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UNITED STATES BANKRUPTCY COURT

CENTRAL DISTRICT OF CALIFORNIA

LOS ANGELES DIVISION

In re: Loe,	) Case No. 2:20-bk-14870-ER
Debtor,	) Chapter : 7
Melissa Lynn Loe,	)
Plaintiff,	)
Vs.	)
United State Department of Education and Great Lakes Educational Loan Services, Inc.,	) Adversary Proceeding
Defendants.	)

Debtor's Complaint to Determine Dischargeability of Student Loans Due to Undue Hardship 11 U.S.C. 523 (a) (8)

Debtor, Melissa Lynn Loe ("Debtor") , alleges as follows:

NATURE OF THE ACTION

1. This is an adversary proceeding by which Debtor seeks a declaration that repayment of her student loans from the above-captioned defendants (collectively, "Defendants") in the amount of $356,637.82 **(EXHIBIT 1)**, would be an undue hardship under Bankruptcy Code section 523 (a) (8) and, therefore, should not be excepted from discharge under section 523 of the Bankruptcy Code.

JURISDICTION AND VENUE

2. On May 28, 2020, Debtor filed a voluntary petition in the Court for relief under Chapter 7 Bankruptcy Code.

3. The Court has jurisdiction over this adversary proceeding pursuant to 28 U.S.C. sections 1334 and 157.

4. This is a core proceeding pursuant to 28 U.S.C. section 157 (b) (2).

5. Venue is proper in this district pursuant to 28 U.S.C. section 1409 (a).

BACKGROUND

6. Debtor began her Undergraduate Education in the Fall of 1992 at The University of Washington in the city of Seattle. By Winter quarter of 1993 Debtor fell severely ill and after a long, sustained illness finally went to the Hospital and was diagnosed with Type 1 Insulin Dependent Diabetes (Diagnosed on 03/04/93). This became a pivotal moment in the Debtor's life and the beginning of a 5 year battle to stay healthy and out of hospitals.

7. At the time, Debor's health insurance was provided through an HMO called Group Health (now owned by Kaiser Permanente) via her father's employment. Because this HMO's practices (at the time) were guided by reactionary medicine for Diabetes treatment, Debtor was limited to what kind of services she could seek (Debtor

was only allowed to go to Group Health Providers and their Hospitals). Because their approach to Diabetes management was conservative, they put the Debtor on pig and cow Insulin as a form of treatment and did not cover glucose strips for blood sugar testing. She continually ended up in the hospital with Diabetic Ketoacidosis (DKA), a life threatening condition where the body eats itself for energy creating a ketone (acid) as a result of the body being unable to properly use insulin. It was determined that Debtor's body had a hard time processing animal insulin causing it to crystallize in pockets in her stomach instead of entering the bloodstream. She wound up in a repetitive cycle of hospitalizations for DKA for approximately 5 years causing limited enrollment at the UW between 1992-1997 due to her poor health.

8. In the Fall of 1997 Debtor was 23 and had aged-out of her parent's health insurance plan. Debtor is not close with her family and with insurance no longer being a reason for their communication - all ties with her immediate family were severed permanently and have remained so. Having no insurance, no family and no college degree, Debtor went out in search of a job to support herself and ended up working in a coffee shop. Her logic behind that choice was that it would offer her the flexibility to go back to school and pursue her degree with the end desired result being a good paying, stable job with medical benefits.

9. Within months of starting her coffee shop job, the Debtor was promoted to Manager, a position that provided health insurance. It's hard to understand the value of health insurance in 1997 because of all of the options that Americans have access to now but In 1997, if you had a pre-existing condition, you could and did get denied for coverage. It was hard to find insurance as an individual and often you had to get it through an employer with an established plan you could participate in but even then - there were limitations placed on you like waiting periods and lifetime limits.

10. The Debtor's employer provided her with top of the line insurance and dental. With access to the best doctors and hospitals she began to regain her health. Her new doctors put her on synthetic Insulin and intensive glucose monitoring and she finally felt that she was gaining some control of her Diabetes. Despite experiencing

drastic improvement to her health, her Diabetes was still considered "brittle" (hard to control) and while her quality of life got better - managing her care and the financial obligations surrounding it remained challenging.

11. Twenty-three proved to be a pivotal age in more ways than one. New student loan legislation made the Debtor eligible for Federal Student Loans without a cosigner (typically parents) and allowed her the opportunity to return to school. She re-enrolled in the fall of 1997 at the University of Washington and began to pursue a degree in Cinema Studies with the ultimate goal of working in the Entertainment industry. In order to maintain her health insurance and satisfy her obligations as manager for the coffee shop, she attended school off and on for the next several years while working 30-60 hours a week depending on her school schedule and/or the specific needs of the cafe at the time.

12. As the years passed, major medical developments created new opportunities for Type 1 Diabetics. In January of 2000 the Debtor was placed on an Insulin Pump (a battery operated device worn 24 hours a day with the exception of baths and showers) which allowed for tighter control and helped regulate her insulin dosing. (Insulin Pumps use a tailored, mathematical algorithm to calculate your insulin needs requiring constant adjustments by an Endocrinologist.) This technology gave her a new sense of hope and freedom in terms of treatment but it came into the Debtor's life a little too late.

13. The Debtor began to experience some of the long term complications associated with Diabetes by the beginning of the 2000s. She was told early on in her diagnosis that nerve damage, organ failure, blindness and amputations are all common outcomes associated with long term Type 1 Diabetic patients. She had to stop attending school in 2005 to focus on her health with the plan to re-enroll when she was in a better place (both physically and financially). Later that year her student loans became due as a result of dropping out of school but she could not afford to pay them due to medical costs. In 2006 she consolidated all of her student loans to make them more manageable and put them into forbearance and deferments to buy her additional time to pay them. The loan payment created such a financial burden on her life that she

eventually defaulted on it. The Debtor had a lot of medical needs and expenses at the time and the money just wasn't there.

14. From the time the Debtor was diagnosed with Type 1 Diabetes she had been warned of likely impending health problems. She was emotionally prepared with each new complication that appeared. What the Debtor wasn't prepared for was experiencing a sudden onset of seizures in 2008. An MRI revealed a Cavernous Angioma (a tumor made out of small blood vessels) in her left brain. It was leaking blood into her cerebrospinal fluid causing her to have seizures, cognitive issues and headaches. Based on where it's located, the tumor is inoperable. Bleeds can result in stroke-like symptoms, permanent disability or death. There is no way to predict if or when you will get a bleed and treatment for this condition is limited to imaging and tracking its growth.

15. A few years passed and the acute issues with her Cavernous Angioma improved. She was taken off all of her seizure medications and after 2-3 years of prolonged and debilitating headaches they finally subsided to a manageable level. In 2011 she received a letter from American Student Loan Assistance on behalf of ACS Loan Borrowers (servicer of her Federal Student Loan at the time) offering an opportunity for her to rehab her defaulted student loans. It was a means to remove negative credit bureau information and become eligible again to obtain Federal Student Loans. She saw this as an opportunity to go back to school, finish her degree and pursue her career.

16. The loan rehab program was 9 months long consisting of regular monthly payments of which the Debtor completed in 2012. Later that year she enrolled in school and finished, graduating from the UW in June of 2013. After attending school off and on for 21 years the Debtor finally obtained her undergraduate degree in Cinema Studies.

17. The best chance for the Debtor to find employment in the Film and Television industry was to move to Los Angeles. She had lived in Seattle for over 20 years and moving without a solid plan in place made her weary for both her health and financial stability. She explored the options of Graduate School and had settled on applying to a

program in L.A.. She knew that she didn't have the credentials to get accepted at the time so she began to build up her film resume while trying to save enough money to move.

18. During this same time (2014) the Debtor lost her coffee shop job after 17 years (the business was sold and she was let go) resulting in her applying for unemployment and state subsidized health insurance. Her student loan became payable in the same year and she had to put her student loans (A Consolidated Loan with Nelnet (Federal Loan Servicer) that represents her student loans prior to 2012 and one loan with Great Lakes the represents 2012 through her Undergrad Graduation) into forbearance or deferment for a period of time. She then began her participation in a Income-Driven Repayment plan later that same year with each separate Loan Servicer.

19. The introduction of Obama's Healthcare Marketplace happened around the same time that the Debtor was terminated from her longtime Manager position with the coffee shop. Legislation during his Presidency removed the discriminating policies of Health Insurance Providers against people with pre-existing medical conditions, lifted life-time limits on insurance policies and provided individuals the buying power to purchase health insurance on their own regardless of employment. This shift in government policy allowed the Debtor the ability to purchase her own insurance and make informed decisions that catered to her specific medical needs.

20. In April of 2016 the Debtor was awarded a slot into the American Film Institute Conservatory's Graduate Producer's Program. Preparing for her move, she purchased a 2016 Honda Fit, her first car ever, at the age of 43. This was a new expense in her World and while she dreaded having a large financial obligation hanging over her head (in addition to the pending costs of school), she knew that safe, reliable transportation would be imperative for her to live in Los Angeles, attend school, work and participate in independent filmmaking.

21. She successfully applied for two Grad Plus loans in 2016 and 2017 to cover the over $200,000 price tag on her education at AFI. It was sticker shock but the AFI Conservatory is a prestigious, globally recognized institution - the Film School

equivalent of attending Harvard or Yale. She viewed it as an investment in herself and a chance for her to develop new skills that would make her more hireable in the industry. She was confident that attending AFI was going to open doors because she knew absolutely nobody in L.A. and had zero professional contacts upon her arrival.

22. The cost of living in Los Angeles was drastically more than Seattle and the money that the Debtor's student loans provided her with to cover living expenses was not enough. Luckily her undergraduate loans were put into deferment (for school enrollment) and because she was in school, she qualified for fully subsidized Medical Insurance through the State of California (Medi-Cal). Despite this financial reprieve she still depended on credit cards to pay basic living expenses resulting in almost all of the debt that led to her bankruptcy.

23. Like a lot of students, the Debtor eventually found herself struggling to afford food. She was doing her best to keep up payments on all of her debts but it was becoming a losing battle. By May of 2017 (the end of her 1st year at AFI) she found a job at a coffee shop to help make ends meet. Because of her demanding schedule from AFI she could only work part time but the additional money in conjunction with her student loans allowed her to stay afloat for the remainder of 2017 through December 2018 when she graduated.

24. From the moment she arrived in LA, the Debtor took full advantage of every opportunity she had to fill out her resume. During her time at the AFI Conservatory she crewed on 12 short films, Produced 4 of them, interned for Cinelou Productions *(Cake, Mr. Church)* and Atmosphere Entertainment *(The 300)*, interned at the American Film Market for Lightening Entertainment (a Sales & Distribution Company) and for the President of the Director's Guild of America, Thomas Schlame. (Director, *The West Wing*, *The Americans* and several other projects for Screenwriter Aaron Sorkin). Her 2018 student thesis film titled "*Outdooring*" was Executive Produced by Patrisse Cullors - founder of the Black Lives Matter movement. It screened at SXSW, HBO's Outfest, the prestigious Clermont Ferrand Film Festival in France and countless other festivals. Our film was selected as a Vimeo Staff Pick, Short Of The Week and was featured on

Omeleto (a popular YouTube film channel). It was eventually purchased by rapper/ entrepreneur Sean Puff Daddy Combs (all proceeds go to AFI who retain the rights to all materials made in pursuit of a degree). She worked incredibly hard while in school and viewed her time at AFI as both successful and productive but that hasn't equated to gainful employment.

25. The Debtor never thought that getting a job in her field would be easy because Los Angeles has the most competitive job market in the Film and Television industry in the World. AFI offered no post-graduate or job placement help. As a parting gift from one of her instructors she received a ½ hour resume consultation and then was released out into the employment World on her own.

26. In 2019 she applied to several jobs, internships, grants and programs in her field, receiving only two interviews and no job offers. She got a temp job through a friend as an Executive Assistant to Producer Greer Shephard *(The Closer, Nip/Tuck, Major Crimes and Longmire).* It paid $15.45 an hour because it was an entry level job and because the industry generally pays as little as possible due to the saturation of skilled and available workers in the market.

27. The Debtor began driving for Postmates while continuing to work full time at the coffee shop with the intent of trying to pay off some of her debt (by that time she had already defaulted on almost every account she had with the exception of cards and loans held through WSECU - her bank at the time). She thought if she could get off the repetitive cycle of taking out PayDay loans and depending on overdraft protection to make ends meet that she could reduce her monthly expenses and allow her to take on an internship which could maybe lead to a job.

28. In February she experienced a cut in hours at her work due to the unknown factors of Coronavirus transmission at the time. She lost her coffee shop job on March 8, 2020 and stopped driving for Postmates in the same month due to health concerns and her compromised immune system.

29. The Debtor provides this background to give context to the current financial situation she's in. Her financial struggles and medical needs are intertwined and both are exasperated by the burden of her student loan.

FACTUAL ALLEGATIONS

30. It is the Debtor's understanding that the Court often refers to either the Brunner Test (Brunner v. N.Y. State Higher Educ. Servs. Corp., 831 F.2d 395, 396 (2d Cir. 1987), the Totality Of Circumstances Test (Eighth Circuit Court), or a combination of the two to determine if undue hardship exists with the requirements of each test being open to interpretation by the Court.

THE BRUNNER TEST

1. The debtor cannot maintain, based on current income and expenses, a minimal standard of living for herself and her dependents if forced to repay the student loans.
2. Additional circumstances exist indicating that the hardship is likely to persist for a significant portion of the repayment period of the student loans.
3. The debtor has made a good-faith effort to repay the loans.

"THE DEBTOR CANNOT MAINTAIN, BASED ON CURRENT INCOME AND EXPENSES, A MINIMAL STANDARD OF LIVING FOR HERSELF AND HER DEPENDENTS IF FORCED TO REPAY THE STUDENT LOAN."

31. The Federal Poverty Guidelines for a single adult is $12,760 a year **(EXHIBIT 2)** however a "minimal standard of living" does not necessarily imply a life

lived below or near that poverty line. The Court in Ivory v. U.S. Dep't of Educ. (In re Ivory), 269 B.R. 890 (N.D. Ala. 2001) provides a useful guideline for defining a "minimal standard of living". It states:

> 1. People need shelter, shelter that must be furnished, maintained, kept clean, and free of pests. In most climates it also must be heated and cooled
> 2. People need basic utilities such as electricity, water, and natural gas. People need to operate electrical lights, to cook, and to refrigerate. People need water for drinking, bathing, washing, cooking, and sewer. They need telephones to communicate.
> 3. People need food and personal hygiene products. They need decent clothing and footwear and the ability to clean those items when those items are dirty. They need the ability to replace them when they are worn.
> 4. People need vehicles to go to work, to go to stores, and to go to doctors. They must have insurance for and the ability to buy tags for those vehicles. They must pay for gasoline. They must have the ability to pay for routine maintenance such as oil changes and tire replacements and they must be able to pay for unexpected repairs.
> 5. People must have health insurance or have the ability to pay for medical and dental expenses when they arise. People must have at least small amounts of life insurance or other financial savings for burials and other final expenses.
> 6. People must have the ability to pay for some small diversion or source of recreation, even if it is just watching television or keeping a pet."

32. Given that the Debtor lives in Los Angeles, CA and is subjected to a much higher cost of living than most other cities in the United States, she's supplied a report from the State of California Department Of Housing and Community Development

Division of Housing Policy Development that categorizes income levels in California counties under the guidelines of the Federal Department of Housing and Urban Development (HUD) **(EXHIBIT 3)**. HUD uses the median income in different California Counties to establish an income baseline to determine eligibility for various subsidized housing programs. Their chart indicates that as of 2019 the Area Median Income for Los Angeles County was $73,100. In 2019, the Debtor had an AGI of $32,421 **(EXHIBIT 4)** which falls between the categories of "Extremely Low" ($21,950) and "Very Low Income" ($36,550). She uses this report only to give context to the phrase "minimal standard of living" as it applies to housing in Los Angeles and LA County by the State of California.

33. The Debtor is currently unemployed as the result of Covid19 layoffs/shutdowns. She is receiving California State Unemployment in the amount of $276 per week. Because of her unemployment status she qualifies for $56 a month in food stamps as well as free medical insurance and care through Medi-Cal. All of the assistance she is receiving is contingent on her employment status with her eligibility reviewed regularly to ensure that her income falls under the "Maximum Income Level (Per Year)" of $17,609 for a single adult family for Medi-Cal **(EXHIBIT 5)** and a "Maximum Yearly Income" of $16,588 for food stamps **(EXHIBIT 6)**. Up until 08/01/2020 she was receiving additional Pandemic Assistance Insurance from the Federal government in the amount of $600 per week until the benefit expired.

CURRENT INCOME

- **$276** a week Unemployment Insurance - CA **(EXHIBIT 7)**

ADDITIONAL FINANCIAL SUPPORT

- **$56** Food Stamp Benefit/ State of California **(EXHIBIT 8)**
- Fully subsidized medical insurance provided through Medi-Cal/ State of California **(EXHIBIT 9)**

34. The Debtor has used her income for the 2019 tax year of $32,421 to illustrate the burden that her Federal Student Loan created for her in a "normal" economy. In 2019 she had 4 jobs **(EXHIBIT 10)** and worked approximately 50 hours a week. She worked at Swork (a coffee shop) 32-40 hours a week, drove for Postmates the entirety of the year and worked part time at Li'l Pepper Productions and the AFI Conservatory.

CURRENT EXPENSES

- **$1556.10** monthly **APARTMENT RENT**
- **$360.38** monthly **AUTO LOAN & TRANSPORTATION**
- **$111.02** monthly **AUTO INSURANCE** - GEICO
- **$54.50** monthly **CELLULAR & INTERNET** - T-MOBILE
- **$300** per month for **FOOD** (approximately)
- **$70** per month for **PERSONAL CARE** (approximately)
- **$150** per month for **GAS & AUTO RELATED COSTS** (approximately)
- **$80** per month for **DOG FOOD & CARE** (approximately)
- **$50** per month for **MISCELLANEOUS** (approximately)
- **$40** per month for **CLEANING & LAUNDRY** (approximately)
- **$36.48** for monthly **UTILITIES** (average)

= $2,808.48 per month - **$33,696** per year

35. The Debtor pays $1556.10 in monthly APARTMENT RENT **(EXHIBIT 11)**. She lives in a 438 sq ft studio with no amenities and no parking **(EXHIBIT 12)**. She moved here in 2016 (her only apartment since moving to Los Angeles) because it was close to school, it would allow her to have her two dogs and would rent to her despite having a low credit score **(EXHIBIT 13).**

36. Her apartment required her to pay a $2790 deposit with her monthly rent starting at $1395 **(see EXHIBIT 11)**. She's supplied the most recent report available from the U.S. Census Bureau that provides population data for Los Angeles County **(EXHIBIT 14).** It shows the Median Gross Rent for 2014-2018 was $1390 making her rental cost at the time the lease was signed on 09/11/2016 inline with the County's average.

37. The Debtor is now on a monthly lease and because of the Pandemic, she owes well over $6,000 in back rent to her landlords. Because of her Bankruptcy and its existence on her credit report - finding a new apartment will be challenging and limited. First - she will have to pay back her current landlords within a year's time from when the Los Angeles rent moratorium is lifted (currently in effect until the end of October 2020). Second - she will have to find and maintain stable and regular employment for an extended period of time - a condition of most rentals. Third - she will have to save up for a deposit as well as first and last month's rent and will likely face a higher rental charge because of her credit history. For these reasons she doesn't foresee herself being able to move from this apartment anytime within the next 3 years.

38. The Debtor has a pending AUTO LOAN waiting reaffirmation in Bankruptcy court with WSECU in the amount of $360.38 **(EXHIBIT 15).** She has approximately 15 remaining payments left and then $650 in legal fees that she will need to repay (incurred by WSECU in conjunction with this loan and is attached to the back end of Debtor's auto loan). The car is a 2016 Honda Fit (EXHIBIT 16) that was purchased new and has only been driven by her. It has low miles (APPROX 47,000) and has never incurred an accident.

39. Despite the financial burden of this expense, she has opted to reaffirm this loan because she believes her car to be safe and dependable and has an excellent reputation for being a low maintenance vehicle which proves to be an asset in Los Angeles. As somebody who has depended on the safety and reliability of their car to earn income **(Postmates)** she felt that it was imperative to retain her vehicle in the event that she needs to return to this line of work to provide an income in the future.

Another necessary benefit of reaffirming this loan is that this car allows her safe transport to and from the hospital and limits her exposure with the public in an effort to avoid Covid due to her compromised immune system.

