www.socialsecurity.gov for more information about Social Security.
 - Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778) if you have questions. If you
- 

Know Right Away About Disability Benefits
You must know right away about any changes to your workers' compensation or public disability benefit payments or lump sum awards. You must also report any new payments you receive.

Your New Benefit Amount

BENEFICIARY'S NAME: [REDACTED]

Your Social Security benefits will increase by 0.3% percent in 2017 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

- Your monthly amount (before deductions) is \$1,147.00
- The amount we deduct for Medicare medical insurance is \$0.00
(If you did not have Medicare as of November 17, 2016, or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare prescription drug plan is \$0.00
(We will notify you if the amount changes in 2017. If you did not elect withholding as of November 1, 2016, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is \$0.00
(If you did not elect voluntary tax withholding as of November 17, 2016, we show \$0.00.)
- After we take any other deductions, you will receive \$1,147.00
on or about Jan. 18, 2017.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the department of the Treasury's Go Direct website at www.godirect.org online.

What If I Have Questions?

Visit our website at www.socialsecurity.gov for more information about Social Security. Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778) if you have questions. If you

GOLDMARK Property Management, Inc. LEASE AGREEMENT

RESIDENT CODE

SITE OFFICE:

PHONE:

☒ NEW LEASE

PROPERTY:

APT #:

☐ RENEWAL LEASE

INCLUDED WITH APARTMENT RENT: PARKING #:

GARAGE #:

STORAGE #:

ADDRESS:

CITY: Fargo

SIZE: 2/2

RESIDENT(S):

PHONE #:

LEASE PERIOD: This Lease Agreement shall become effective on the 1st day of August, 2016 and shall continue until the 31st day of July, 2017. Upon fulfillment of the original lease term, unless terminated as set forth below, this Lease Agreement and all of its terms shall remain in effect, with the exception of rent increases, and shall automatically renew on a month-to-month basis, until proper notice of termination is furnished. If Resident wishes to remain on a month-to-month lease, a month-to-month fee will apply in the amount of \$75.00 per month. Rent will be prorated if the effective date is not the first day of the month.

TERMINATION: Either party may terminate this Lease Agreement at the end of the fixed term as defined above. In order for that notice of termination to be proper, it must be (A) written; and (B) received by Management on or before the first day of the month, which is at least **TWO FULL CALENDAR MONTHS** prior to the end of the lease period. If this Lease Agreement has been renewed on a month-to-month basis, the notice of termination can be given by either party in writing at least one full calendar month prior to the end of the lease period. Any notice of termination is effective as of the last day of the month only and surrender of the premises must be no later than 12 noon on the last day of the month. No surrender of the premises will be considered accepted by Management without written consent of Management. Any other form of termination must be agreed upon in writing by both parties. **FAILURE TO GIVE PROPER NOTICE OF TERMINATION WILL RESULT IN THE RESIDENT(S) BEING RESPONSIBLE FOR ANY RENT DUE FOR THE REMAINING LEASE PERIOD FOR WHICH YOU ARE LEGALLY RESPONSIBLE, IN ADDITION TO AN EARLY TERMINATION CHARGE OF \$300.00. UPON TERMINATION OF THE LEASE AGREEMENT, RESIDENT(S) SHALL PROVIDE MANAGEMENT WITH A FORWARDING ADDRESS.**

RENT: The monthly apartment rent of \$ 860.00, shall be due on or before the first day of each month payable at the leasing office. If the rent is not received at the end of the first day of the month, Resident(s) shall be in default. **RENT RECEIVED AFTER THE FIRST DAY OF THE MONTH SHALL BE ASSESSED A LATE FEE**, as described below. Acceptance of partial payments by Management shall be at Management's sole discretion and shall not constitute a waiver of any of its rights to receive payment in full or to commence an unlawful detainer action for non-payment of rent, nor shall it be construed as an extension of the time to pay. Resident(s) are responsible for all collection fees incurred by Management for the collection of all amounts owed, to the extent and if permitted by state law. If Resident chooses to pay by check or automatic withdrawal, they authorize GOLDMARK to process all lease obligation payments electronically through the Automated Clearing House (ACH) system in accordance with the dates and amounts listed on the check, or as indicated on the Direct Debit Authorization Form. If Resident has signed an authorization for such payments, Resident agrees that they are estopped from making any waiver argument in the event of lease termination.

LATE FEES: Resident shall be assessed a late fee of \$40.00 for any rent received after the first day of the month, and an additional \$40.00 will be assessed if rent is not received by the fifteenth. Management reserves the right to reject partial rent payment. Management will not accept cash, and all rent must be paid by check, certified funds, money order or automatic withdrawal.

NSF CHARGE: Resident will be assessed an NSF charge in accordance with state law for any funds that do not clear the bank.

APPLICATION OF MONIES: Management reserves the right to apply monies received in the following order: 1) security deposit/pet fee; 2) application fees; 3) late fees; 4) NSF fees; 5) attorney's fees and costs, to the extent and if permitted by state law; 6) repair, damages/cleaning expenses; 7) incentives; 8) rent/pet rent.

ALL RESIDENTS RESPONSIBLE FOR ALL DEBTS: Each Resident is individually responsible for paying the full amount of all obligations under the lease, not just a proportionate share. Roommates are jointly and severally responsible.

DEPOSIT: A security deposit in the amount of \$ 400.00 shall be paid at the time of the execution of this Agreement, to be held, applied, and processed by Management in accordance with State Law. Security deposit of \$ 400, paid on 7/1/2016 in the form of CASH. Security deposit will remain with the apartment if roommates change.

OCCUPANCY: This property will be occupied by 2 occupants, who agree to comply with all written policies and procedures established by Management and shall not modify the premises without Management's prior written consent. All other occupants must be approved in writing by Management. Resident agrees to reimburse Management within 10 days, for any loss, property damage, or cost of repairs or service caused by negligence or improper use by resident, agents, family or guests. Failure to pay within 10 days will result in late fees assessment as set forth in this Lease Agreement. Resident(s) may not sub-let any part of the premises or assign this Lease Agreement without prior written consent of Management. Resident(s) shall maintain the apartment home and the rest of the property in a clean and neat manner and shall not do anything to disturb the occupancy of other Resident(s) or violate any public law, regulation, or ordinance. Resident(s) consent that this property is to be used for residential housing only. Resident(s) shall provide written notification to Management of any extended absences anticipated to last seven days or longer. Such notice shall be provided no later than the first day of the extended absence.

NON-LIABILITY OF MANAGEMENT: Neither Management nor Owner is responsible for any injury, property damage, or loss of property caused to Resident or Resident's guests or invitees, unless resulting from gross negligence or intentional conduct of Management.

DAMAGE/UNINHABITABLE: In case during the term hereof, the premises becomes uninhabitable because of water, fire or other casualty, then this Lease shall become null and void, and management shall not be liable for any consequential damages to resident. Resident is liable for all damages caused by the negligence of the resident or the resident's guests or invitees.

DEFAULT: Should resident(s) fail to pay rent or should Resident(s) default under any material condition of this Lease Agreement, Management, at its discretion, may give the Resident(s) a notice of intention to evict, in accordance with State law. If permitted by law, Resident(s) shall pay all court costs and attorney's fees incurred by Management in enforcing its right under this Lease Agreement, whether or not legal action is initiated.

VA U.S. Department of Veterans Affairs

Member ID: [REDACTED] Card Expires: 07/04/2024

Plan ID (80840): [REDACTED]

Member: [REDACTED]

VA HEALTHCARE ENROLLEE
SERVICE CONNECTED

[Barcode]

North Dakota **DL**

DRIVER LICENSE

Class: D Restr: 1

Iss: 07/18/2014

Sex: M

DOB: [REDACTED]

Expire: [REDACTED]

DONOR

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME [REDACTED]				2. SERVICE NUMBER NA		3. SOCIAL SECURITY NUMBER [REDACTED]			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY-RA-ARMOR				5a. GRADE, RATE OR RANK SP4	b. PAY GRADE E-4	6. DATE OF RANK 17 May 72	7. DATE OF BIRTH [REDACTED]		
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				8. PLACE OF BIRTH (City and State or Country) San Francisco, CA				9. DATE OF BIRTH [REDACTED]	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER NA				b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE NA				c. DATE INDUCTED NA	
	11a. TYPE OF TRANSFER OR DISCHARGE DISCHARGE				b. STATION OR INSTALLATION AT WHICH EFFECTED Ft Bliss, TX 79916				c. REASON AND AUTHORITY AR 635-200 SPN 313 to immediately reenlist	
TRANSFER OR DISCHARGE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND How Btry 1/3 AGR FIFTH US ARMY				13a. CHARACTER OF SERVICE HONORABLE				b. TYPE OF CERTIFICATE ISSUED DD Form 256A	
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA				15. REENLISTMENT CODE RE-1					
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR NA				17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER				b. TERM OF SERVICE (Years) 3	
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS NONE				19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PV1 E-1				c. DATE OF ENTRY DAY MONTH YEAR 29 Sep 71	
	20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) AFES Portland, OR									
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) Oregon 97116				22. STATEMENT OF SERVICE					
	23a. SPECIALTY NUMBER & TITLE 13A10 Field Arty				b. TOTAL ACTIVE SERVICE					
	b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA				c. FOREIGN AND/OR SEA SERVICE					
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED National Defense Service Medal									
VA AND EMP. SERVICE DATA	25. EDUCATION AND TRAINING COMPLETED Uniform Code of Military Justice Benf Hon Disch Code of Conduct Geneva Conv Race Relations SAEDA				26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) NONE				b. DAYS ACCRUED LEAVE PAID NONE	
	27a. INSURANCE IN FORCE (NGLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				b. AMOUNT OF ALLOTMENT NA				c. MONTH ALLOTMENT DISCONTINUED NA	
	28. VA CLAIM NUMBER C. NA				29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE					
REMARKS	30. REMARKS Civilian Education: 11 Yrs Blood Group: A Pos Indochina No, Korea No Last Reenl Bonus Paid: None PMOS Eval Score: 85 dtd, Sep 72									
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SAME as item # 21				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED [REDACTED]					
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER [REDACTED]				34. SIGNATURE OF AUTHORIZING OFFICER [REDACTED]					