40. The Debtor currently pays $111.02 per month for AUTO INSURANCE. **(EXHIBIT 17)** The insurance covers the minimal amount of coverage allowed by law in the State of California and is also a requirement for her to maintain her auto loan with WSECU until the car is paid for in full and the title has been transferred to her. This is a low and competitive price for auto insurance and is contingent on the fact that she has never had an accident. Should that change, she could see a drastic increase in coverage.

41. The Debtor has a monthly expenses of $54.50 for CELLULAR & INTERNET from T-MOBILE **(EXHIBIT 18).** She owns her phone and therefore her bills are strictly for service. A "hot spot" is included with this plan that provides her with internet at her house.

42. She has budgeted approximately $300 per month for FOOD. The debtor sticks to a strict Vegan diet for both health and ethical reasons. After 26 years of being Diabetic she has become very familiar with what types of food cause her blood sugar to spike. She eats fresh vegetable-centric meals to minimize her intake of processed foods and simple carbohydrates.

42. The Debtor has allotted $70 a month for PERSONAL CARE. Included in this category are hygiene products, vitamins, batteries essential to operate her Insulin Pump, over-the-counter medicines like IBUProfen and wound care. Wound care doesn't seem like much of an expense to healthy people but when you are Diabetic and you get a blister on your foot or a cut on your hand - you have to address it immediately. Her body cannot provide its own defenses against infection. Because she has nerve damage (Diabetic Neuropathy) she is regularly injuring herself without the ability to feel it (especially on her hands and feet).

43. The Debtor has allocated $150 as a monthly expense for GAS & AUTO RELATED COSTS. Her gas use fluctuates depending on if she's employed and or if she

is using her car for a delivery service (Postmates). Since she is currently not working as a delivery driver she is only filling up her car 3-4 times a month at an approximate fill up cost of $25 per. In regards to AUTO RELATED COSTS, she places purchasing yearly tabs and registration (approx. $200), oil changes, tire replacement, tune ups, parking meters, emissions tests, garages and related fees in this category.

44. The Debtor allocated $80 for a monthly expense for DOG FOOD & CARE. She has two senior dogs (10 & 11) who have lived with her for the entirety of their lives and considers them her family. As they are nearing the end of their life span it is important for their comfort, health and well being that they receive nutritious, balanced food and necessary vet care.

45. She has allotted $50 in MISCELLANEOUS because there are instances that come up that are unexpected or do not fall in the general categories outlined. She believes that the purchase of replacement clothing and housewares would fall into this category. Another example is recently her battery died stranding her and her dogs on the street in a hot car with no other option but to call for service. It cost her $30 to get her car jumped and battery charged. She puts the cost of her Hulu subscription (streaming services) in the MISCELLANEOUS category as well. She enjoys watching Television but it is also important in her field to stay current on TV and Film. From her earlier days of interviewing for internships, she knows you are frequently questioned on what you are watching and why. It speaks to your taste level and if those tastes are in line with the company or individual you are attempting to work for.

46. She has allotted $40 for CLEANING & LAUNDRY which includes dish soap, window cleaner, multi-purpose cleaner and paper towels. She currently lives in a building with coin operated washers ($1.75) and dryers ($1.25) in the basement. She does approximately 5-6 loads a month between washing my clothes, bedding and items belonging to my dogs. There is also a need to buy laundry detergent, bleach and dryer sheets.

47. The Debtor has averaged her costs for UTILITIES by taking all of her bills by LADWP (currently her only utility expense) for the year and dividing it by 12 to come up

with an approximate monthly expense of $36.48 for this category **(EXHIBIT 19)**. It is important to note that she is currently on a low income subsidy from LADWP and will remain so as long as her income remains under $33,820 **(EXHIBIT 20)**. If her income raises above that level her UTILITIES expense will increase by approximately 30%.

SUMMARY

48. The Debtor has cataloged her expenses based on what she incurred in the year 2019. If you calculate her overall yearly cost based on the budget above you would get roughly $33,702 - well over $1,000 more than what she made for the year. The difference was financed with credit cards and loans which clearly resulted in financial devastation. Also absent from this list are her 2019 taxes owed **(see EXHIBIT 4)** - approximately $1233. When you drive for delivery services you are not initially taxed for your income which results in a hefty tax burden at the end of the year.

" ADDITIONAL CIRCUMSTANCES INDICATING THAT THE HARDSHIP IS LIKELY TO PERSIST FOR A SIGNIFICANT PORTION OF THE REPAYMENT PERIOD OF THE STUDENT LOAN."

CHRONIC MEDICAL CONDITIONS

49. As previously stated - the Debtor has a lot of severe medical conditions. She's supplied a letter written by her previous General Practitioner, Dr. Jessica Rongitsch from the Pacific Medical Center in Seattle, WA written on 11/15/2012 **(EXHIBIT 21)**. The letter was originally submitted to the University of Washington Disability Office and lists some of her more severe complications and how they affect her physically.

1. Uncontrolled **Type 1 Diabetes** (known as "brittle diabetes")

2. Diabetes related **Macular Edema** (fluid buildup on eyes - can cause blindness)
3. Diabetes related **Retinopathy** (the formation of excessive blood vessels in the eyes - can cause blindness)
4. Diabetic **Peripheral Neuropathy** (nerve damage to body extremities)
5. **Cavernous Malformation of the brain** (inoperable - when bleeding it causes seizures and headaches and could result in stroke like symptoms or death)

50. To provide additional medical evidence of her conditions she has provided her "Medical History", a document downloaded from her previous Seattle health provider - Pacific Medical Center **(EXHIBIT 22)**. Since the time the Debtor was last treated at Pacific Medical Center they have been merged with another healthcare provider named Providence. In an effort to streamline their online systems they've eliminated her access to her original online medical account portal. They are still in the process of converting data so this is the only online record she could recover from their new online portal.

51. To provide evidence from her current healthcare provider, the Los Angeles County - University of Southern California Medical Center (LAC-USC), she has printed out an "overview" of her medical chart detailing some of the medications that they have prescribed her as well as some of her conditions they have treated **(EXHIBIT 23)**.

PRESCRIBED PRESCRIPTIONS

1. Admelog (Insulin)
2. Glucometer Test-Strips
3. Levothyroxine

MEDICAL CONDITIONS TREATED

1. Hypothyroidism
2. Type 1 Diabetes
3. Cavernous Angioma
4. Diabetic Retinopathy
5. Gastroparesis (dead nerve endings in stomach cause by Diabetes)
6. Neuropathy

52. She has supplied a recent imaging report provided by LAC-USC **(EXHIBIT 24)** that details a CT Brain scan notating her Cavernous Angioma from 06/01/2020.

CURRENT PRESCRIPTIONS

53. The Debtor has provided a printout of her online pharmacy portal from Rite-Aid pharmacy **(EXHIBIT 25)**. It details her current prescriptions she receives from them and details the specifics of how her prescriptions are written (length of time each prescription lasts).

1. Contour Next Test Strips (Glucose)
2. Admelog
3. Levothyroxine

54. **EXHIBIT 26** details her medical durables prescription as filled by Medtronic, the maker and distributor of her pump (Insulin Pump Supplies). It is shipped in 3 month increments.

1. MiniMed Quick-set 6mm Cannula / 18" Tubing
2. MiniMed 3.0ml Reservoir

HEALTH INSURANCE

55. Notably absent from the budget the Debtor previously presented is the expense of medical insurance and the inevitable costs of copays and deductibles. From the moment she first moved to Los Angeles in August of 2016, she has qualified for fully subsidized Medi-Cal Insurance either due to her student status or her low income. Ultimately her income in 2019 placed the Debtor's eligibility for Medi-Cal in danger. In February of 2020 her eligibility was up for review and given her AGI for 2019 she would have likely lost her fully subsidized Medi-Cal. During that same time frame the Pandemic had hit and she had suffered a reduction in hours with an eventual job loss causing the State of California to automatically reaffirm her Medi-Cal benefits. It was a fortunate outcome stemming from unfortunate circumstances. She will remain eligible while she is unemployed but will be required to supply proof of income when she has a job again and if she makes more than the maximum income allowed to retain fully subsidized Medi-Cal ($16,588) then she will have to purchase her own insurance.

56. The most economical way to purchase Health Insurance is through the Covered California Insurance Marketplace due to the state issued subsidies offered for each plan based on your AGI. The Debtor has supplied a general overview of the medical plans and levels of coverage as defined by Covered California **(EXHIBIT 27)** and how they determine the subsidies offered through the Marketplace as of 2020 based off of 0 to 400% of the Federal Poverty Level.

57. The best way to give a clear picture of the impending financial burden that medical insurance will put on her budget is to show examples of the current cost to purchase it through Covered California. She has used two different incomes as test cases based on the AGI of $35,000 and $45,000 respectfully. An AGI of $35,000 is the equivalent of earning roughly $17.00 an hour for a 40 hour work week for 52 weeks. Given that minimum wage in Los Angeles is $14.25 for companies with under 25 employees and $15.00 for those with 26 or more employees as of July 2020 **(EXHIBIT**

28), $17.00 seems like a plausible hourly wage for somebody with her experience to earn. The AGI of $45,000 is a somewhat optimistic goal (roughly $21.75 an hour for a 40 hour week for 52 weeks).

58. For the test cases the Debtor has averaged the most expensive plan offered with the least expensive plan offered in each category presented as a means of creating a fair median cost per level. There are serious advantages to the more expensive plans which include a more generous inclusion of costs covered, a larger pool of doctors and specialists to choose from, fewer exclusions in labs and hospitals to use and less hassle in attaining pre-approval for prescriptions and services. It is evident that there are 2 additional categories of coverage that have not been included in the test cases (SILVER & BRONZE). While these options would most definitely suffice for a healthy individual they are not cost effective for chronically ill individuals. They carry high deductibles and out-of-pocket expenses and have higher co-pays for prescriptions and doctor's visits. For these reasons, they negate any savings in monthly insurance premiums over the GOLD & PLATINUM plans.

THE MEDIAN MONTHLY COST OF INSURANCE THROUGH COVERED CALIFORNIA (CALIFORNIA STATE HEALTH INSURANCE MARKETPLACE) FOR AGI OF $35,000 AS OF 7/24/20 (EXHIBIT 29).

- Platinum Coverage **$524.20**
- Gold Coverage **$365.11**

YEARLY MEDIAN EXPENSE

- Platinum Coverage **$6,290.40**
- Gold Coverage **$4,381.32**

THE MEDIAN MONTHLY COST OF INSURANCE THROUGH COVERED CALIFORNIA (CALIFORNIA STATE HEALTH INSURANCE MARKETPLACE) FOR AGI OF $45,000 AS OF 7/24/20 (EXHIBIT 30).

- Platinum Coverage **$628.70**
- Gold Coverage **$469.60**

YEARLY MEDIAN EXPENSE

- Platinum Coverage **$7,544.40**
- Gold Coverage **$5,635.20**

59. Beyond the cost of Health Insurance, regardless of which level, there will be the presumptive out-of-pocket expenses the Debtor will incur with each plan. From her previous experience with these expenses they can range from anywhere between $1,500 - $15,000 a year and that amount only applies to her known medical conditions. Previously she has had months where she has had to visit **8** different specialists ranging from OBGYN's to Neurosurgeons. She has incurred hospital stay deductibles stemming from DKA to seizure studies. She has had health plans that have had separate deductibles for medical durables (Insulin Pump Supplies), prescriptions, specialists and hospital stays making yearly out-of-pocket expenses exponentially more expensive than simply the cost of a health plan. Plan coverage changes continuously and so will be her need to switch carriers over the years.

IF I BECOME UNINSURED

60. During the past 26 years there have been moments where the Debtor has been uninsured. As an individual who is both chronically and seriously ill - this is a scary situation. She has had times when she has had to pay out-of-pocket due to gaps in

insurance coverage and those expenses have had devastating financial impacts on her life. When you don't have the $400 or $600 to pay for your monthly insurance coverage, you get dropped and then when you need medicine in order to live you have no choice but to pay out-of-pocket because it is not a prescription you can afford to wait on.

61. When you're uninsured you pay the full market price of your prescription and not the negotiated price the insurance companies get. There are times when the Debtor has had to take herself to the emergency room for dangerously high blood sugar as a result of not having money to purchase insulin. She never wants to be in that position again but she does know that being temporarily uninsured is always a possibility. The Debtor has surveyed the internet for pricing for her current prescriptions to come up with median prices for each one as of 2020 as evidence of her expected costs. She has provided documentation for each prescription to convey how and why she came up with her monthly estimates.

PREDICTIVE OUT-OF POCKET EXPENSES IF I AM UNINSURED

- **$261.07** - Monthly supply of MiniMed Quick-set 6mm Cannulas and MiniMed 3.0ml Reservoirs. (These two items are used in conjunction with each other to create a disposable catheter and generics are not available. The price is set by Medtronic. (MiniMed) **(see EXHIBIT 26)**
- **$9.34** - Median monthly expense for Levothyroxine/Generic **(EXHIBIT 31)**
- **$417.29** - Median monthly expense for 3 vials of Admelog - generic fast acting insulin. **(EXHIBIT 32)**
- **$112.19** - Median monthly expense for Contour Next Test Strips (glucose test) **(EXHIBIT 33)**

62. The total median monthly costs for these prescriptions is $799.89. Even if she obtained the least expensive price offered per prescription, it would still cost her a minimum of $600 per month and her yearly out-of-pocket costs would be between in the range of $7200 - $9600 a year and that's only for prescriptions.

63. Other expenses she could expect to incur on a yearly basis is a State imposed penalty for being uninsured. It is a legal requirement in California to carry health coverage. The minimum penalty for not having insurance is $750 a year **(EXHIBIT 34).** She would also have a costly expense of paying for Doctors and Specialists appointments, labs and imaging and assumes these expenses would generally equal if not surpass **$10,000** a year.

64 It's clear that being uninsured is neither economical nor safe. The estimates the Debtor has provided don't account for any new conditions, treatments or prescriptions. She could easily pay over **$20,000** a year just for her regular medical expenses. This is not a feasible option.

DENTAL INSURANCE, DEDUCTIBLES & COPAYS

65. As a Diabetic she is more prone to serious, life threatening dental infections making dentistry not optional. For this reason she will undoubtedly incur a future financial burden for dental expenses. While the coverage offered by Covered California is *minimal* - it's still more cost effective than having none.

THE MEDIAN COST OF DENTAL INSURANCE THROUGH COVERED CALIFORNIA (CALIFORNIA STATE HEALTH INSURANCE MARKETPLACE) REGARDLESS OF INCOME AS OF 7/25/20 (EXHIBIT 35)

- All levels of coverage **$30.83** (yearly cost of approx. **$370**)

66. There are strict limitations on services and out-of-pocket expenses for all dental plans purchased through Covered California. **(EXHIBIT 36)** As the Debtor has several old fillings, four teeth with composite veneers on them and two missing molars in need of implants she can easily imagine spending **$500** out-of-pocket each year for dentistry for the remainder of her life.

67. Between dental insurance and out-of-pocket costs she expects to incur an expense of approximately **$870** a year. This is a conservative estimate with the understanding that it does not take into consideration inflation or a decrease in plan benefits over the years.

OTHER EXPECTED MEDICAL EXPENSES

68. Insulin Pumps only last about 4 years before they fall out of warranty and are prone to malfunction (causing sickness, injury or death). The technology driving the Pump is constantly changing and improving making repairing older models obsolete or incompatible with other necessary components required to use it. The Debtor's particular Insulin Pump is a MiniMed 670G Insulin Pump under warranty until 11/07/2021. **(EXHIBIT 37)**. If she is uninsured at the time the warranty expires it will cost a minimum of $7,951.61 to replace based on 2020 prices. **(EXHIBIT 38)** The pump she currently has was provided by Medi-Cal (free of cost) but she has previously had to pay deductibles on this brand of Insulin Pumps and it's ranged from $500-2000 depending on the quality of the medical plan.

SUMMARY

69. It is hard to understand the magnitude of the financial burden a Type 1 Diabetic faces. In times of poverty, the Debtor has reduced testing or the duration of time she wears each of her catheters risking life threatening infections just to make her supplies last. This is not good nor recommended. Beyond the acute dangers of hypo or

hyperglycemia (comas, DKA and or death) by not remaining on an aggressive treatment regimen, your body suffers long term damage that you may not feel the consequences of until later down the road. She has supplied a copy of the "Diabetes Control and Complications Trial" that set the standard of care for Type 1 Diabetes (**EXHIBIT 39)** as a point of reference. The completion of this study in 1993 shifted Diabetic treatments from reactionary to preventive and has shown through aggressive management and testing that complications can be minimized thus prolonging life and reducing future costly medical expenses like transplants and amputations.

70. Even with aggressive treatment - Type 1 Diabetes is expensive. The most recent study on lifetime expected expenses titled "Estimated Lifetime Economic Burden of Type 1 Diabetes" **(EXHIBIT 40)** was published in 2020 by Diabetic Technology & Therapeutics. It's dry, technical reading but the study gives credence to the medical cost estimates that the Debtor has provided. The Juvenile Diabetes Research Foundation (JDFR) gives an overview of the study, highlighting its central point in an article published 02/24/2020 **(EXHIBIT 41)** stating that a Type 1 Diabetic can expect a lifetime average of $500,000 of medical expenses.

" THE DEBTOR HAS MADE A GOOD-FAITH EFFORT TO REPAY THE LOANS."

71. The Debtor has always struggled to make her student loan payments. Despite whatever financial situation she has been in, she has utilized all the tools that the DOE has provided to keep her account with them in good standing. She has supplied a full report from the National Student Loan Data System (NSLDS) that details the history of all of her Federal Student Loans from 1997 to current **(EXHIBIT 42)**. The only option to print this report was in text format creating a document that is hard to follow but the Debtor has provided it as a point of reference. The NSLDS report organizes loans based on the type of aid distributed which makes for a non-linear time frame. As the Debtor has had 3 Federal Loan Servicers, she has separated the information based first on Loan Provider and then subcategorized that information into

payment history, forbearances, deferments and payment plans. On each of the exhibits provided in this category she has highlighted **payments made** in blue, **forbearances** taken in orange, **deferments** used in yellow and participation in **payment plans** in pink to help the Court mine specific data being referenced.

ACS LOAN BORROWERS

72. The Debtor has no access to her student loan portal for ACS Loan Borrowers (ACS) because they have gone out of business and shuttered their online site. Information pertaining to her lending history with them from 1997-2011 is limited to what the NSLDS report has provided **(see EXHIBIT 42).** During this time period her student loans were consolidated **(EXHIBIT 43)** and then went into default. She then participated in a Student Loan Rehabilitation plan serviced by American Student Assistance (ASA) on behalf of ACS in July of 2011. Information detailing those payments and her completion of that program is evidenced by a report from Education Credit Management Corporation (ECMC) on behalf of ACS and the DOE **(EXHIBIT 44)**.

PAYMENTS - LOAN REHABILITATION

- 07/29/2011 - $418.00
- 08/24/2011 - $418.00
- 09/22/2011 - $418.00
- 10/24/2011 - $418.00
- 11/23/2011 - $418.00
- 12/22/2011 - $418.00
- 01/24/2012 - $418.00
- 02/23/2012 - $418.00
- 03/22/2012 - $418.00

FORBEARANCES

- 03/28/2000

- 05/28/2005

- 11/28/2005

DEFERMENTS

- 06/23/2003

NELNET

73. After the Debtor's loan was rehabilitated, ACS transferred her consolidated loan to Nelnet and they became her Federal Student Loan Servicer in 2012. She has provided **EXHIBIT 45** as evidence of all **payments, forbearances, deferments and Income Driven Repayment Plans** she participated in with Nelnet.