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME [REDACTED]			2. SEX M	3. SOCIAL SECURITY NUMBER [REDACTED]		4. DATE OF BIRTH YEAR: [REDACTED] MONTH: [REDACTED] DAY: [REDACTED]																												
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY-RA			6a. GRADE, RATE OR RANK SP4	6b. PAY GRADE E-4	7. DATE OF RANK YEAR: 76 MONTH: 01 DAY: 01																													
8a. SELECTIVE SERVICE NUMBER NA		8b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE NA		8c. HOME OF RECORD AT TIME OF ENTRY IN TO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) Grisibaldi, OR 97116																														
9a. TYPE OF SEPARATION Discharge			9b. STATION OR INSTALLATION AT WHICH EFFECTED Fort Stewart, GA 31313																															
10. AUTHORITY AND REASON Ch 2 AR 635-200			11. EFFECTIVE DATE 78 11 02		12. REENTRY CODE 1A																													
13. CHARACTER OF SERVICE HONORABLE			14. TYPE OF CERTIFICATE ISSUED DD Form 256A		15. REENTRY CODE 1A																													
16. LAST DUTY ASSIGNMENT AND MAJOR COMMAND C Btry 1/25th FA (WAQZCOA) FORSCOM FC			17. COMMAND TO WHICH TRANSFERRED NA																															
18. TERMINAL DATE OF RESERVE/MSR OBLIGATION YEAR: NA MONTH: DAY:		19. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) Fort Bliss, TX 79916			20. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR: 72 MONTH: 11 DAY: 03																													
21a. PRIMARY SPECIALTY NUMBER AND TITLE 13B10 740422 Fld Arty Crewman 100/7602		21b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER None		22. RECORD OF SERVICE																														
23a. SECONDARY SPECIALTY NUMBER AND TITLE None		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		24. RECORD OF SERVICE																														
				<table border="1"> <thead> <tr> <th></th> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> </thead> <tbody> <tr> <td>(a) NET ACTIVE SERVICE THIS PERIOD</td> <td>06</td> <td>00</td> <td>00</td> </tr> <tr> <td>(b) PRIOR ACTIVE SERVICE</td> <td>01</td> <td>01</td> <td>04</td> </tr> <tr> <td>(c) TOTAL ACTIVE SERVICE (a + b)</td> <td>07</td> <td>01</td> <td>04</td> </tr> <tr> <td>(d) PRIOR INACTIVE SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>(e) TOTAL SERVICE FOR PAY (c + d)</td> <td>07</td> <td>01</td> <td>04</td> </tr> <tr> <td>(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD</td> <td>03</td> <td>00</td> <td>24</td> </tr> </tbody> </table>				YEARS	MONTHS	DAYS	(a) NET ACTIVE SERVICE THIS PERIOD	06	00	00	(b) PRIOR ACTIVE SERVICE	01	01	04	(c) TOTAL ACTIVE SERVICE (a + b)	07	01	04	(d) PRIOR INACTIVE SERVICE	00	00	00	(e) TOTAL SERVICE FOR PAY (c + d)	07	01	04	(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD	03	00	24
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25. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				26. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL 12 YRS (1-12 grades) COLLEGE 00 YRS																														
27. TIME LOST (Preceding Two Yrs) None		28. DAYS ACCRUED LEAVE PAID 3 1/2 Days		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		30. DISABILITY SEVERANCE PAY XX NO <input type="checkbox"/> YES AMOUNT																												
31. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Good Conduct Medal (2d Award); National Defense Service Medal; Marksman (Rifle K-16A1)				32. PERSONNEL SECURITY INVESTIGATION a. TYPE: NAC b. DATE COMPLETED: 14 Jan 77																														
33. REMARKS Last Oversea Assignment - Germany: 24 Jul 74 - 17 Aug 77																																		
34. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) Jacksonville, Duval, FL 32216																																		
35. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER [REDACTED] USA CHIEF, TRANSFER POINT																																		