PAYMENTS

- 09/08/2014 - $116.22

- 10/08/2014 - $116.22

- 11/08/2014 - $116.22

- 12/08/2014 - $116.22

- 07/06/2015 - $116.22

- 10/08/2016 - $197.98

- 01/08/2019 - $848.59

FORBEARANCES

- 06/08/2012 - 08/09/2012

- 09/08/2012 - 11/09/2012

- 12/08/2012 - 01/07/2013

- 06/15/2013 - 08/09/2013

- 09/08/2013 - 01/09/2014

- 08/08/2014 - 08/09/2014

- 07/30/2015 - 09/09/2015

- 10/08/2015 - 12/09/2015

- 01/08/2016 - 03/09/2016

- 04/08/2016 - 06/09/2016

- 08/08/2016 - 08/22/2016

- 01/29/2019 - 03/30/2019

DEFERMENTS

- 01/07/2013 - 06/15/2013

- 02/02/2014 - 08/02/2014

- 12/01/2014 - 06/06/2015

- 08/22/2016 - 01/01/2019

INCOME-DRIVEN REPAYMENT PLANS

- **08/09/2014** INCOME BASED REPAYMENT (IBR)
- **08/09/2015** IBR PERMANENT STANDARD
- **10/09/2015** IBR RECERTIFY FOR PARTIAL FINANCIAL HARDSHIP
- **10/09/2016** IBR RECERTIFY FOR PARTIAL FINANCIAL HARDSHIP
- **10/09/2017** IBR PERMANENT STANDARD

74. When the Debtor re-enrolled in school in 2012, Great Lakes (Federal Student Loan Servicer) was charged with servicing all her new student loans taken out

including her Graduate PLUS Student Loans. After participating in another loan consolidation in 2019, Great Lakes absorbed all of her loans previously held by Nelnet and now entirely hold and manage all of the Debtor's Federal Student Loan debt **(see EXHIBIT 1)**.

75. EXHIBIT 46 represents payments made toward her Great Lakes loans between the years 2013 - 2016 (Undergraduate). **EXHIBIT 47** represents payments made toward her Great Lakes Consolidated Loan from 2019 - Present. **EXHIBIT 48** represents all of the forbearances she has utilized through them between 2013 - 2016 and **EXHIBIT 49** details forbearances used for her Consolidated Loan from 2019 - Present. **EXHIBIT 50** details her enrollment in Income Driven Repayment Plans to date with Great Lakes.

PAYMENTS 2013-2016

- **08/19/2014 - $25.00**
- **09/21/2014 - $24.82**
- **10/21/2014 - $24.82**
- **11/21/2014 - $24.82**
- **12/21/2014 - $24.82**
- **01/21/2015 - $24.82**
- **02/17/2015 - $19.82**
- **04/13/2015 - $19.82**
- **05/26/2015 - $29.28**
- **07/21/2015 - $19.82**
- **08/08/2016 - $30.64**

PAYMENTS MADE TOWARD CONSOLIDATED LOAN 2019 - PRESENT

- 07/25/2019 - $12.23
- 09/27/2019 - $12.23
- 11/05/2019 - $12.23
- 12/18/2019 - $12.23
- 02/28/2020 - $12.23
- 03/02/2020 - $12.23

FORBEARANCES 2013 - 2016

- 12/17/2013 - 07/07/2014
- 08/17/2015 - 09/21/2015
- 10/12/2015 - 12/02/2015
- 01/04/2016 - 02/19/2016
- 03/21/2016 - 05/02/2016
- 06/03/2016 - 06/22/2016

FORBEARANCES 2019 - PRESENT

- 04/06/2019
- 08/27/2019
- 01/23/2020

INCOME-DRIVEN PAYMENT PLANS

- 07/14/2014
- 06/27/2016
- 02/28/2019

76. It is important to note that the Department of Education uses the formula of your AGI minus 150% of Federal Poverty Level to determine your discretionary income and then takes a percentage (**10%** based on the type of loan the Debtor has - Consolidated consisting of at least 1 graduate loan) of that amount to determine your monthly payments. She has supplied a 2020 report from the Congress Of The United States Congressional Budget Office titled "Income-Driven Repayment Plans for Student Loans: Budgetary Costs and Policy Options" **(EXHIBIT 51)** as a point of reference for the "discretionary income" formula (specifically Chapter 1).

EVIDENCE OF COST FOR FUTURE INCOME-DRIVEN PLANS

77. The Debtor's Consolidated Student Loan through Great Lakes is currently in forbearance due to a Presidential order stemming from Covid19 ending 11/24/2020 **(EXHIBIT 52)**. She will need to renew her Income-Driven Payment Plan through them and provide them with current income information before the end of this year.

78. The Debtor has utilized the Great Lakes Student Loan Portal to create expected payment amounts for three different AGIs to give perspective on what kind of payment she would be required to make given each income amount. According to Great Lakes she only qualifies for one type of Income-Driven Plan because of 1.) her AGI, 2.) the fact she has no other student loans besides those with Great Lakes and 3.) that she took out loans for a Graduate Program. With that being stated she has used her 2019 earnings (AGI $32,421) as her first example **(EXHIBIT 53)**. She has also provided information for the expected amount owed for an AGI of $35,000 **(EXHIBIT 54)** as well as $45,000 **(EXHIBIT 55).**

MONTHLY INCOME-DRIVEN PAYMENTS EXPECTED BY AGI

For an AGI of **$32,421** - Payments will be **$111**

For an AGI of **$35,000** - Payments will be **$133**

For an AGI of **$45,000** - Payments will be **$216**

ALTERNATE PAYMENT PLANS

79. In the event that somehow the Debtor does not qualify for an Income-Driven Plan, she has supplied evidence of "Standard" payments available to her based off of the current amount of her Consolidation loan -$356,638 **(EXHIBIT 56)**. These payments and amounts owed are based on the Debtor never defaulting or deferring a payment for the entirety of the plan.

STANDARD PAYMENT PLANS

REPAYE ALTERNATIVE - **120** monthly payments of **$3,982**
- Total to Repay Estimated With Interest - Unavailable.
EXTENDED LEVEL - **291** monthly payments of **$2,356**
- Total to Repay Estimated With Interest - **$685,533**
EXTENDED GRADUATED - **291** monthly payments ranging from **$1,821-$3,645**
- Total to Repay Estimated With Interest - **$746,091**
LEVEL - **351** monthly payments of **$2,187**
- Total to Repay Estimated With Interest - **$767, 459**
LEVEL GRADUATED - **351** monthly payments ranging from **$1821-$3,029**
- Total to Repay Estimated With Interest - **$828,461**

SUMMARY

80. The DOE has made it clear that the Debtor's student loan will be forgiven after 25 years of qualifying payments. That would make her 70 years old by the time of forgiveness and that's only if all the payments she made and will make are considered "qualified". At the age of 70 she will have had Type 1 Diabetes for 51 years. This means she could face up to Twenty-five years of financial and health insecurity while on the Income-Driven Repayment Plan because each year the DOE (as the plan currently is) will calculate her monthly payments based on her AGI without regard to funds needed to cover her excessive medical costs.

THE TOTALITY OF CIRCUMSTANCES TEST

1. The debtor's past, current, and reasonably reliable future financial resources.

2. The debtor's reasonable necessary living expenses.

3. Any other relevant facts and circumstances applicable to the bankruptcy case.

"THE DEBTOR'S PAST, CURRENT AND REASONABLY RELIABLE FUTURE FINANCIAL SOURCES"

PAST FINANCIAL SOURCES

81. This is a report from the Social Security Administration (SSA) detailing a historical account of the Debtor's earnings from 1990 -2019. **(EXHIBIT 57)** It shows that the highest amount she has ever earned was $33,445 in 2011. The report does not include an accurate representation of her **2019** income due to a tax amendment that was filed. **(see EXHIBIT 4)** Her income was reported to SSA as $27,008 but has since been amended to $32,421.

CURRENT FINANCIAL SOURCES

82. This has been established and documented through evidence submitted for the Brunner Test in this complaint.

RELIABLE FUTURE FINANCIAL SOURCES

83. The Debtor has supplied a grid documenting her efforts to seek jobs, grants, internships and fellowships in the Entertainment Industry for the year 2019 post graduation **(EXHIBIT 58)**. It chronicles 113 applications.

84. She has supplied a pay stub from Li'l Pepper Productions, her temporary employment as Executive Assistant for Producer Greer Shephard, *(The Closer, Longmire, Major Crimes, Nip/Tuck)* as a baseline of her immediate earning potential within the Film & Television Industry **(EXHIBIT 59).** She received $15.45 an hour with no benefits. She has supplied her paystub from the AFI Conservatory for her work as a Prospective Student Application Reviewer For The Producing Department as a baseline for her immediate earning potential in the academic side of the Industry (**EXHIBIT 60)** . It paid $15.00 an hour.

"THE DEBTOR'S REASONABLE NECESSARY LIVING EXPENSES."

85. This has been established and documented through evidence submitted for the Brunner Test in this complaint.

" ANY OTHER RELEVANT FACTS AND CIRCUMSTANCES APPLICABLE TO THE BANKRUPTCY CASE."

86. This has been established and documented through evidence submitted for the Brunner Test in this complaint.

CONCLUSION

87. The Debtor can't speak to her future ability to earn because when you don't have a job you can't completely understand your growth in a certain field. What she can speak to is that her ability to work and the real and probable fact that her Diabetes will affect that. She's had Type 1 Diabetes for over 26 years and a fair amount of complications despite being on an aggressive form of treatment (Insulin Pump Therapy). The damage that has been done to her body is irreversible at this point and her health can only sustain or decline. This reality will undoubtedly affect her ability to earn in the future.

88. If she is to battle these future complications she will need to ensure that she has quality medical insurance, with savings in place to cover copays and deductibles. Having a student loan obligation for upwards of 25 years will impact her ability to do so. Even on an income-driven plan she will constantly have the concern of how much the government will expect her to pay (based on their current discretionary income policy) regardless of how much she must spend for medical costs. Last year her first Income-Driven Plan for her Consolidation loan with Great Lakes only required a $12.23 monthly payment and she still had to use 3 separate months of forbearances because I couldn't afford it and that is in the absence of having to pay for medical insurance.

89. What happens when she runs out of forbearances and deferments? What's going to happen to her loan when she's out of options and still can't make the minimum monthly payment as dictated by an Income-Driven Payment plan - regardless of how minimal? She has already experienced medical related financial hardship to the point where she defaulted on her student loans (2006) and with each month that passed that

bill just added up until the government reached a point and sent me a letter for paymen in full.

90. With that in mind - how will a default affect the Debtor's credit and her ability to maintain and secure housing? What happens the next time she is put into a position where she has to choose between paying rent in full or making her student loan payment? Short rent is late rent and a late student payment is a ding on her credit at the very least. Maybe the first time or two it happens the DOE will give her some leniency but what if it happens a few times a year - on a yearly basis?

91. Her expenses without medical insurance or medical costs exceeded her income in 2019. If she is required to make a choice between paying a copay on insulin or making my student loan payment - well that's not really a choice. Without insulin she dies. If she struggled last year to pay $12.23 for her student loan payment - what's going to happen when she has to buy health insurance? That's not really a choice either. Without health insurance she will have to pay out-of-pocket and from evidence listed in this complaint - it is not feasible.

92. What happens if (or when) the Debtor acquires a new medical complication or one that she already has becomes unstable? More Doctor's visits, more labs and more medications? More copays, more deductibles and more out-of-pocket costs? Without any lending power and no one to borrow from - what are her choices? How is she supposed to budget for the medical unknown? In the budget she had last year, she had the benefit of having credit cards, lending power and overdraft to lean on. All of tha is gone. She doesn't have a retirement account to pull from. She doesn't even have a bank account anymore (WSECU closed her account because of the bankruptcy). She needs every dollar she can to be set aside for both known and unknown future medical necessities.

93. The Debtor has supplied evidence of her past earnings and realistic expectations for her immediate future earnings. She is hoping to start earning closer to $35,000 in the next year or two but with that income comes the burden of increased medical costs and higher student loan payments. Maybe she will find another job that

would offer her health care or partially subsidized insurance but regardless she would still face substantial costs on copays and deductibles.

94. Having a Federal Student Loan Payment has always placed a burden on her financially. She had hoped that by educating herself and getting her Graduate degree that that would make her more hireable or increase her earnings but it hasn't. Even if she earns $35,000 a year - she is at risk for financial failure and endangering her health. The Debtor took the monthly cost of Covered California's Gold Plan (roughly $365) plus her expected student loan payment for that AGI and under an Income-Driven Plan ($133), times it by 12 ($5976) and add the minimum yearly expected out-of-pocket for copays and deductibles ($1500) to get $7,476. If you subtract that from $35,000 you get $27,524 (pre-taxed). As evidenced in the EXPENSES part of this complaint - her yearly total for expenses is $33,696.

95. The more the Debtor makes, the higher her payment will be with the DOE - she has supplied evidence of that. The DOE's discretionary income formula doesn't support her necessary medical expenses, her massive prescription costs and all of the appointments, copays and deductibles it will take to keep her alive and stable. To the DOE she is only her AGI (in regards to her loan). The Debtor's medical conditions and costs are her "undue hardship" but worrying about fluctuating payments for an Income-Driven Repayment Plan will only exasperate that. As previously stated - there were times last year she couldn't even afford $12.23 student loan payment and while the DOE may find these payments minimal and not a burden - the Debtor has shown the Court otherwise.

WHEREFORE, the Debtor requests judgement as follows:

1. A declaration that repaying Debtor's student loans from Defendants would constitute an undue hardship within the meaning of the 11 U.S.C. section 523 (a) (8).

2. A declaration that Debtor's student loans from Defendants are not excepted from discharge and are included in Debtor's discharge under Chapter 7 of the Bankruptcy Code.

3. For such other and further relief as the Court deems just and proper.

Dated August 29, 2020

/s/ Melissa L Loe
Debtor, In Propria Persona

My Accounts » Account Summary » Account Details

Things to Do Now 3

Message Center » 9+

Account Details

Currently Viewing:

Consolidation Loans
U.S. DEPARTMENT OF EDUCATION (777581)
Balance: $356,637.82
Payment Reference Number: 154216568010204

Not Currently Due

Sign Up for Auto Pay

Although no payment is due at this time, you may continue to make payments on this account.

Make a Payment »

Balance & Status

In forbearance until 11/24/2020

Last Payment Received:
$12.23

Last Payment Date:
3/2/2020

Principal:
$354,795.40

Accrued Interest:
$1,842.42

Total Balance as of Aug 14, 2020:
$356,637.82
Not a payoff amount.

view payment history | calculate payoff amount | view billing statement

Loans in this Account

Loan Type	Current Balance *	Interest Rate
Direct Consolidation	$48,405.71	0.000% fixed
Direct Consolidation	$308,232.11	0.000% fixed

* Balance includes principal and interest, but it is not a payoff amount. If you are interested in paying off a specific loan contact us. back

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Important Coronavirus (COVID-19) Information

Don't Pay for Student Loan Help That's FREE

How to Make a Student Loan Payment

Servicemember Support - We're Here for You

Mobile App for Your Student Loans

Know Your Repayment Options

Top Six Ways to Reduce What You Owe

U.S. Department of Health & Human Services

ASPE

OFFICE OF THE ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION

POVERTY GUIDELINES

01/08/2020

HOME • TOPICS • POVERTY • POVERTY GUIDELINES

U.S. FEDERAL POVERTY GUIDELINES USED TO DETERMINE FINANCIAL ELIGIBILITY FOR CERTAIN FEDERAL PROGRAMS

HHS POVERTY GUIDELINES FOR 2020

The 2020 poverty guidelines are in effect as of January 15, 2020
The Federal Register notice for the 2020 Poverty Guidelines was published January 17, 2020.

2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add $4,480 for each additional person.	
1	$12,760
2	$17,240
3	$21,720
4	$26,200
5	$30,680
6	$35,160
7	$39,640
8	$44,120

STATE OF CALIFORNIA - BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY GAVIN NEWSOM, Governor

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF HOUSING POLICY DEVELOPMENT
2020 W. El Camino Avenue, Suite 500
Sacramento, CA 95833
(916) 263-2911 / FAX (916) 263-7453
www.hcd.ca.gov

May 6, 2019

MEMORANDUM FOR: Interested parties

FROM: Zachary Olmstead, Deputy Director
Division of Housing Policy Development

SUBJECT: **State Income Limits for 2019**

Attached are briefing materials and State Income Limits for 2019 that are now in effect and replace 2018 State Income Limits. Income limits reflect updated median income and household income levels for extremely low-, very low-, low-, and moderate-income households for California's 58 counties. The 2019 State Income Limits are on the Department of Housing and Community Development (HCD) website at http://www.hcd.ca.gov/grants-funding/income-limits/state-and-federal-income-limits.shtml.

State Income Limits apply to designated programs, are used to determine applicant eligibility (based on the level of household income) and may be used to calculate affordable housing costs for applicable housing assistance programs. Use of State Income Limits are subject to a particular program's definition of income, family, family size, effective dates, and other factors. In addition, definitions applicable to income categories, criteria, and geographic areas sometimes differ depending on the funding source and program, resulting in some programs using other income limits.

The attached briefing materials detail California's 2019 Income Limits and were updated based on: (1) changes to income limits the U.S. Department of Housing and Urban Development (HUD) released on April 24, 2019 for its Public Housing, Section 8, Section 202 and Section 811 programs and (2) adjustments HCD made based on State statutory provisions and its 2013 Hold Harmless (HH) Policy. Since 2013, HCD's HH Policy has held State Income Limits harmless from any decreases in household income limits and median income levels that HUD may apply to the Section 8 Income Limits. HUD determined its HH Policy was no longer necessary due to federal law changes in 2008 (Public Law 110-98) prohibiting rent decreases in federal or private activity bond funded projects.

For questions concerning State Income Limits, please contact HCD staff at (916) 263-2911.

EXHIBIT 3

2019 State Income Limits Briefing Materials
California Code of Regulations, Title 25, Section 6932

Overview

The Department of Housing and Community Development (HCD), pursuant to Health & Safety Code Section 50093(c), must file updates to its State Income Limits with the Office of Administrative Law. HCD annually updates these income limits based on U.S. Department of Housing and Urban Development (HUD) revisions to the Section 8 Income Limits that HUD released on April 24, 2019.

HUD annually updates its Section 8 Income Limits to reflect changes in median family income levels for different size households and income limits for extremely low-, very low-, and low-income households. HCD, pursuant to statutory provisions, makes the following additional revisions: (1) If necessary, increase a county's area median income to equal California's non-metropolitan median income, (2) adjusts area median income and household income category levels to not result in any decrease for any year after 2009 pursuant to HCD's February 2013 Hold Harmless (HH) Policy. HCD's HH Policy was implemented to replace HUD's HH Policy, discontinued in 2009, to not decrease income limits and area median income levels below a prior year's highest level and, (3) determines income limits for California's moderate-income category.

Following are brief summaries of technical methodologies used by HUD and HCD in updating income limits for different household income categories. For additional information, please refer to HUD's briefing materials at https://www.huduser.gov/portal/datasets/il//il19/IncomeLimitsMethodology-FY19.pdf.

HUD Methodology

HUD Section 8 Income Limits begin with the production of median family incomes. HUD uses the Section 8 program's Fair Market Rent (FMR) area definitions in developing median incomes, which means developing median incomes for each metropolitan area, parts of some metropolitan areas, and each non-metropolitan county. The 2019 FMR area definitions for California are unchanged from last year. HUD calculates Section 8 Income Limits for every FMR area with adjustments for family size and for areas with unusually high or low family income or housing-cost-to-income relationships.

Extremely Low-Income
In determining the extremely low-income limit, HUD uses the Federal Poverty Guidelines, published by the Department of Health and Human Services. HUD compares the appropriate poverty guideline with 60% of the very low-income limit and choose the greater of the two. The value may not exceed the very low-income level.

Very Low-Income
The very low-income limits are the basis for all other income limits. The very low-income limit typically reflects 50 percent of median family income (MFI) and HUD's MFI figure generally equals two times HUD's 4-person very low-income limit. HUD may adjust the very low-income limit for an area or county to account for conditions that warrant special considerations. As such, the very low-income limit may not always equal 50% MFI.

Low-Income
In general, most low-income limits represent the higher level of: (1) 80 percent of MFI or, (2) 80 percent of state non-metropolitan median family income. However, due to adjustments that HUD sometimes makes to the very low-income limit, strictly calculating low-income limits as 80 percent of MFI could produce unintended anomalies inconsistent with statutory intent (e.g. very low-income limits being higher than low-income limits).Therefore, HUD's briefing materials specify that, with some exceptions, the low-income limit reflect 160 percent of the very low-income limit.

EXHIBIT 3

2019 State Income Limits Briefing Materials
California Code of Regulations, Title 25, Section 6932

HCD Methodology

State law (Health & Safety Code Section 50093, et. seq.) prescribes the methodology HCD uses to update the State Income Limits. HCD utilizes HUD's Section 8 Income Limits. HCD's methodology involves: (1) if necessary, increasing a county's median income established by HUD to equal California's non-metropolitan county median income determined by HUD, (2) applying HCD's HH Policy, in effect since 2013, to not allow decreases in area median income levels and household income category levels, (3) applying to the median income the same family size adjustments HUD applies to the income limits, and (4) determining income limit levels applicable to California's moderate-income households defined by law as household income not exceeding 120 percent of county area median income.

Area Median Income and Income Category Levels
HCD, pursuant to federal and State law, adjusts median income levels for all to counties so they are not less than the non-metropolitan county median income established by HUD ($64,800 for 2019). Next, HCD, for all counties, applies its HH policy to ensure area median income and income limits for all household income categories do not fall below any level achieved in the prior year.

Moderate-Income Levels
HCD is responsible for establishing California's moderate-income limit levels. After calculating the 4-person area median income (AMI) level as previously described, HCD sets the maximum moderate-income limit to equal 120 percent of the county's AMI.

Applicability of California's Official State Income Limits
Applicability of the State Income Limits are subject to particular programs as program definitions of factors such as income, family, and household size vary. Some programs, such as Multifamily Tax Subsidy Projects (MTSPs), use different income limits. For MTSPs, separate income limits apply per provisions of the Housing and Economic Recovery Act (HERA) of 2008 (Public Law 110-289). Income limits for MTSPs are used to determine qualification levels as well as set maximum rental rates for projects funded with tax credits authorized under Section 42 of the Internal Revenue Code (Code). In addition, MTSP income limits apply to projects financed with tax-exempt housing bonds issued to provide qualified residential rental development under Section 142 of the Code. These income limits are available at http://www.huduser.org/datasets/mtsp.html.

EXHIBIT 3

2019 State Income Limits Briefing Materials
California Code of Regulations, Title 25, Section 6932

HUD may apply additional adjustments to areas with unusually high or low housing-costs-to-income relationships and for other reasons. This could result in low-income limits exceeding MFI.

Median Family Income/Area Median Income
HUD references and estimates the MFI in calculating the income limits. California law and State Income Limits reference Area Median Income (AMI) that, pursuant to Health & Safety Code 50093(c), means the MFI of a geographic area, estimated by HUD for its Section 8 Program.

HUD's calculations of Section 8 Income Limits begin with the production of MFI estimates.
This year, MFI estimates use the 2016 American Community Survey. HUD then adjusts the survey data to account for anticipated income growth by applying the Consumer Price Index inflation forecast published by the Congressional Budget Office through mid-2019. HUD uses the MFI to calculate very low-income limits, used as the basis to calculate income limits for other income categories. For additional information, please see HUD's methodology describing 2019 MFI's at https://www.huduser.gov/portal/datasets/il/il19/Medians-Methodology-FY19r.pdf.

Adjustment Calculations
HUD may apply adjustments to areas with unusually high or low family income, uneven housing-cost-to-income relationship, or other reasons. For example, HUD applies an increase if the four-person very low-income limit would otherwise be less than the amount at which 35 percent of it equals 85 percent of the annualized two-bedroom Section 8 FMR (or 40th percentile rent in 50th percentile FMR areas). The purpose is to increase the income limit for areas where rental-housing costs are unusually high in relation to the median income.

In certain cases, HUD also applies an adjustment to the income limits based on the state non-metropolitan median family income level. In addition, HUD restricts adjustments so income limits do not increase more than five percent of the previous year's very low-income figure OR twice the increase in the national MFI, whichever is greater. For the 2019 income limits, the maximum increase is 10% from the previous year. This adjustment does not apply to the extremely low-income limits.

Please refer to HUD briefing materials for additional information on the adjustment calculations.

Income Limit Calculations for Household Sizes Other Than 4-Persons
The income limit statute requires adjustments for family size. The legislative history and conference committee report indicates that Congress intended that income limits should be higher for larger families and lower for smaller families. The same family size adjustments apply to all income limits, except extremely low-income limits, which are set at the poverty income threshold. They are as follows:

Number of Persons in Household:	1	2	3	4	5	6	7	8
Adjustments:	70%	80%	90%	Base	108%	116%	124%	132%

Income Limit Calculations for Household Sizes Greater Than 8-Persons
For households of more than eight persons, refer to the formula at the end of the table for 2019 Income Limits. Due to the adjustments HUD can make to income limits in a given county, table data should be the only method used to determine program eligibility. Arithmetic calculations are applicable only when a household has more than eight members. Please refer to HUD's briefing material for additional information on family size adjustments.

Section 6932. 2019 Income Limits

County	Income Category	Number of Persons in Household 1	2	3	4	5	6	7	8
Last page instructs how to use income limits to determine applicant eligibility and calculate affordable housing cost and rent									
Alameda County	Extremely Low	26050	29750	33450	37150	40150	43100	46100	49050
	Very Low Income	43400	49600	55800	61950	66950	71900	76850	81800
Area Median Income:	Low Income	69000	78850	88700	98550	106450	114350	122250	130100
$111,700	**Median Income**	78200	89350	100550	**111700**	120650	129550	138500	147450
	Moderate Income	93850	107250	120650	134050	144750	155500	166200	176950
Alpine County	Extremely Low	18150	20750	23350	25900	30170	34590	39010	43430
	Very Low Income	30250	34600	38900	43200	46700	50150	53600	57050
Area Median Income:	Low Income	46100	52650	59250	65800	71100	76350	81600	86900
$94,900	**Median Income**	66450	75900	85400	**94900**	102500	110100	117700	125250
	Moderate Income	79750	91100	102500	113900	123000	132100	141250	150350
Amador County	Extremely Low	15500	17700	21330	25750	30170	34590	39010	43430
	Very Low Income	25800	29450	33150	36800	39750	42700	45650	48600
Area Median Income:	Low Income	41250	47150	53050	58900	63650	68350	73050	77750
$73,600	**Median Income**	51500	58900	66250	**73600**	79500	85400	91250	97150
	Moderate Income	61800	70650	79450	88300	95350	102450	109500	116550
Butte County	Extremely Low	14000	16910	21330	25750	30170	34590	39010	43430
	Very Low Income	23300	26600	29950	33250	35950	38600	41250	43900
Area Median Income:	Low Income	37250	42600	47900	53200	57500	61750	66000	70250
$66,500	**Median Income**	46550	53200	59850	**66500**	71800	77150	82450	87800
	Moderate Income	55850	63850	71800	79800	86200	92550	98950	105350
Calaveras County	Extremely Low	15850	18100	21330	25750	30170	34590	39010	43430
	Very Low Income	26400	30150	33900	37650	40700	43700	46700	49700
Area Median Income:	Low Income	42200	48200	54250	60250	65100	69900	74750	79550
$75,300	**Median Income**	52700	60250	67750	**75300**	81300	87350	93350	99400
	Moderate Income	63250	72300	81300	90350	97600	104800	112050	119250
Colusa County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Contra Costa County	Extremely Low	26050	29750	33450	37150	40150	43100	46100	49050
	Very Low Income	43400	49600	55800	61950	66950	71900	76850	81800
Area Median Income:	Low Income	69000	78850	88700	98550	106450	114350	122250	130100
$111,700	**Median Income**	78200	89350	100550	**111700**	120650	129550	138500	147450
	Moderate Income	93850	107250	120650	134050	144750	155500	166200	176950
Del Norte County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650

EXHIBIT 3

County	Income Category	Number of Persons in Household 1	2	3	4	5	6	7	8
Last page instructs how to use income limits to determine applicant eligibility and calculate affordable housing cost and rent									
El Dorado County	Extremely Low	17600	20100	22600	25750	30170	34590	39010	43430
	Very Low Income	29300	33450	37650	41800	45150	48500	51850	55200
Area Median Income:	Low Income	46850	53550	60250	66900	72300	77650	83000	88350
$83,600	**Median Income**	58500	66900	75250	**83600**	90300	97000	103650	110350
	Moderate Income	70200	80250	90250	100300	108300	116350	124350	132400
Fresno County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Glenn County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Humboldt County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Imperial County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Inyo County	Extremely Low	15300	17450	21330	25750	30170	34590	39010	43430
	Very Low Income	25450	29100	32750	36350	39300	42200	45100	48000
Area Median Income:	Low Income	40750	46550	52350	58150	62850	67500	72150	76800
$72,700	**Median Income**	50900	58150	65450	**72700**	78500	84350	90150	95950
	Moderate Income	61050	69800	78550	87250	94250	101200	108200	115150
Kern County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Kings County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650

EXHIBIT 3

County	Income Category	Number of Persons in Household 1	2	3	4	5	6	7	8
Last page instructs how to use income limits to determine applicant eligibility and calculate affordable housing cost and rent									
Lake County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	*22700*	*25950*	*29200*	*32400*	*35000*	*37600*	*40200*	*42800*
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Lassen County	Extremely Low	14600	16910	21330	25750	30170	34590	39010	43430
	Very Low Income	24300	27800	31250	34700	37500	40300	43050	45850
Area Median Income:	Low Income	38850	44400	49950	55500	59950	64400	68850	73300
$69,400	**Median Income**	48600	55500	62450	**69400**	74950	80500	86050	91600
	Moderate Income	58300	66650	74950	83300	89950	96650	103300	109950
Los Angeles County	Extremely Low	21950	25050	28200	31300	33850	36350	39010	43430
	Very Low Income	36550	41800	47000	52200	56400	60600	64750	68950
Area Median Income:	Low Income	58450	66800	75150	83500	90200	96900	103550	110250
$73,100	**Median Income**	51150	58500	65800	**73100**	78950	84800	90650	96500
	Moderate Income	61400	70150	78950	87700	94700	101750	108750	115750
Madera County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Marin County	Extremely Low	33850	38700	43550	48350	52250	56100	60000	63850
	Very Low Income	56450	64500	72550	80600	87050	93500	99950	106400
Area Median Income:	Low Income	90450	103350	116250	129150	139500	149850	160150	170500
$136,800	**Median Income**	95750	109450	123100	**136800**	147750	158700	169650	180600
	Moderate Income	114900	131300	147750	164150	177300	190400	203550	216700
Mariposa County	Extremely Low	13800	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22950	26200	29500	32750	35400	38000	40650	43250
Area Median Income:	Low Income	36700	41950	47200	52400	56600	60800	65000	69200
$65,500	**Median Income**	45850	52400	58950	**65500**	70750	76000	81200	86450
	Moderate Income	55000	62900	70750	78600	84900	91200	97450	103750
Mendocino County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Merced County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650

EXHIBIT 3

County	Income Category	Number of Persons in Household							
		1	2	3	4	5	6	7	8
Last page instructs how to use income limits to determine applicant eligibility and calculate affordable housing cost and rent									
Modoc County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Mono County	Extremely Low	17050	19500	21950	25750	30170	34590	39010	43430
	Very Low Income	28450	32500	36550	40600	43850	47100	50350	53600
Area Median Income:	Low Income	44750	51150	57550	63900	69050	74150	79250	84350
$81,200	**Median Income**	56850	64950	73100	**81200**	87700	94200	100700	107200
	Moderate Income	68200	77950	87700	97450	105250	113050	120850	128650
Monterey County	Extremely Low	18900	21600	24300	26950	30170	34590	39010	43430
	Very Low Income	31450	35950	40450	44900	48500	52100	55700	59300
Area Median Income:	Low Income	50300	57500	64700	71850	77600	83350	89100	94850
$74,100	**Median Income**	51850	59300	66700	**74100**	80050	85950	91900	97800
	Moderate Income	62250	71100	80000	88900	96000	103100	110250	117350
Napa County	Extremely Low	21100	24100	27100	30100	32550	34950	39010	43430
	Very Low Income	35150	40200	45200	50200	54250	58250	62250	66300
Area Median Income:	Low Income	55650	63600	71550	79500	85900	92250	98600	104950
$100,400	**Median Income**	70300	80300	90350	**100400**	108450	116450	124500	132550
	Moderate Income	84350	96400	108450	120500	130150	139800	149400	159050
Nevada County	Extremely Low	16750	19150	21550	25750	30170	34590	39010	43430
	Very Low Income	27900	31900	35900	39850	43050	46250	49450	52650
Area Median Income:	Low Income	44650	51000	57400	63750	68850	73950	79050	84150
$85,100	**Median Income**	59550	68100	76600	**85100**	91900	98700	105500	112350
	Moderate Income	71450	81700	91900	102100	110250	118450	126600	134750
Orange County	Extremely Low	24950	28500	32050	35600	38450	41300	44150	47000
	Very Low Income	41550	47500	53450	59350	64100	68850	73600	78350
Area Median Income:	Low Income	66500	76000	85500	94950	102550	110150	117750	125350
$97,900	**Median Income**	68550	78300	88100	**97900**	105750	113550	121400	129250
	Moderate Income	82250	94000	105750	117500	126900	136300	145700	155100
Placer County	Extremely Low	17600	20100	22600	25750	30170	34590	39010	43430
	Very Low Income	29300	33450	37650	41800	45150	48500	51850	55200
Area Median Income:	Low Income	46850	53550	60250	66900	72300	77650	83000	88350
$83,600	**Median Income**	58500	66900	75250	**83600**	90300	97000	103650	110350
	Moderate Income	70200	80250	90250	100300	108300	116350	124350	132400
Plumas County	Extremely Low	14650	16910	21330	25750	30170	34590	39010	43430
	Very Low Income	24400	27850	31350	34800	37600	40400	43200	45950
Area Median Income:	Low Income	39000	44600	50150	55700	60200	64650	69100	73550
$70,700	**Median Income**	49500	56550	63650	**70700**	76350	82000	87650	93300
	Moderate Income	59400	67900	76350	84850	91650	98450	105200	112000

EXHIBIT 3

County	Income Category	Number of Persons in Household							
		1	2	3	4	5	6	7	8
Last page instructs how to use income limits to determine applicant eligibility and calculate affordable housing cost and rent									
Riverside County	Extremely Low	15100	17250	21330	25750	30170	34590	39010	43430
	Very Low Income	25150	28750	32350	35900	38800	41650	44550	47400
Area Median Income:	Low Income	40250	46000	51750	57450	62050	66650	71250	75850
$69,700	**Median Income**	48800	55750	62750	**69700**	75300	80850	86450	92000
	Moderate Income	58550	66900	75300	83650	90350	97050	103750	110400
Sacramento County	Extremely Low	17600	20100	22600	25750	30170	34590	39010	43430
	Very Low Income	29300	33450	37650	41800	45150	48500	51850	55200
Area Median Income:	Low Income	46850	53550	60250	66900	72300	77650	83000	88350
$83,600	**Median Income**	58500	66900	75250	**83600**	90300	97000	103650	110350
	Moderate Income	70200	80250	90250	100300	108300	116350	124350	132400
San Benito County	Extremely Low	21450	24500	27550	30600	33050	35500	39010	43430
	Very Low Income	35700	40800	45900	51000	55100	59200	63250	67350
Area Median Income:	Low Income	57150	65300	73450	81600	88150	94700	101200	107750
$84,500	**Median Income**	59150	67600	76050	**84500**	91250	98000	104800	111550
	Moderate Income	71000	81100	91250	101400	109500	117600	125750	133850
San Bernardino County	Extremely Low	15100	17250	21330	25750	30170	34590	39010	43430
	Very Low Income	25150	28750	32350	35900	38800	41650	44550	47400
Area Median Income:	Low Income	40250	46000	51750	57450	62050	66650	71250	75850
$69,700	**Median Income**	48800	55750	62750	**69700**	75300	80850	86450	92000
	Moderate Income	58550	66900	75300	83650	90350	97050	103750	110400
San Diego County	Extremely Low	22500	25700	28900	32100	34700	37250	39850	43430
	Very Low Income	37450	42800	48150	53500	57800	62100	66350	70650
Area Median Income:	Low Income	59950	68500	77050	85600	92450	99300	106150	113000
$86,300	**Median Income**	60400	69050	77650	**86300**	93200	100100	107000	113900
	Moderate Income	72500	82850	93200	103550	111850	120100	128400	136700
San Francisco County	Extremely Low	33850	38700	43550	48350	52250	56100	60000	63850
	Very Low Income	56450	64500	72550	80600	87050	93500	99950	106400
Area Median Income:	Low Income	90450	103350	116250	129150	139500	149850	160150	170500
$136,800	**Median Income**	95750	109450	123100	**136800**	147750	158700	169650	180600
	Moderate Income	114900	131300	147750	164150	177300	190400	203550	216700
San Joaquin County	Extremely Low	14700	16910	21330	25750	30170	34590	39010	43430
	Very Low Income	24500	28000	31500	35000	37800	40600	43400	46200
Area Median Income:	Low Income	39200	44800	50400	56000	60500	65000	69450	73950
$71,400	**Median Income**	50000	57100	64250	**71400**	77100	82800	88550	94250
	Moderate Income	60000	68550	77150	85700	92550	99400	106250	113100
San Luis Obispo County	Extremely Low	18900	21600	24300	26950	30170	34590	39010	43430
	Very Low Income	31500	36000	40500	44950	48550	52150	55750	59350
Area Median Income:	Low Income	50350	57550	64750	71900	77700	83450	89200	94950
$87,500	**Median Income**	61250	70000	78750	**87500**	94500	101500	108500	115500
	Moderate Income	73500	84000	94500	105000	113400	121800	130200	138600

EXHIBIT 3

County	Income Category	Number of Persons in Household: 1	2	3	4	5	6	7	8
Last page instructs how to use income limits to determine applicant eligibility and calculate affordable housing cost and rent									
San Mateo County	Extremely Low	33850	38700	43550	48350	52250	56100	60000	63850
	Very Low Income	56450	64500	72550	80600	87050	93500	99950	106400
Area Median Income:	Low Income	90450	103350	116250	129150	139500	149850	160150	170500
$136,800	**Median Income**	95750	109450	123100	**136800**	147750	158700	169650	180600
	Moderate Income	114900	131300	147750	164150	177300	190400	203550	216700
Santa Barbara County	Extremely Low	23200	26500	29800	33100	35750	38400	41050	43700
	Very Low Income	38650	44150	49650	55150	59600	64000	68400	72800
Area Median Income:	Low Income	61850	70650	79500	88300	95400	102450	109500	116600
$79,600	**Median Income**	55700	63700	71650	**79600**	85950	92350	98700	105050
	Moderate Income	66850	76400	85950	95500	103150	110800	118400	126050
Santa Clara County	Extremely Low	30750	35150	39550	43900	47450	50950	54450	57950
	Very Low Income	51250	58550	65850	73150	79050	84900	90750	96600
Area Median Income:	Low Income	72750	83150	93550	103900	112250	120550	128850	137150
$131,400	**Median Income**	92000	105100	118250	**131400**	141900	152400	162950	173450
	Moderate Income	110400	126150	141950	157700	170300	182950	195550	208150
Santa Cruz County	Extremely Low	25800	29450	33150	36800	39750	42700	45650	48600
	Very Low Income	42950	49100	55250	61350	66300	71200	76100	81000
Area Median Income:	Low Income	68900	78750	88600	98400	106300	114150	122050	129900
$98,000	**Median Income**	68600	78400	88200	**98000**	105850	113700	121500	129350
	Moderate Income	82300	94100	105850	117600	127000	136400	145800	155250
Shasta County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Sierra County	Extremely Low	15850	18100	21330	25750	30170	34590	39010	43430
	Very Low Income	26400	30200	33950	37700	40750	43750	46750	49800
Area Median Income:	Low Income	42250	48250	54300	60300	65150	69950	74800	79600
$71,800	**Median Income**	50250	57450	64600	**71800**	77550	83300	89050	94800
	Moderate Income	60300	68900	77550	86150	93050	99950	106850	113700
Siskiyou County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Solano County	Extremely Low	18000	20600	23150	25750	30170	34590	39010	43430
	Very Low Income	30000	34300	38600	42850	46300	49750	53150	56600
Area Median Income:	Low Income	48000	54850	61700	68550	74050	79550	85050	90500
$85,700	**Median Income**	60000	68550	77150	**85700**	92550	99400	106250	113100
	Moderate Income	72000	82300	92550	102850	111100	119300	127550	135750

County	Income Category	Number of Persons in Household 1	2	3	4	5	6	7	8
Last page instructs how to use income limits to determine applicant eligibility and calculate affordable housing cost and rent									
Sonoma County	Extremely Low	22700	25950	29200	32400	35000	37600	40200	43430
	Very Low Income	37800	43200	48600	54000	58350	62650	67000	71300
Area Median Income:	Low Income	60500	69150	77800	86400	93350	100250	107150	114050
$93,300	**Median Income**	65300	74650	83950	**93300**	100750	108250	115700	123150
	Moderate Income	78350	89550	100750	111950	120900	129850	138800	147750
Stanislaus County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Sutter County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Tehama County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Trinity County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Tulare County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650
Tuolumne County	Extremely Low	13950	16910	21330	25750	30170	34590	39010	43400
	Very Low Income	23250	26600	29900	33200	35900	38550	41200	43850
Area Median Income:	Low Income	37200	42500	47800	53100	57350	61600	65850	70100
$66,700	**Median Income**	46700	53350	60050	**66700**	72050	77350	82700	88050
	Moderate Income	56050	64050	72050	80050	86450	92850	99250	105650
Ventura County	Extremely Low	22000	25150	28300	31400	33950	36450	39010	43430
	Very Low Income	36650	41850	47100	52300	56500	60700	64900	69050
Area Median Income:	Low Income	58600	67000	75350	83700	90400	97100	103800	110500
$97,800	**Median Income**	68450	78250	88000	**97800**	105600	113450	121250	129100
	Moderate Income	82150	93900	105600	117350	126750	136150	145500	154900

EXHIBIT 3

County	Income Category	Number of Persons in Household 1	2	3	4	5	6	7	8
Last page instructs how to use income limits to determine applicant eligibility and calculate affordable housing cost and rent									

Yolo County	Extremely Low	18450	21100	23750	26350	30170	34590	39010	43430
	Very Low Income	30800	35200	39600	43950	47500	51000	54500	58050
Area Median Income:	Low Income	49250	56250	63300	70300	75950	81550	87200	92800
$87,900	**Median Income**	61550	70300	79100	**87900**	94950	101950	109000	116050
	Moderate Income	73850	84400	94950	105500	113950	122400	130800	139250

Yuba County	Extremely Low	13650	16910	21330	25750	30170	34590	39010	42800
	Very Low Income	22700	25950	29200	32400	35000	37600	40200	42800
Area Median Income:	Low Income	36300	41500	46700	51850	56000	60150	64300	68450
$64,800	**Median Income**	45350	51850	58300	**64800**	70000	75150	80350	85550
	Moderate Income	54450	62200	70000	77750	83950	90200	96400	102650

Instructions:

Eligibility Determination:

Use household size income category figures in this chart. Determine eligibility based on actual number of persons in household and total of gross income for all persons.

Determination of Income Limit for Households Larger than Eight Persons:

Per person (PP) adjustment above 8: (1) multiply 4-person income limit by eight percent (8%), (2) multiply result by number of persons in excess of eight, (3) add the amount to the 8-person income limit, and (4) round to the nearest $50.

Yuba County

E X A M P L E	4 persons	8% PP Adj	+ 8 persons	=9 persons	8 person +	8% Adj x 2	=10 persons
Extremely Low	25,750	2060	42,800	44,850	42,800	4120	46,900
Very Low Income	32,400	2592	42,800	45,400	42,800	5184	48,000
Lower Income	51,850	4148	68,450	72,600	68,450	8296	76,750
Moderate Income	77,750	6220	102,650	108,850	102,650	12440	115,100

Calculation of Housing Cost and Rent:

Refer to Heath & Safety Code Sections 50052.5 and 50053. Use benchmark household size and multiply against applicable percentages defined in H&SC using Area Median Income identified in this chart.

Determination of Household Size:

For projects with no federal assistance, household size is set at number of bedrooms in unit plus one.

For projects with federal assistance, household size may be set by multiplying 1.5 against the number of bedrooms in unit.

HUD Income Limits release: 4/24/19

HUD FY 2019 California median incomes:

State median income: $82,200

Metropolitan county median income: $82,800

Non-metropolitan county median income: $64,800

Note: Authority cited: Section 50093, Health and Safety Code. Reference: Sections 50079.5, 50093, 50105 and 50106, Health and Safety Code.

EXHIBIT 4

This is a **17** page attachment that consists of my **2019** Federal and State taxes plus an amendment, schedule C and supplemental documentation..

EXHIBIT 4 has been supplied as evidence of my **2019** earnings of **$32,421** and my tax debt of **$1233.**

Form **1040-X** (Rev. January 2020)

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

▶ Go to *www.irs.gov/Form1040X* for instructions and the latest information.

OMB No. 1545-0074

This return is for calendar year ☑ 2019 ☐ 2018 ☐ 2017 ☐ 2016

Other year. Enter one: calendar year ____ or fiscal year (month and year ended):

Your first name and middle initial	Last name	Your social security number
Melissa L	Loe	5 3 1 8 6 9 8 4 9
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Your phone number
1645 N Alexandria Ave	308	206-665-6426

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

Los Angeles, CA 90027

Foreign country name	Foreign province/state/county	Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

☐ **Full-year health care coverage (or, for amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. See instructions.

☑ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Qualifying widow(er) (QW) ☐ Head of household (HOH)

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Use Part III on the back to explain any changes		A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
Income and Deductions				
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ ☐	1	27,008.	5,413.	32,421.
2 Itemized deductions or standard deduction	2	12,200.	2,500.	14,700.
3 Subtract line 2 from line 1	3	14,808.	2,913.	17,721.
4a Exemptions (amended 2017 or earlier returns only). **If changing,** complete Part I on page 2 and enter the amount from line 29	4a			
b Qualified business income deduction (amended 2018 or later returns only)	4b	0	1,837.	1,837.
5 Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5	14,808.	1,076.	15,884.
Tax Liability				
6 Tax. Enter method(s) used to figure tax (see instructions): table	6	1,585.		1,711.
7 Credits. If a general business credit carryback is included, check here ▶ ☐	7			
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	1,585.		1,711.
9 Health care: individual responsibility (amended 2018 or earlier returns only). See instructions	9			
10 Other taxes	10			
11 Total tax. Add lines 8, 9, and 10	11	1,585.		1,711.
Payments				
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (**If changing,** see instructions.)	12	901.		901.
13 Estimated tax payments, including amount applied from prior year's return	13			
14 Earned income credit (EIC)	14			
15 Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15			
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			
17 Total payments. Add lines 12 through 15, column C, and line 16	17			901.
Refund or Amount You Owe				
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18			
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19			901.
20 **Amount you owe.** If line 11, column C, is more than line 19, enter the difference	20			810.
21 If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return	21			
22 Amount of line 21 you want **refunded to you**	22			
23 Amount of line 21 you want **applied to your (enter year):** estimated tax	23			

Complete and sign this form on page 2.

For Paperwork Reduction Act Notice, see instructions. Cat. No. 11360L Form **1040-X** (Rev. 1-2020)

EXHIBIT 4

Form 1040-X (Rev. 1-2020) Page 2

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.

Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.

			A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. **Caution:** If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24			
25	Your dependent children who lived with you	25			
26	Your dependent children who didn't live with you due to divorce or separation	26			
27	Other dependents	27			
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28	0	0	0
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29			

30 List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here ▶ ☐

Dependents (see instructions): (a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents (amended 2018 or later returns only)
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

☑ Check here if you didn't previously want $3 to go to the fund, but now do.

☐ Check here if this is a joint return and your spouse did not previously want $3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.

Student Loan Interest to deduct - see form 1098-E
New 1099-MISC to report
Schedule C to support deductions for income earned on new 1099-MISC

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

▶ Melissa Loe Verified by PDFfiller 05/13/2020 | 05/13/2020 | service worker

Your signature | Date | Your occupation

▶

Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation

Paid Preparer Use Only

▶

Preparer's signature | Date | Firm's name (or yours if self-employed)

Print/type preparer's name | Firm's address and ZIP code

☐ Check if self-employed

PTIN | Phone number | EIN

For forms and publications, visit *www.irs.gov*. Form **1040-X** (Rev. 1-2020)

EXHIBIT 4

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01 / 01 / 2019

44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:

a Business 3168 b Commuting (see instructions) 4000 c Other 4000

45 Was your vehicle available for personal use during off-duty hours? . . . ☑ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . ☐ Yes ☑ No

47a Do you have evidence to support your deduction? . . . ☑ Yes ☐ No

b If "Yes," is the evidence written? . . . ☑ Yes ☐ No

Part V Other Expenses.

List below business expenses not included on lines 8–26 or line 30.

48 **Total other expenses.** Enter here and on line 27a	48	

EXHIBIT 4

SCHEDULE C (Form 1040 or 1040-SR)
Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2019
Attachment Sequence No. 09

Name of proprietor: Melissa L Loe
Social security number (SSN): 531869649

A Principal business or profession, including product or service (see instructions): Third Party Gig Delivery
B Enter code from instructions ▶ 492000
C Business name. If no separate business name, leave blank.
D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶
City, town or post office, state, and ZIP code
F Accounting method: (1) ☑ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ☑ Yes ☐ No
H If you started or acquired this business during 2019, check here ▶ ☑
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☑ No
J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☑ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐	1	5413.08
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	5413.08
4	Cost of goods sold (from line 42)	4	0
5	**Gross profit.** Subtract line 4 from line 3	5	5413.08
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	0
7	**Gross income.** Add lines 5 and 6 ▶	7	5413.08

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	0	18	Office expense (see instructions)	18	0
9	Car and truck expenses (see instructions)	9	1837	19	Pension and profit-sharing plans	19	0
				20	Rent or lease (see instructions):		
10	Commissions and fees	10	0	a	Vehicles, machinery, and equipment	20a	0
11	Contract labor (see instructions)	11	0	b	Other business property	20b	0
12	Depletion	12	0	21	Repairs and maintenance	21	0
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	22	Supplies (not included in Part III)	22	0
				23	Taxes and licenses	23	0
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14	0	a	Travel	24a	0
15	Insurance (other than health)	15	0	b	Deductible meals (see instructions)	24b	0
16	Interest (see instructions):			25	Utilities	25	0
a	Mortgage (paid to banks, etc.)	16a	0	26	Wages (less employment credits)	26	0
b	Other	16b	0	27a	Other expenses (from line 48)	27a	0
17	Legal and professional services	17	0	b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	1837
29	Tentative profit or (loss). Subtract line 28 from line 7	29	3576
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: ______ and (b) the part of your home used for business: ______. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	0
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	3576
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.		32a ☐ All investment is at risk. 32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11334P **Schedule C (Form 1040 or 1040-SR) 2019**

EXHIBIT 4

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		OMB No. 1545-1576	
NELNET LOAN SERVICING P.O. BOX 82561 LINCOLN, NE 68501-2561 888.486.4722		2019 Form 1098-E	**Student Loan Interest Statement**
RECIPIENT'S TIN 84-0748903	BORROWER'S TIN XXX-XX-9849	1 Student loan interest received by lender $ 28,518.97	Copy B for Borrower This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.
BORROWER'S name Street Address (including apt no.) City or town, state or province, country and ZIP or foreign postal code MELISSA L LOE 1645 N ALEXANDRIA AVE APT 308 LOS ANGELES CA 90027-5275			
Account number (see instructions) D035063396		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004 ☐	

Form **1098-E** (keep for your records) www.irs.gov/Form1098E Department of the Treasury - Internal Revenue Service

☐ **CORRECTED (if checked)**

This will serve as a substitute IRS Form 1098-E that reflects student loan interest paid during 2019. This important tax information has also been reported to the IRS. Although the statement reflects the total amount of interest paid, it is not necessarily the amount that is eligible for deduction. We recommend that you contact your tax advisor concerning your eligibility. Additionally, IRS Publication 970, Tax Benefits for Higher Education (Cat. No. 25221V), provides information and can be obtained via the IRS website at IRS.gov or by calling 800.TAX.FORM (800.829.3676). Information about the amount of interest paid is also available when you log in to our secure website at Nelnet.com.

Instructions for borrowers: A person (including a financial institution, a governmental unit, and an educational institution) that receives interest payments of $600 or more during the year on one or more qualified student loans must furnish this statement to you.

You may be able to deduct student loan interest that you actually paid in 2019 on your income tax return. However, you may not be able to deduct the full amount of interest reported on this statement. Do not contact the recipient/lender for explanations of the requirements for (and how to figure) any allowable deduction for the interest paid. Instead, for more information, see Pub. 970, and the Student Loan Interest Deduction Worksheet in your Form 1040 instructions.

Borrower's taxpayer identification number (TIN): For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number: *May show an account or other unique number the lender assigned to distinguish your account.*

Box 1: Shows the interest received by the lender during the year on one or more student loans made to you. For loans made on or after September 1, 2004, box 1 must include loan origination fees and capitalized interest received in 2019. If your loan was made before September 1, 2004, you may be able to deduct loan origination fees and capitalized interest not reported in box 1.

Box 2: If checked, indicates that loan origination fees and/or capitalized interest are **not** included in box 1 for loans made before September 1, 2004. See Pub. 970 for how to figure any deductible loan origination fees or capitalized interest.

Future developments: For the latest information about developments related to Form 1098-E and its instructions, such as *legislation enacted after they were published, go to www.irs.gov/Form1098E.*

EXHIBIT 4

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2019** OMB No. 1545-0074 IRS Use Only – Do not write or staple in this space.

Filing status: [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial	Last name	Your social security number
Melissa L	Loe	531-86-9849
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Presidential Election Campaign
1645 N Alexandria Ave	308	Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		
Los Angeles, CA 90027		

Foreign country name	Foreign province/state/county	Foreign postal code	If more than four dependents, see inst. and check here ▶ [ ]

Standard Deduction **Someone can claim:** [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** [ ] Were born before January 2, 1955 [ ] Are blind **Spouse:** [ ] Was born before January 2, 1955 [ ] Is blind

Dependents (see instructions): (1) First name Last name	(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.): Child tax credit	Credit for other dependents
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]

Standard Deduction for - • Single or married filing separately, $12,200 • Married filing jointly or Qualifying widow(er), $24,400 • Head of household, $18,350 • If you checked any box under Standard deduction, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	27,008.
2a	Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required	2b	
3a	Qualified dividends	3a		b Ordinary dividends. Attach Sch. B if required	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
c	Pensions and annuities	4c		d Taxable amount	4d	
5a	Social security benefits	5a		b Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]				6	
7a	Other income from Schedule 1, line 9				7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ▶				7b	27,008.
8a	Adjustments to income from Schedule 1, line 22				8a	
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ▶				8b	27,008.
9	**Standard deduction or itemized deductions** (from Schedule A)	9	12,200.			
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10				
11a	Add lines 9 and 10				11a	12,200.
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-				11b	14,808.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. UYA Form **1040** (2019)

EXHIBIT 4

Postmates Inc.
201 3rd St, STE 200
San Francisco, CA 94103-3143

If you have questions contact:
1099@postmates.com
Phone: 415-689-5821
Ext: 80

TEP397692_6687_13173 1 of 2

Melissa Lynn Loe
1645 N Alexandria Ave
308
Los Angeles, CA 90027

Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the payer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is $400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. **Note:** If you are still receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Schedule 1 (Form 1040) (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report this amount on the line for "Wages, salaries, tips, etc." of Form 1040 (or Form 1040NR). You also must complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report this amount on the "Other income" line of Schedule 1 (Form 1040) (or Form 1040NR).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Schedule 1 (Form 1040) (or Form 1040NR).

Box 9. If checked, $5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount also is included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable also is included in this box. This income also is subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Show state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099MISC.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Postmates Inc. 201 3rd St, STE 200 San Francisco, CA 94103-3143		1 Rents $ 2 Royalties $	OMB No. 1545-0115 **2019** Form **1099-MISC**	**Miscellaneous Income**
		3 Other income $	4 Federal income tax withheld $	**Copy B** **For Recipient**
PAYER'S TIN 45-2730241	RECIPIENT'S TIN XXX-XX-9849	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code Melissa Lynn Loe 1645 N Alexandria Ave 308 Los Angeles, CA 90027		7 Nonemployee compensation $ 5,413.08	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
		11	12	
Account number (see instructions) 1cfe8e7b-2d20-488e-be9c-41e588	FATCA filing requirement ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no. CA :	18 State income $

Form **1099-MISC** (keep for your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

9H8021 2.000

TEP397692_6687_13173 1 of 2

EXHIBIT 4

TAXABLE YEAR **2019** **California Resident Income Tax Return** FORM **540**

531-86-9849
MELISSA LOE

1645 N ALEXANDRIA AVE 308
LOS ANGELES CA 90027

12-10-1973 LOE

Filing Status

If your California filing status is different from your federal filing status, check the box here .... ☐

1 [X] Single
2 ☐ Married/RDP filing jointly. See inst.
3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
4 ☐ Head of household (with qualifying person). See instructions.
5 ☐ Qualifying widow(er). Enter year spouse/RDP died. See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst .... ● 6 ☐

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ● 7 [1] X $122 = ● $ 122

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. ● 8 [ ] X $122 = ● $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ● 9 [ ] X $122 = ● $

10 **Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN			
Dependent's relationship to you			

Total dependent exemptions .... ● 10 [ ] X $378 = ● $

Form 1040 (2019) **Melissa L Loe** 531-86-9849 Page **2**

12a	Tax (see inst.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	12a	1,585.		
b	Add Schedule 2, line 3, and line 12a and enter the total ▶			12b	1,585.
13a	Child tax credit or credit for other dependents	13a			
b	Add Schedule 3, line 7, and line 13a and enter the total ▶			13b	0.
14	Subtract line 13b from line 12b. If zero or less, enter -0-			14	1,585.
15	Other taxes, including self-employment tax, from Schedule 2, line 10			15	0.
16	Add lines 14 and 15. This is your **total tax** ▶			16	1,585.
17	Federal income tax withheld from Forms W-2 and 1099			17	901.
18	Other payments and refundable credits:				
a	Earned income credit (EIC) NO	18a			
b	Additional child tax credit. Attach Schedule 8812	18b			
c	American opportunity credit from Form 8863, line 8	18c			
d	Schedule 3, line 14	18d			
e	Add lines 18a through 18d. These are your **total other payments and refundable credits** ▶			18e	0.
19	Add lines 17 and 18e. These are your **total payments** ▶			19	901.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**	20	0.
21a	Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	21a	0.
▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings		
▶ d	Account number		
22	Amount of line 20 you want **applied to your 2020 estimated tax** ▶ 22		

Direct deposit? See instructions.

Amount you owe

23	**Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions ▶	23	684.
24	Estimated tax penalty (see instructions) ▶ 24		

Third Party Designee (Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☐ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		service worker	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Phone no. (206)565-6426	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ 3rd Party Designee ☐ Self-employed
Firm's name ▶		Phone no.		
Firm's address ▶			Firm's EIN ▶	

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2019)

UYA

EXHIBIT 4

Your name: MELISSA LOE Your SSN or ITIN: 531869849

11	**Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32	11 $	122
12	State wages from your federal Form(s) W-2, box 16	12	27009 .00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b	13	29539 .00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B	14	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	29539 .00
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C	16	.00
17	California adjusted gross income. Combine line 15 and line 16	17	29539 .00
18	Enter the larger of: Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately $4,537 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) $9,074. If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	18	4537 .00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-	19	25002 .00

Taxable Income

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule [ ] FTB 3800 [ ] FTB 3803	31	494 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $200,534, see instructions	32	122 .00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	372 .00
34	Tax. See instructions. Check the box if from: [ ] Schedule G-1 [ ] FTB 5870A	34	.00
35	Add line 33 and line 34	35	372 .00

Tax

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	40	.00
43	Enter credit name ____ code ____ and amount	43	.00
44	Enter credit name ____ code ____ and amount	44	.00
45	To claim more than two credits. See instructions. Attach Schedule P (540)	45	.00
46	Nonrefundable renter's credit. See instructions	46	.00
47	Add line 40 through line 46. These are your total credits	47	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	372 .00

Special Credits

Your name: MELISSA LOE Your SSN or ITIN: 531869849

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	.00
California Firefighters' Memorial Fund	● 406	.00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	.00
California Peace Officer Memorial Foundation Fund	● 408	.00
California Sea Otter Fund	● 410	.00
California Cancer Research Voluntary Tax Contribution Fund	● 413	.00
School Supplies for Homeless Children Fund	● 422	.00
State Parks Protection Fund/Parks Pass Purchase	● 423	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	.00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	.00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	.00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	.00
Suicide Prevention Voluntary Tax Contribution Fund	● 444	.00
110 Add code 400 through code 444. This is your total contribution	● 110	.00

Your name: MELISSA LOE Your SSN or ITIN: 531869849

Other Taxes	61	Alternative minimum tax. Attach Schedule P (540)	61	.00
	62	Mental Health Services Tax. See instructions	62	.00
	63	Other taxes and credit recapture. See instructions	63	.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	372 .00
Payments	71	California income tax withheld. See instructions	71	40 .00
	72	2019 CA estimated tax and other payments. See instructions	72	.00
	73	Withholding (Form 592-B and/or 593). See instructions	73	.00
	74	Excess SDI (or VPDI) withheld. See instructions	74	.00
	75	Earned Income Tax Credit (EITC)	75	.00
	76	Young Child Tax Credit (YCTC). See instructions	76	.00
	77	Add lines 71 through 76. These are your total payments. See instructions	77	40 .00
Use Tax	91	**Use Tax.** Do not leave blank. See instructions	91	.00

If line 91 is zero, check if:

☐ No use tax is owed.

☐ You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due	92	Payments balance. If line 77 is more than line 91, subtract line 91 from line 77	92	40 .00
	93	**Use Tax balance.** If line 91 is more than line 77, subtract line 77 from line 91	93	.00
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	94	.00
	95	Amount of line 94 you want applied to your **2020** estimated tax	95	.00
	96	Overpaid tax available this year. Subtract line 95 from line 94	96	.00
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	97	332 .00

Your name: MELISSA LOE Your SSN or ITIN: 531869849

Amount You Owe

111 **AMOUNT YOU OWE.** If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ..... ● 111 332 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties ..... 112 .00
113 Underpayment of estimated tax.
Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ..... ● 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... 114 332 .00

Refund and Direct Deposit

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of 110, line 112 and line 113 from line 96. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ..... ● 115 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● 116 Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● 117 Direct deposit amount .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (If a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

● Your email address. Enter only one email address. ● Preferred phone number

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions..... ● ☐ Yes ☐ No

Print Third Party Designee's Name Telephone Number

TAXABLE YEAR **2019** SCHEDULE

California Adjustments — Residents CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return: MELISSA LOE
SSN or ITIN: 531869849

Part I Income Adjustment Schedule

Section A – Income from federal Form 1040 or 1040-SR		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	1	27009		
2 Taxable interest. a	2b			
3 Ordinary dividends. See instructions. a	3b			
4 IRA distributions. See instructions. a	4b			
c Pensions and annuities. See instructions. c	4d			
5 Social security benefits. a	5b			
6 Capital gain or (loss). See instructions	6			
Section B – Additional Income from federal Schedule 1 (Form 1040 or 1040-SR)				
1 Taxable refunds, credits, or offsets of state and local income taxes	1			
2a Alimony received	2a			
3 Business income or (loss)	3	5413		
4 Other gains or (losses)	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc	5			
6 Farm income or (loss)	6			
7 Unemployment compensation	7			
8 Other income. a California lottery winnings; b Disaster loss deduction from FTB 3805V; c Federal NOL (federal Schedule 1 (Form 1040 or 1040-SR), line 8); d NOL deduction from FTB 3805V; e NOL from FTB 3805Z, 3806, 3807, or 3809; f Other (describe): ; g Student loan discharged due to closure of a for-profit school	8		a b c d e f g	a b c d e f g
9 **Total.** Combine Section A, line 1 through line 6, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 6, and Section B, line 1 through line 8g in column B and column C. Go to Section C	9	32422		
Section C – Adjustments to Income from federal Schedule 1 (Form 1040 or 1040-SR)				
10 Educator expenses	10			
11 Certain business expenses of reservists, performing artists, and fee-basis government officials	11			
12 Health savings account deduction	12			
13 Moving expenses. Attach federal Form 3903. See instructions	13			
14 Deductible part of self-employment tax	14	383		
15 Self-employed SEP, SIMPLE, and qualified plans	15			
16 Self-employed health insurance deduction	16			
17 Penalty on early withdrawal of savings	17			
18a Alimony paid. b Recipient's: SSN ___-___-___ Last name ______	18a			
19 IRA deduction	19			
20 Student loan interest deduction	20	2500		
21 Tuition and fees	21			
22 Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions	22	2883		
23 **Total.** Subtract line 22 from line 9 in columns A, B, and C. See instructions	23	29539		

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California ☐

Line	Description	A Federal Amounts (from federal Schedule A (Form 1040 or 1040-SR))	B Subtractions See instructions	C Additions See instructions
	Medical and Dental Expenses See instructions.			
1	Medical and dental expenses 1			
2	Enter amount from federal Form 1040 or 1040-SR, line 8b 29539 2			
3	Multiply line 2 by 7.5% (0.075) 2215 3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4			
	Taxes You Paid			
5a	State and local income tax or general sales taxes 5a	302	302	
5b	State and local real estate taxes 5b			
5c	State and local personal property taxes 5c			
5d	Add lines 5a through 5c 5d	302		
5e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A.. Enter the amount from line 5a, column B in line 5e, column B .... Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e	302	302	
6	Other taxes. List type ________ 6			
7	Add lines 5e and 6 7	302	302	
	Interest You Paid			
8a	Home mortgage interest and points reported to you on Form 1098 .... 8a			
8b	Home mortgage interest not reported to you on Form 1098 .... 8b			
8c	Points not reported to you on Form 1098 .... 8c			
8d	Mortgage insurance premiums 8d			
8e	Add lines 8a through 8d 8e			
9	Investment interest 9			
10	Add lines 8e and 9 10			
	Gifts to Charity			
11	Gifts by cash or check 11			
12	Other than by cash or check 12	500		
13	Carryover from prior year 13			
14	Add lines 11 through 13 14	500		
	Casualty and Theft Losses			
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15			
	Other Itemized Deductions			
16	Other—from list in federal instructions 16			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	802	302	

18 **Total**. Combine line 17 column A less column B plus column C .... 18 | 500

Job Expenses and Certain Miscellaneous Deductions

19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions	19	
20	Tax preparation fees	20	
21	Other expenses - investment, safe deposit box, etc. List type ______	21	
22	Add lines 19 through 21	22	
23	Enter amount from federal Form 1040 or 1040-SR, line 8b 29539		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	24	591
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0	25	
26	**Total Itemized Deductions.** Add line 18 and line 25	26	500
27	Other adjustments. See instructions. Specify. ______	27	
28	Combine line 26 and line 27	28	500

29 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately $200,534
Head of household $300,805
Married/RDP filing jointly or qualifying widow(er) $401,072

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 .... 29 500

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**

Single or married/RDP filing separately. See instructions $4,537
Married/RDP filing jointly, head of household, or qualifying widow(er) $9,074

Transfer the amount on line 30 to Form 540, line 18 .... 30 4537

This space reserved for 2D barcode

This space reserved for 2D barcode

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.
If amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2019 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Calendar Year – File and pay by April 15, 2020.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information.
Do not mail this voucher if you use Web Pay.

DETACH HERE — IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER — DETACH HERE

CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR **2019**

Payment Voucher for Individual e-filed Returns

CALIFORNIA FORM **3582 (e-file)**

531-86-9849 LOE 19
MELISSA LOE

1645 N ALEXANDRIA AVE APT 308
LOS ANGELES CA 90027

Amount of payment 332.

For Privacy Notice, get FTB 1131 ENG/SP. 214 1251196 FTB 3582 2019

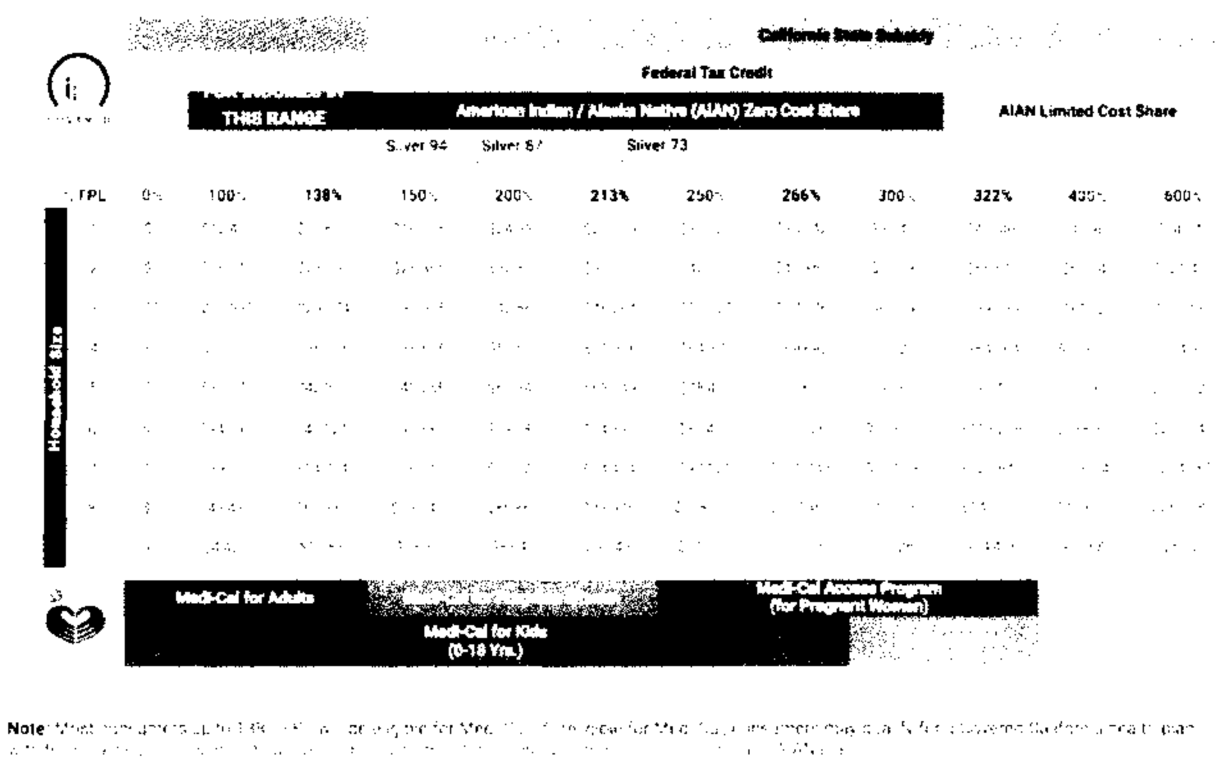
EXHIBIT 4

Covered California Income Limits

View Covered California Income Guidelines and See Chart to Calculate Your Health Care Options

The Covered California income limits require consumers to have a household income that ranges from 0% to 400% of the Federal Poverty Level (FPL) in order to qualify for assistance on a government health insurance plan.

Program Eligibility by Federal Poverty Level for 2020



Based on your household income, you may qualify for up-front tax credits when you enroll in health insurance in California (https://www.healthforcalifornia.com/) through the Covered California Health Exchange.

Obamacare Income Guidelines Chart Based on the Federal Poverty Level

According to Covered California income guidelines and salary restrictions

(/) COVERED (/)

1-877-752-4737 (/contact-us) (/contact

Get a free quote
Individual & Family
Lowest Prices. Simple Process.

limits chart below.

Government Programs and Assistance Based on Income Ranges

For adults, the following Covered California income restrictions apply:

- 0% – 138% of FPL: You qualify for Medi-Cal.
- > 138% – 400% of FPL: You qualify for a subsidy on a Covered California plan.
  - > 138% to 150%: You also qualify for the Silver Enhanced 94 Plan.
  - > 150% to 200%: You also qualify for the Silver Enhanced 87 Plan.
  - > 200% to 250%: You qualify for the Silver Enhanced 73 Plan.

Parameters for Low Income Females Who Are Expecting a Baby

Pregnant women may qualify for MAGI Medi-Cal if you have household earnings of >138% to 213% according to Covered California income limits. Also, based on wages and the FPL, women who are having a baby may be eligible for the Medi-Cal Access Program (MCAP) if they have a household income of >213% to 322%.

Government Programs for Children: Obamacare Information Guide and Wage Limits

Adults qualify for Medi-Cal with a household income of less than 138% of FPL. However, according to the Covered California income guide, children who enroll on Obama Care California (https://www.healthforcalifornia.com/obamacare) plans may qualify for Medi-Cal when the family has a household income of 266% or less. The children must be under 19 years of age to qualify. Also, C-CHIP, the County Children's Health Initiative Program, offers health care coverage for children when the family income is greater than 266% up to 322% of FPL.

Proof of Income

Document proofs (including pay stubs, bank statements, etc.) may be required to verify your household income threshold. If you fail to provide proof of income, you may lose your Obamacare subsidy or your health care coverage.

Reporting Mid-Year Changes in Household Earnings

If your wages/salary increases during the year, this may affect what levels of subsidies you qualify for according to Covered California income limits. It also may affect whether or not you, your spouse or your children qualify for certain government assistance programs. If you have a significant income change mid-year, you may be required to report that to

CalFresh

Quick Info

Benefit Categories (/categories) > Food and Nutrition (/categories/Food and Nutrition)

What is CalFresh?

CalFresh (formerly known as Food Stamps) is an entitlement program that provides monthly benefits to assist low-income households in purchasing the food they need to maintain adequate nutritional levels. In general, these benefits are for any food or food product intended for human consumption. Benefits may not be used for items such as alcoholic beverages, cigarettes, or paper products.

Who is eligible for CalFresh?

In order to qualify for this benefit program, you must be a resident of the state of California and meet one of the following requirements:

You have a current bank balance (savings and checking combined) under $2,001, or
You have a current bank balance (savings and checking combined) under $3,001 and share your household with one of the following:

- a person or persons age 60 and over or
- a person with a disability (a child, your spouse, a parent, or yourself)

If your household includes a person with a disability, or someone over the age of 60, your eligibility is based on net income. Please see the websites below for further details.

In order to qualify, you must have an annual household income (before taxes) that is below the following amounts:

Select Household Size

Maximum Household Income per year

Hide Table

Annual Household Income Limits (before taxes)

Household Size*	Maximum Income Level (Per Year)

Household Size*	Maximum Income Level (Per Year)
1	$16,588
2	$22,412
3	$28,236
4	$34,060
5	$39,884
6	$45,708
7	$51,532
8	$57,356

*For households with more than eight people, add $5,824 per additional person. Always check with the appropriate managing agency to ensure the most accurate guidelines.

Check if you may be eligible for this benefit

How do I apply for CalFresh?

For detailed application information, visit the CalFresh page. (http://www.cdss.ca.gov/inforesources/calfresh)

Apply for CalFresh (https://www.cdss.ca.gov/food-nutrition/calfresh)

How can I contact someone?

For more information, visit the CalFresh application page (http://www.cdss.ca.gov/food-nutrition/calfresh).

1-877-847-3663 (tel:1-877-847-3663)

Skip to Content

Help (MELISSA LOE) | Benefit Programs Online | Log Out

Certify for Benefits | Payment Activity | Claim History | Form 1099G | Personal Profile | Inbox | Contact Us

UI Online Home

Notifications

No Weeks Available to Certify

You do not have week(s) available to certify. Check back after 08/16/2020 for your next available week(s).

You have unread messages in your inbox

Claim Summary

Last Payment Issued
$1,152.00 on 08/03/2020

Claim Balance
$1,744.00

Weekly Benefit Amount
$276.00

[redacted]

Benefit Year
03/15/2020 - 03/13/2021

Work Search Requirements
You must be able and available for work each week.

Week 1 Certification Status
Paid for week ending 07/25/2020

Week 2 Certification Status
Paid for week ending 08/01/2020

Back to Top | Contact EDD | Conditions of Use | Privacy Policy | Accessibility

010 Wilshire Special Office
2415 W 6TH ST
LOS ANGELES, CA 90057-3123

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC SOCIAL SERVICES

Date: 07/24/2020
Case Name: Melissa Loe
Case Number: L444054
Worker Name: Gayane Minasyan
Worker ID: 19DP101K3H
Worker Phone Number: (866) 613-3777
Customer ID: 400-956-6541

VERIFICATION OF BENEFITS

MELISSA LOE
1645 N ALEXANDRIA AVE APT 308
LOS ANGELES, CA 90027-5275

A. VERIFICATION

This will verify that the above participant is receiving:

CalWORKs (cash) in the amount of $ ______, per month for 0 people.

General Relief (cash) in the amount of $ ______, per month for 0 people.

Refugee Cash Assistance (cash) in the amount of $ ______, per month for 0 people.

CalFresh benefits in the amount of $56.00, per month for 1 people.

Medi-Cal - In Receipt of Medical Benefits, per month for 1 people.

B. ASSISTANCE UNIT (AU) MEMBERS

1.	Name		7.	Name	Relation to #1
2.	Name	Relation to #1	8.	Name	Relation to #1
3.	Name	Relation to #1	9.	Name	Relation to #1
4.	Name	Relation to #1	10.	Name	Relation to #1
5.	Name	Relation to #1	11.	Name	Relation to #1
6.	Name	Relation to #1	12.	Name	Relation to #1

C. CLIENT AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize DPSS to release the above information to: Bankruptcy Court of California

Participant Signature ______ Date ______

Witness Signature, If Participant Not Able to Sign ______ Date ______

File: Miscellaneous Folder Retention: Three Years

76V244G PA 1918 (5/13)

EXHIBIT 8

EXHIBIT 9

This is a copy of a **2** page document sent to me by the **County of Los Angeles Department of Public Social Services that** serves as proof of my current eligibility and enrollment in **Medi-Cal.**

010 Wilshire Special Office
2415 W 6TH ST
LOS ANGELES, CA 90057-3123

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC SOCIAL SERVICES

Date: 07/13/2020
Case Name: Melissa Loe
Case Number: L444054
Worker Name: Gayane Minasyan
Worker ID: 19DP101K3H
Worker Phone Number: (866) 613-3777
Customer ID: 400-956-6541

DPSS - CSU III - NORTHRIDGE
9451 CORBIN AVE STE 200
NORTHRIDGE, CA 91324-9935

MELISSA LOE
1645 N ALEXANDRIA AVE APT 308
LOS ANGELES, CA 90027-5275

MEDI-CAL REDETERMINATION FOR September 2020
THIS REDETERMINATION FORM IS DUE BACK TO US BY 09/10/2020

Please complete and return the enclosed Medi-Cal Redetermination Form(s). The information requested is needed to establish your continued eligibility to Medi-Cal benefits and your benefit level. Please return the form(s) to us in the enclose envelope. Place this coversheet on top of the form so that the DPSS office address shows through the window in the enclosed envelope.

THE DOCUMENT(S) MUST BE RECEIVED BY THE COUNTY BY THE DUE DATE SHOWN ABOVE OR YOUR MEDI-CAL BENEFITS MAY BE TERMINATED

REMEMBER

- Even if you are employed you may be eligible to receive Medi-Cal benefits.
- Receipt of Medi-Cal does not count against any CalWORKs time limits.
- You do not have to receive CalWORKs to receive Medi-Cal benefits.

If you have any questions or need more information about this form, call your eligibility worker whose name and telephone number are listed at the top of this form.

Medi-Cal **Respond By: 09/10/2020**

Renewal Form

Case Number: L444054

Date 07/13/2020

Name Melissa Loe

Address Line 1 1645 N ALEXANDRIA AVE APT 308

Address Line 2 LOS ANGELES, CA 90027-5275

It is time to renew your Medi-Cal coverage.

We need some information from you to help you keep your Medi-Cal for the next year.

You can renew your Medi-Cal in any one of these ways:

- By mail: Complete this form and mail it to:
  010 Wilshire Special Office
  2415 W 6TH ST
  LOS ANGELES, CA 90057-3123

- In person: Visit our office at
  010 Wilshire Special Office
  2415 W 6TH ST
  LOS ANGELES, CA 90057-3123

  Office hours are 08:00 AM to 05:00 PM Monday to Friday.

How to complete this form:

To make sure you or your family continue to have Medi-Cal coverage, you must let us know if there are any changes or not to the information on this form.

1. Please review the information about you and members of your household and let us know about any changes.
2. Send us copies of documents that show your most current information for information even if your information has not changed.
3. Return this form by 09/10/2020
4. If you return this form by mail, please make sure to sign the form on the last page.

Whose information we need:

We need the most current information about every member of your household who is living with you or is listed on your tax return, if you file taxes. We need information from:

- People in your household who currently have Medi-Cal,
- People in your household who would like to apply.
- We may need some information about people in your household who live with you or are listed on your tax return, who do not have Medi-Cal and who do not want to apply for Medi-Cal. Their information will be kept private and used only to help those in your household who want to keep or apply for Medi-Cal.

You do not need to file a tax return to apply for or renew your Medi-Cal.

What happens if my information is different:

If anyone in your household does not qualify for Medi-Cal because the information on this form has changed, we will use your new information to check to see if you or other people in your household qualify for other affordable health coverage, including Covered California.

Your information will be kept private and will be used only to see if you or your family qualifies for affordable health coverage. We may need more information from you to find you the most affordable health coverage.

Questions? Call (866) 613-3777. (Persons with TTY equipment, please call: (877) 597-4777)

EXHIBIT 10

This is a **4** page document of my photocopied **W-2's** and **1099 MISC** from the year **2019**.

Notice to Employee

Do you have to file? Refer to Form 1040 instructions to determine if you are required to file a tax return. You may be eligible for a refund if box 2 shows an amount or any eligible credit.

Earned Income Credit (EIC). You may be able to take the EIC for 2019 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children may qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2019 or income is earned for services provided while you were an inmate at a penal institution. For 2019 income limits and more visit www.irs.gov/eitc, Pub. 596. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage & Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your W-2c from your employer to file with your return. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at the web site at www.SSA.gov

Cost of Employer-sponsored health coverage (if such cost is provided by the employer). The reporting in Box 12, using Code DD, of the cost of employer sponsored health coverage is for your information only. The amount reported is not taxable.

Credit for excess taxes. If you had more than one employer in 2019 and more than $8,239.80 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your Federal income tax. If you had more than one railroad employer and more than $4,936.30 in Tier2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or 1040A instructions and Publication 505, Tax withholding and Estimated Tax.

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the Federal income tax withheld line of your tax return.

Box 6. You may be required to report this amount on Form 8959, Additional Medicare Tax. See Form 1040 to determine if you are required to complete Form 8959.

Box 6. This amount includes 1.45% Medicare Tax Withheld on Medicare wages shown in Box 5, as well as the 0.9% Additional Medicare tax on any of those Medicare wages above $200,000.

Box 10. This amount includes the total dependent care benefits your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over $5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any amounts.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (D, E, F, and S) and designated Roth contributions (codes AA, BB and EE) under all plans are generally limited to a total of $19000 ($13000 if you only have SIMPLE plans; $22000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $19000. Deferrals under code H are limited to $7,000. However, if you were at least age 50 in 2019, your employer may have allow an additional deferral of up to $6000 ($3000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for form 1040.

C- Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D- Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

J- Nontaxable sick pay (not included in boxes 1, 3, or 5)

L- Substantiated employee business expense reimbursements (nontaxable)

W-Employer contributions (including employee contributions using a section 125 (cafeteria) plan) to your health saving account Report on Form 8889, Health Savings Accounts (HSAs).

AA- Designated Roth contributions under section 401(k) plan

DD- Cost of Employer-sponsored health coverage. This amount reported with code DD is not taxable.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you deduct. See Pub. 590-A, Individual Retirement Arrangements.

Box 14. Employers may use this box to report amounts as state disability insurance tax, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Note: These instructions show information that apply to this W-2 form ONLY. A complete copy of this notice is available at the IRS web site: www.irs.gov, or call us at (818) 869-7640

2019: W2 and Payroll Summary

LOE, MELISSA LYNN
1645 N ALEXANDRIA AVE #308
LOS ANGELES, CA 90027

Emp.# 01129849

For: LI'L PEPPER PRODUCTIONS INC

3282

End of Year Summary

(A) Total Earnings	850.00
(B) Total Deductions	
(C) Total Reimbursements	
(D) Total Taxes	72.87
Net Total (A-B+C-D)	777.13

W-4 Information

Marital Status	Exemptions		Add-On Taxes
Single	999	Federal	None
	999	State	None

Earnings		Deduction	Reimbursement	Taxes	
Regular.....	757.20			O.A.S.D.I...	52.17
Regular OT	92.80			F.H.I.......	12.20
				V.D.I.......	8.50*
	850.00				72.87

* Wages for Tax Purposes has been adjusted by the Section 125

Cut along the dotted lines

W-2 Copy C for Employee's Record

a Control Number	01129849 — 22222 — OMB No. 1545-0008
b Employer's identification number	20-3150891
c Employer's name, address, and ZIP code	PDSI dba Payday, 1804 West Burbank Blvd., Burbank, CA 91506
d Employee's social security number	531-86-9849
e Employee's first name and initial / Last name	MELISSA L / LOE
f Employee's address	1645 N ALEXANDRIA AVE #308, LOS ANGELES, CA 90027
1 Wages, tips, other compensation	841.50
2 Federal income tax withheld	
3 Social security wages	841.50
4 Social security tax withheld	52.17
5 Medicare wages and tips	841.50
6 Medicare tax withheld	12.20
7 Social security tips	
8 Allocated tips	
9 Advance EIC payment	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	
13 Statutory Employee / Retirement Plan / Third-party Sick pay	
12b	
14 Other	
12c	
12d	
15 State / Employer's State I.D. No.	CA / 270-7278-4
20 Locality name	
16 State wages, tips, etc	841.50
18 Local wages, tips, etc	
17 State income tax	
19 Local income tax	

Form W-2 Wage and Tax Statement 2019

W-2 Copy 2 for State Tax Return

a Control Number	01129849 — 22222 — OMB No. 1545-0008
b Employer's identification number	20-3150891
c Employer's name, address, and ZIP code	PDSI dba Payday, 1804 West Burbank Blvd., Burbank, CA 91506
d Employee's social security number	531-86-9849
e Employee's first name and initial / Last name	MELISSA L / LOE
f Employee's address	1645 N ALEXANDRIA AVE #308, LOS ANGELES, CA 90027
1 Wages, tips, other compensation	841.50
2 Federal income tax withheld	
3 Social security wages	841.50
4 Social security tax withheld	52.17
5 Medicare wages and tips	841.50
6 Medicare tax withheld	12.20
7 Social security tips	
8 Allocated tips	
9 Advance EIC payment	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	
13 Statutory Employee / Retirement Plan / Third-party Sick pay	
12b	
14 Other	
12c	
12d	
15 State / Employer's State I.D. No.	CA / 270-7278-4
20 Locality name	
16 State wages, tips, etc	841.50
18 Local wages, tips, etc	
17 State income tax	
19 Local income tax	

Form W-2 Wage and Tax Statement 2019

W-2 Copy B for Federal Tax Return

a Control Number	01129849 — 22222 — OMB No. 1545-0008
b Employer's identification number	20-3150891
c Employer's name, address, and ZIP code	PDSI dba Payday, 1804 West Burbank Blvd., Burbank, CA 91506
d Employee's social security number	531-86-9849
e Employee's first name and initial / Last name	MELISSA L / LOE
f Employee's address	1645 N ALEXANDRIA AVE #308, LOS ANGELES, CA 90027
1 Wages, tips, other compensation	841.50
2 Federal income tax withheld	
3 Social security wages	841.50
4 Social security tax withheld	52.17
5 Medicare wages and tips	841.50
6 Medicare tax withheld	12.20
7 Social security tips	
8 Allocated tips	
9 Advance EIC payment	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	
13 Statutory Employee / Retirement Plan / Third-party Sick pay	
12b	
14 Other	
12c	
12d	
15 State / Employer's State I.D. No.	CA / 270-7278-4
20 Locality name	
16 State wages, tips, etc	841.50
18 Local wages, tips, etc	
17 State income tax	
19 Local income tax	

Form W-2 Wage and Tax Statement 2019

EXHIBIT 10

2019 W-2 and EARNINGS SUMMARY

ADP

Employee Reference Copy

W-2 Wage and Tax Statement 2019

OMB No. 1545-0008

Copy C for employee's records.

Control number	Dept.	Corp.	Employer use only
12324 LOSA/6-V	146423		T EIC 290

Employer's name, address, and ZIP code
AMERICAN FILM INSTITUTE
2021 N WESTERN AVE
LOS ANGELES CA 90027

Batch #02701

Employee's name, address, and ZIP code
ELISSA LOE
645 N ALEXANDRIA AVE
308
.OS ANGELES CA 90027

Employer's FED ID number 52-6072925	a Employee's SSA number 531-86-9849
Wages, tips, other comp. 255.00	2 Federal income tax withheld
Social security wages 255.00	4 Social security tax withheld 15.81
Medicare wages and tips 255.00	6 Medicare tax withheld 3.70
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12
4 Other 2.55 SDI	12b / 12c / 12d
	13 Stat emp. / Ret. plan / 3rd party sick pay
5 State CA / Employer's state ID no. 195-3038 5	16 State wages, tips, etc. 255.00
7 State income tax	18 Local wages, tips, etc.
9 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement and W-4 profile. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	255.00	255.00	255.00	255.00
Reported W-2 Wages	**255.00**	**255.00**	**255.00**	**255.00**

2. Employee Current W-4 Profile. To make changes, file a new W-4 with your payroll department.

MELISSA LOE
1645 N ALEXANDRIA AVE
#308
LOS ANGELES CA 90027

Social Security Number: 531-86-9849
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 2
STATE: 2

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Fold and Detach Here

Federal Filing Copy

Wages, tips, other comp. 255.00	2 Federal income tax withheld
Social security wages 255.00	4 Social security tax withheld 15.81
Medicare wages and tips 255.00	6 Medicare tax withheld 3.70
Control number 12324 LOSA/6-V / Dept. 146423 / Corp.	Employer use only T EIC 290

Employer's name, address, and ZIP code
AMERICAN FILM INSTITUTE
2021 N WESTERN AVE
LOS ANGELES CA 90027

Employer's FED ID number 52-6072925	a Employee's SSA number 531-86-9849
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12
4 Other 2.55 SDI	12b / 12c / 12d
	13 Stat emp. / Ret. plan / 3rd party sick pay

Employee's name, address and ZIP code
ELISSA LOE
645 N ALEXANDRIA AVE
308
.OS ANGELES CA 90027

5 State CA / Employer's state ID no. 195-3038 5	16 State wages, tips, etc. 255.00
7 State income tax	18 Local wages, tips, etc.
9 Local income tax	20 Locality name

W-2 Wage and Tax Statement 2019 OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.

CA.State Reference Copy

1 Wages, tips, other comp. 255.00	2 Federal income tax withheld
3 Social security wages 255.00	4 Social security tax withheld 15.81
5 Medicare wages and tips 255.00	6 Medicare tax withheld 3.70
d Control number 012324 LOSA/6-V / Dept. 146423 / Corp.	Employer use only T EIC 290

c Employer's name, address, and ZIP code
AMERICAN FILM INSTITUTE
2021 N WESTERN AVE
LOS ANGELES CA 90027

b Employer's FED ID number 52-6072925	a Employee's SSA number 531-86-9849
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other 2.55 CA SDI	12b / 12c / 12d
	13 Stat emp. / Ret. plan / 3rd party sick pay

e/f Employee's name, address and ZIP code
MELISSA LOE
1645 N ALEXANDRIA AVE
#308
LOS ANGELES CA 90027

15 State CA / Employer's state ID no. 195-3038 5	16 State wages, tips, etc. 255.00
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

W-2 Wage and Tax Statement 2019 OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

FOLD AND DETACH HERE

CA.State Filing Copy

1 Wages, tips, other comp. 255.00	2 Federal income tax withheld
3 Social security wages 255.00	4 Social security tax withheld 15.81
5 Medicare wages and tips 255.00	6 Medicare tax withheld 3.70
d Control number 012324 LOSA/6-V / Dept. 146423 / Corp.	Employer use only T EIC 290

c Employer's name, address, and ZIP code
AMERICAN FILM INSTITUTE
2021 N WESTERN AVE
LOS ANGELES CA 90027

b Employer's FED ID number 52-6072925	a Employee's SSA number 531-86-9849
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other 2.55 CA SDI	12b / 12c / 12d
	13 Stat emp. / Ret. plan / 3rd party sick pay

e/f Employee's name, address and ZIP code
MELISSA LOE
1645 N ALEXANDRIA AVE
#308
LOS ANGELES CA 90027

15 State CA / Employer's state ID no. 195-3038 5	16 State wages, tips, etc. 255.00
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

W-2 Wage and Tax Statement 2019 OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

Exhibit 10

2019 W-2 and EARNINGS SUMMARY

ADP

Employee Reference Copy
W-2 Wage and Tax Statement 2019
OMB No. 1545-0008
Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
000053 RV/BBC			A 12

c Employer's name, address, and ZIP code
SWORK COFFEE INC
2160 COLORADO BLVD
LOS ANGELES, CA 90041

Batch #95983

e/f Employee's name, address, and ZIP code
MELISSA LOE
1645 N ALEXANDRIA AVE
APT 308
LOS ANGELES, CA 90027

b Employer's FED ID number 95-4841629	a Employee's SSA number 531-86-9849
1 Wages, tips, other comp. 25911.54	2 Federal income tax withheld 901.13
3 Social security wages 25911.54	4 Social security tax withheld 1606.52
5 Medicare wages and tips 25911.54	6 Medicare tax withheld 375.72
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 259.11 SDI	12b / 12c / 12d
	13 Stat emp. / Ret. plan / 3rd party sick pay
15 State CA / Employer's state ID no. 466-0310 6	16 State wages, tips, etc. 25911.54
17 State income tax 40.33	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement and W-4 profile. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	25,911.54	25,911.54	25,911.54	25,911.54
Reported W-2 Wages	25,911.54	25,911.54	25,911.54	25,911.54

2. Employee Current W-4 Profile. To make changes, file a new W-4 with your payroll department.

MELISSA LOE
1645 N ALEXANDRIA AVE
APT 308
LOS ANGELES, CA 90027

Social Security Number: 531-86-9849
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 3
STATE: 3

Fold and Detach Here

Federal Filing Copy — W-2 Wage and Tax Statement 2019

1 Wages, tips, other comp. 25911.54	2 Federal income tax withheld 901.13
3 Social security wages 25911.54	4 Social security tax withheld 1606.52
5 Medicare wages and tips 25911.54	6 Medicare tax withheld 375.72
d Control number 000053 RV/BBC / Dept. / Corp.	Employer use only A 12
c Employer's name, address, and ZIP code: SWORK COFFEE INC, 2160 COLORADO BLVD, LOS ANGELES, CA 90041	
b Employer's FED ID number 95-4841629	a Employee's SSA number 531-86-9849
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 259.11 SDI	12b / 12c / 12d
	13 Stat emp. / Ret. plan / 3rd party sick pay
e/f Employee's name, address and ZIP code: MELISSA LOE, 1645 N ALEXANDRIA AVE, APT 308, LOS ANGELES, CA 90027	
15 State CA / Employer's state ID no. 466-0310 6	16 State wages, tips, etc. 25911.54
17 State income tax 40.33	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

CA.State Reference Copy — W-2 Wage and Tax Statement 2019

1 Wages, tips, other comp. 25911.54	2 Federal income tax withheld 901.13
3 Social security wages 25911.54	4 Social security tax withheld 1606.52
5 Medicare wages and tips 25911.54	6 Medicare tax withheld 375.72
d Control number 000053 RV/BBC / Dept. / Corp.	Employer use only A 12
c Employer's name, address, and ZIP code: SWORK COFFEE INC, 2160 COLORADO BLVD, LOS ANGELES, CA 90041	
b Employer's FED ID number 95-4841629	a Employee's SSA number 531-86-9849
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other 259.11 CA SDI	12b / 12c / 12d
	13 Stat emp. / Ret. plan / 3rd party sick pay
e/f Employee's name, address and ZIP code: MELISSA LOE, 1645 N ALEXANDRIA AVE, APT 308, LOS ANGELES, CA 90027	
15 State CA / Employer's state ID no. 466-0310 6	16 State wages, tips, etc. 25911.54
17 State income tax 40.33	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

CA.State Filing Copy — W-2 Wage and Tax Statement 2019

1 Wages, tips, other comp. 25911.54	2 Federal income tax withheld 901.13
3 Social security wages 25911.54	4 Social security tax withheld 1606.52
5 Medicare wages and tips 25911.54	6 Medicare tax withheld 375.72
d Control number 000053 RV/BBC / Dept. / Corp.	Employer use only A 12
c Employer's name, address, and ZIP code: SWORK COFFEE INC, 2160 COLORADO BLVD, LOS ANGELES, CA 90041	
b Employer's FED ID number 95-4841629	a Employee's SSA number 531-86-9849
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other 259.11 CA SDI	12b / 12c / 12d
	13 Stat emp. / Ret. plan / 3rd party sick pay
e/f Employee's name, address and ZIP code: MELISSA LOE, 1645 N ALEXANDRIA AVE, APT 308, LOS ANGELES, CA 90027	
15 State CA / Employer's state ID no. 466-0310 6	16 State wages, tips, etc. 25911.54
17 State income tax 40.33	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Copy 2 to be filed with ... OMB No. 1545-0008

EXHIBIT 10

Postmates Inc.
201 3rd St, STE 200
San Francisco, CA 94103-3143

If you have questions contact:
1099@postmates.com
Phone: 415-689-5821
Ext: 80

TEP397692_6587_13173 1 of 2

Melissa Lynn Loe
1645 N Alexandria Ave
308
Los Angeles, CA 90027

Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the payer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is $400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. Note: If you are still receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Schedule 1 (Form 1040) (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report this amount on the line for "Wages, salaries, tips, etc." of Form 1040 (or Form 1040NR). You also must complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report this amount on the "Other income" line of Schedule 1 (Form 1040) (or Form 1040NR).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Schedule 1 (Form 1040) (or Form 1040NR).

Box 9. If checked, $5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount also is included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable also is included in this box. This income also is subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Show state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099MISC*.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
Postmates Inc.
201 3rd St, STE 200
San Francisco, CA 94103-3143

1 Rents $
2 Royalties $
3 Other income $
4 Federal income tax withheld $

OMB No. 1545-0115
2019
Form **1099-MISC**

Miscellaneous Income

Copy B
For Recipient

PAYER'S TIN: 45-2730241
RECIPIENT'S TIN: XXX-XX-9849

5 Fishing boat proceeds $
6 Medical and health care payments $

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
Melissa Lynn Loe
1645 N Alexandria Ave
308
Los Angeles, CA 90027

7 Nonemployee compensation $ 5,413.08
8 Substitute payments in lieu of dividends or interest $
9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐
10 Crop insurance proceeds $
11 [redacted]
12 [redacted]

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Account number (see instructions): 1c0e8c7b-2d20-488c-be9c-41e588
FATCA filing requirement ☐

13 Excess golden parachute payments $
14 Gross proceeds paid to an attorney $

15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
$	$	$	CA /	$

Form **1099-MISC** (keep for your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

9H8021 2.000

TEP397692 6587 1317 **EXHIBIT 10**

EXHIBIT 11

This is a **7** page **Account Ledger** that chronicles my deposits and rent paid for the past **4** years to **Statewide Enterprises.**

Skip to main content

Hello

MELISSA LOE

- Home
- Payments
- Maintenance
- Contact Us
- Shared Documents
- Insurance
- Property Details
- Account Profile
- Help
- Log Out

PROPERTY ADDRESS 1645 N Alexandria Ave # 308, Los Angeles, CA 90027 Log Out

menu

Account Ledger

Showing all transactions

Starting Balance
0.00

Date	Description	Paid By	Charge	Payment	Balance
09/11/2016	SECURITY DEPOSITS		2,790.00		2,790.00
09/11/2016	Payment	MELISSA LOE		2,790.00	0.00
05/01/2017	Interest on Security deposit - Interest on Security Deposit		-0.51		-0.51
08/01/2017	Rent - Rent credit		-280.53		-281.04
11/01/2017	Rent - November 2017		1,395.00		1,113.96
11/01/2017	Code Enforcement Fee - November 2017		3.61		1,117.57
11/01/2017	ACH Payment (Reference #D672-60CE)	MELISSA LOE		1,117.57	0.00
12/01/2017	Rent - December 2017		1,395.00		1,395.00

Date	Description	Paid By	Charge	Payment	Balance
12/01/2017	Code Enforcement Fee - December 2017		3.61		1,398.61
12/05/2017	ACH Payment (Reference #65C6-878E)	MELISSA LOE		1,398.61	0.00
01/01/2018	Rent - January 2018		1,395.00		1,395.00
01/01/2018	Code Enforcement Fee - January 2018		3.61		1,398.61
01/05/2018	ACH Payment (Reference #9311-9A02) Reversed by NSF	MELISSA LOE		700.61	698.00
01/06/2018	LATE FEE		83.70		781.70
01/10/2018	NSF reversal receipt for Reference #9311-9A02	MELISSA LOE		-700.61	1,482.31
01/10/2018	NSF FEES		25.00		1,507.31
01/15/2018	ACH Payment (Reference #B3CD-AA2C)	MELISSA LOE		1,482.31	25.00
01/30/2018	ACH Payment (Reference #127E-6070)	MELISSA LOE		1,426.61	-1,401.61
02/01/2018	Rent - February 2018		1,395.00		-6.61
02/01/2018	Code Enforcement Fee - February 2018		3.61		-3.00
02/28/2018	Interest on Security deposit - INTEREST ON DEPOSIT 2017 - INTEREST ON DEPOSIT 2017		-1.95		-4.95
03/01/2018	Rent - March 2018		1,425.00		1,420.05
03/01/2018	Code Enforcement Fee - March 2018		3.61		1,423.66
03/01/2018	Credit Card Payment (Reference #VCMW-OL86)	MELISSA LOE		1,425.61	-1.95
03/21/2018	ACH Payment (Reference #13A3-D7A4)	MELISSA LOE		1,426.66	-1,428.61
04/01/2018	Rent - April 2018		1,425.00		-3.61
04/01/2018	Code Enforcement Fee - April 2018		3.61		0.00
05/01/2018	Rent - May 2018		1,425.00		1,425.00
05/01/2018	Code Enforcement Fee - May 2018		3.61		1,428.61

Date	Description	Paid By	Charge	Payment	Balance
05/01/2018	ACH Payment (Reference #4F3A-A904)	MELISSA LOE		1,428.61	0.00
06/01/2018	Rent - June 2018		1,425.00		1,425.00
06/01/2018	Code Enforcement Fee - June 2018		3.61		1,428.61
06/04/2018	ACH Payment (Reference #25F4-9994)	MELISSA LOE		1,428.61	0.00
07/01/2018	Rent - July 2018		1,425.00		1,425.00
07/01/2018	Code Enforcement Fee - July 2018		3.61		1,428.61
07/01/2018	ACH Payment (Reference #CC27-6907)	MELISSA LOE		1,428.61	0.00
08/01/2018	Rent - August 2018		1,425.00		1,425.00
08/01/2018	Code Enforcement Fee - August 2018		3.61		1,428.61
08/01/2018	Rent Registration - August 2018		12.25		1,440.86
08/02/2018	ACH Payment (Reference #7E49-341C)	MELISSA LOE		1,440.86	0.00
09/01/2018	Rent - September 2018		1,425.00		1,425.00
09/01/2018	Code Enforcement Fee - September 2018		3.61		1,428.61
09/03/2018	ACH Payment (Reference #6E2A-7F16)	MELISSA LOE		1,428.61	0.00
10/01/2018	Rent - October 2018		1,425.00		1,425.00
10/01/2018	Code Enforcement Fee - October 2018		3.61		1,428.61
10/02/2018	ACH Payment (Reference #DB8F-DE70)	MELISSA LOE		1,428.61	0.00
11/01/2018	Rent - November 2018		1,425.00		1,425.00
11/01/2018	Code Enforcement Fee - November 2018		3.61		1,428.61
11/04/2018	ACH Payment (Reference #2B77-193E)	MELISSA LOE		1,428.61	0.00
11/06/2018	DOOR, CABINET, LOCKS & KEYS - Front door FOB key replacement fee		50.00		50.00
12/01/2018	Rent - December 2018		1,425.00		1,475.00

Date	Description	Paid By	Charge	Payment	Balance
12/01/2017	Code Enforcement Fee - December 2017		3.61		1,398.61
12/05/2017	ACH Payment (Reference #65C6-878E)	MELISSA LOE		1,398.61	0.00
01/01/2018	Rent - January 2018		1,395.00		1,395.00
01/01/2018	Code Enforcement Fee - January 2018		3.61		1,398.61
01/05/2018	ACH Payment (Reference #9311-9A02) Reversed by NSF	MELISSA LOE		700.61	698.00
01/06/2018	LATE FEE		83.70		781.70
01/10/2018	NSF reversal receipt for Reference #9311-9A02	MELISSA LOE		-700.61	1,482.31
01/10/2018	NSF FEES		25.00		1,507.31
01/15/2018	ACH Payment (Reference #B3CD-AA2C)	MELISSA LOE		1,482.31	25.00
01/30/2018	ACH Payment (Reference #127E-6070)	MELISSA LOE		1,426.61	-1,401.61
02/01/2018	Rent - February 2018		1,395.00		-6.61
02/01/2018	Code Enforcement Fee - February 2018		3.61		-3.00
02/28/2018	Interest on Security deposit - INTEREST ON DEPOSIT 2017 - INTEREST ON DEPOSIT 2017		-1.95		-4.95
03/01/2018	Rent - March 2018		1,425.00		1,420.05
03/01/2018	Code Enforcement Fee - March 2018		3.61		1,423.66
03/01/2018	Credit Card Payment (Reference #VCMW-OL86)	MELISSA LOE		1,425.61	-1.95
03/21/2018	ACH Payment (Reference #13A3-D7A4)	MELISSA LOE		1,426.66	-1,428.61
04/01/2018	Rent - April 2018		1,425.00		-3.61
04/01/2018	Code Enforcement Fee - April 2018		3.61		0.00
05/01/2018	Rent - May 2018		1,425.00		1,425.00
05/01/2018	Code Enforcement Fee - May 2018		3.61		1,428.61

Date	Description	Paid By	Charge	Payment	Balance
04/05/2019	ACH Payment (Reference #D08B-7005)	MELISSA LOE		1,485.61	-1.95
05/01/2019	Rent - May 2019		1,482.00		1,480.05
05/01/2019	Code Enforcement Fee - May 2019		3.61		1,483.66
05/05/2019	ACH Payment (Reference #8385-DFA0)	MELISSA LOE		1,483.66	0.00
06/01/2019	Rent - June 2019		1,482.00		1,482.00
06/01/2019	Code Enforcement Fee - June 2019		3.61		1,485.61
06/05/2019	ACH Payment (Reference #4098-5C8E)	MELISSA LOE		1,485.61	0.00
07/01/2019	Rent - July 2019		1,482.00		1,482.00
07/01/2019	Code Enforcement Fee - July 2019		3.61		1,485.61
07/05/2019	ACH Payment (Reference #E1C1-C280) Reversed by NSF	MELISSA LOE		1,485.61	0.00
07/06/2019	LATE FEE - Late fee - July 2019		88.92		88.92
07/09/2019	NSF reversal receipt for Reference #E1C1-C280	MELISSA LOE		-1,485.61	1,574.53
07/09/2019	NSF FEES - NSF Charge - ($1,485.61)		25.00		1,599.53
07/15/2019	Payment	MELISSA LOE		1,000.00	599.53
07/15/2019	Payment	MELISSA LOE		482.00	117.53
08/01/2019	Rent Registration - August 2019 Rent Registration Fee - August 2019 Rent Registration Fee		12.25		129.78
08/01/2019	Rent - August 2019		1,482.00		1,611.78
08/01/2019	Code Enforcement Fee - August 2019		3.61		1,615.39
08/04/2019	ACH Payment (Reference #9FB6-C0F4)	MELISSA LOE		1,615.39	0.00
09/01/2019	Rent - September 2019		1,482.00		1,482.00

Date	Description	Paid By	Charge	Payment	Balance
09/01/2019	Code Enforcement Fee - September 2019		3.61		1,485.61
09/05/2019	ACH Payment (Reference #E872-2EAC)	MELISSA LOE		1,485.61	0.00
10/01/2019	Rent - October 2019		1,482.00		1,482.00
10/01/2019	Code Enforcement Fee - October 2019		3.61		1,485.61
10/05/2019	ACH Payment (Reference #9E01-0704) Reversed by NSF	MELISSA LOE		1,485.61	0.00
10/06/2019	LATE FEE - Late fee - October 2019		88.92		88.92
10/08/2019	NSF reversal receipt for Reference #9E01-0704	MELISSA LOE		-1,485.61	1,574.53
10/08/2019	NSF FEES - NSF Charge ($1,485.61)		25.00		1,599.53
10/09/2019	ACH Payment (Reference #B849-4BB2)	MELISSA LOE		1,510.61	88.92
11/01/2019	Rent - November 2019		1,482.00		1,570.92
11/01/2019	Code Enforcement Fee - November 2019		3.61		1,574.53
11/06/2019	LATE FEE - Late fee - November 2019		88.92		1,663.45
11/07/2019	ACH Payment (Reference #F63B-D3A6)	MELISSA LOE		1,574.53	88.92
12/01/2019	Rent - December 2019		1,482.00		1,570.92
12/01/2019	Code Enforcement Fee - December 2019		3.61		1,574.53
12/05/2019	ACH Payment (Reference #7CE2-4CCA)	MELISSA LOE		1,486.00	88.53
01/01/2020	Rent - January 2020		1,482.00		1,570.53
01/01/2020	Code Enforcement Fee - January 2020		3.61		1,574.14
01/01/2020	Interest on Security deposit - Interest on deposit 2019		-1.67		1,572.47
01/05/2020	ACH Payment (Reference #A1EE-1030)	MELISSA LOE		1,100.00	472.47
01/06/2020	LATE FEE - Late fee - January 2020		88.92		561.39

Date	Description	Paid By	Charge	Payment	Balance
01/15/2020	Payment	MELISSA LOE		473.00	88.39
02/01/2020	Rent - February 2020		1,482.00		1,570.39
02/01/2020	Code Enforcement Fee - February 2020		3.61		1,574.00
02/05/2020	ACH Payment (Reference #EDB2-7A90)	MELISSA LOE		1,486.00	88.00
03/01/2020	Rent - March 2020		1,556.10		1,644.10
03/01/2020	Code Enforcement Fee - March 2020		3.61		1,647.71
03/05/2020	ACH Payment (Reference #84E3-2920)	MELISSA LOE		1,570.00	77.71
Ending Balance 6,318.16					
04/01/2020	Rent - April 2020		1,556.10		1,633.81
04/01/2020	Code Enforcement Fee - April 2020		3.61		1,637.42
05/01/2020	Rent - May 2020		1,556.10		3,193.52
05/01/2020	Code Enforcement Fee - May 2020		3.61		3,197.13
06/01/2020	Code Enforcement Fee - June 2020		3.61		3,200.74
06/01/2020	Rent - June 2020		1,556.10		4,756.84
07/01/2020	Rent Registration - July 2020 - RSO Registration Fee		1.61		4,758.45
07/01/2020	Code Enforcement Fee - July 2020		3.61		4,762.06
07/01/2020	Rent - July 2020		1,556.10		6,318.16

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Posted 9 days ago on: 2020-07-22 19:32

Contact Information:

$1450 / 436ft² - Alex Court Apts-Studios Now leasing in Los Feliz! MOVE IN SPECIAL! (Hollywood)

image 7 of 8

1641 N Alexandria Ave

0BR / 1Ba **436ft²**

application fee details: **$45**

cats are OK - purrr

dogs are OK - wooof

apartment

laundry on site

QR Code Link to This Post

1920s charm meets contemporary living in this storied Los Angeles neighborhood. Be the first to live in these newly rebuilt, spacious apartment homes! Extensive upgrades have recently been completed including, brand-new kitchens with modern cabinetry, caesarstone counter tops, stainless steel appliances, new flooring, high-end lighting fixtures, and tastefully remodeled bathrooms.
The building offers a beautiful courtyard with free Wi-Fi, onsite laundry, secured access, and amazing views of Griffith Park from select units. Conveniently located near public transportation hubs and within walking distance to Barnsdall

Art Park, the vintage Vista Theater, and Kaiser Permanente Hospital. A couple minutes drive from The Greek Theater, Griffith Park Observatory, and Los Feliz's fine dining and shopping. You can also sample authentic Thai food in neighboring Thai Town!
Also ask about our Bachelor and 1 Bedroom units! Cats and Dogs allowed with an additional deposit. Professionally managed by Statewide Enterprises, Inc.

MOVE IN SPECIAL: 1 MONTH FREE!!! (on approved credit) (only for unit 108)

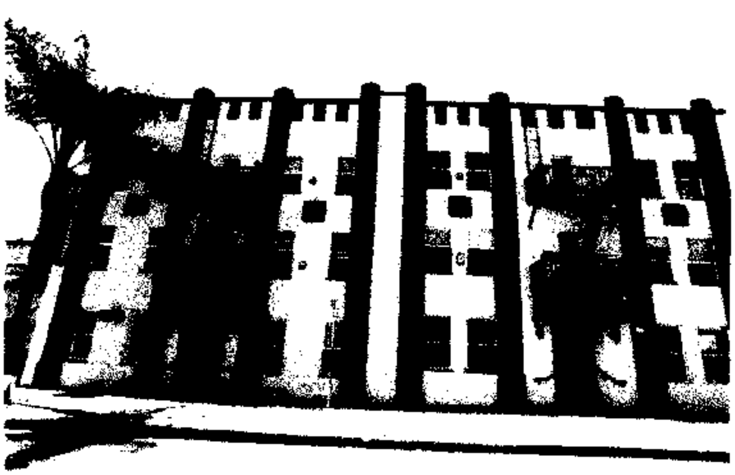
To View a virtual tour of unit 108 - studio - https://my.matterport.com/show/?m=Y75uSbxubgD
To View a virtual tour of unit 211 - Bachelor - https://my.matterport.com/show/?m=oCayJfh2bcH

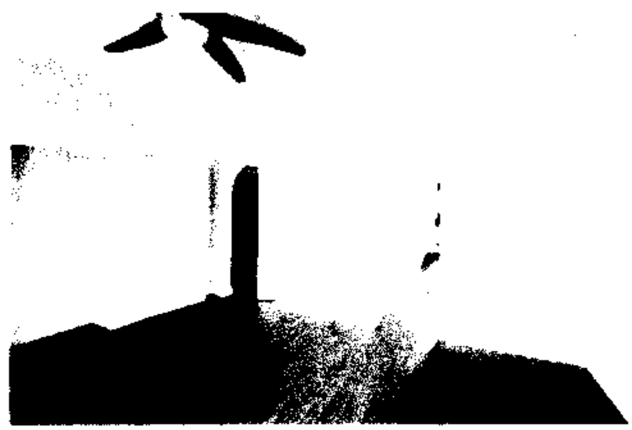
For more information, please visit http://www.liveatthealex.com

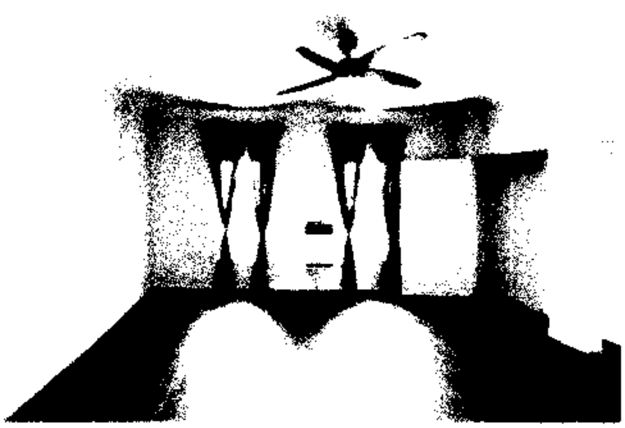
-Quoted security deposit is on approved credit.
-6 or 12 month lease - Six month lease available with $200 surcharge.

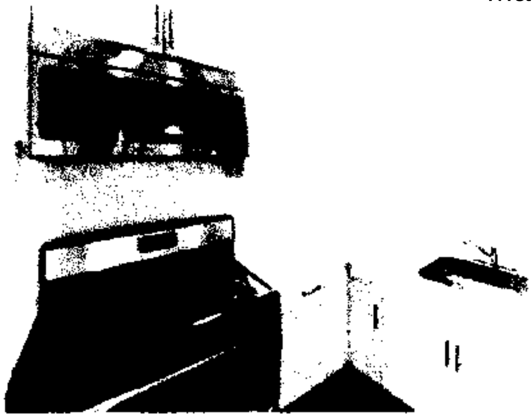
The rent, deposit, concession and terms listed in this ad are only valid for the actual date that this ad was initially posted.
Pictures in this ad are a representation and may not reflect the actual apartment that is currently available.

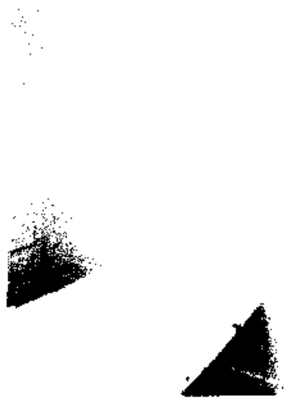
To check out more of our available apartments, go to www.search4apt.com











STATEWIDE
ENTERPRISES, INC.

APARTMENT LEASE AGREEMENT
State of California

Alex Court Apartments LLC (hereinafter referred to as Lessor) by its agent, Statewide Enterprises, Inc.
NAME OF APARTMENT OWNERSHIP

Hereby leases to Melissa Lynn Loe (hereinafter referred
FULL NAMES OF ALL TENANTS

to as Lessee) the Premises located at 1645 N Alexandria Ave. Los Angeles
STREET NUMBER AND NAME CITY

California, 90027 and more specifically Apartment number 308 (hereinafter referred to as Premises), subject to the following terms, conditions and
ZIP CODE
covenants

1. TERM

The term of this lease shall be for a period of 12 month(s) commencing on 09/11/2016 and ending at 12:00 midnight on 09/10/2017. After the expiration of the term of this lease, unless Lessor or Lessee shall have given 30 days' notice of termination or change of Lessee's tenancy, Lessee shall become a month-to-month tenant at a monthly rate as of the expiration date and shall otherwise be on the terms herein specified so far as applicable. Notice of intent to vacate shall be in accordance with Paragraph 10 of this lease.

a. This is a non-cancelable lease. If the Lessee abandons or vacates the Premises during the term of the lease and if, after reasonable efforts, the Lessor fails to re-rent the Premises for a fair rental during the remaining term of the lease, then Lessee shall be liable for the remainder of the term. If the Lessor is successful in re-renting the Premises after such abandonment or vacation by Lessee, this Agreement shall be deemed to be terminated by Lessor as of the date of the new tenancy and the Lessee shall pay rent until the date the Premises is re-rented plus any cost associated with the re-rental of the Premises (e.g. advertising, etc.)

b. At least 30 days written notice of intent to vacate must be given to Lessor prior to the ending date of the lease term, renewal or extension period. In the event of the automatic renewal or extension of the rental lease, rent shall be paid through the last day of the 30-day notice, unless Lessor agrees otherwise in writing. Lessee may not stay beyond the date established by the notice. A written copy of Lessee's forwarding address must be left with the Lessor.

2. APPLICATION

Tenant's Application to Rent is incorporated herein and made a part hereof. Lessee shall be of legal age and able to enter into a legal binding contract. If such Application to Rent shall contain any misrepresentation of fact or material omission by Lessee, Lessor may, in addition to all other remedies treat any such misrepresentation as a non-curable default hereunder and grounds for eviction.

3. RENT

Lessee agrees to pay upon execution hereof and monthly thereafter to the Lessor for each month during the term of this lease $1,395.00 as rent for said leased Premises as hereinabove described and $3.61 as reimbursement for the Los Angeles City Code Enforcement Fee for a total rent of $1,398.61. Any new or increased fee, tax assessment, or charge imposed on Lessor by law or ordinance (Federal, State or local government entity) relating to the ownership or operation of the Premises during the term of this lease (or any extension thereof), including but not limited to, any apartment inspection fee or charge, parking district charge, or Isla Vista Recreation and Park District tax, charge, or assessment shall be passed on to the Lessee on a prorated basis and shall be due and payable as additional monthly rent.

a. Payments shall be made promptly, in advance, on or before the first day of each calendar month personally to and at the authorized manager's office listed below during the days and time, designated herein. The authorized manager for the Premises is
Name Esmeralda Rivas Address 1641 N. Alexandria Ave. #121 LA CA 90027
Telephone (323) 359-5305 Days & Hours for payment of rent 24 Hours a Day 7 Days a Week
The name, telephone number, and usual street address at which personal service of the owner may be effected is Jonathan Barach (310) 450-1739 3103 Neilson Way, Suite A, Santa Monica, CA 90405. The name, telephone number and usual street address at which personal service of the Manager, Statewide Enterprises, Inc. may be effected is Jerome B. Smith (310) 821-3300, 6060 Center Drive, 10th Floor, Los Angeles, CA 90045

b. If any rental payment provided for in this Lease is not paid promptly when due on the first of the month or if any check offered in payment of rent or any other charge is returned by the bank unpaid for any reason, Lessee acknowledges that Lessor will incur certain administrative costs and losses in connection with such late rental payment or returned check and that the amount of such administrative costs would be difficult or impracticable to ascertain. To compensate Lessor for such administrative costs and losses, Lessee agrees to pay Lessor the sum of Twenty-five Dollars ($25.00) for each returned check and a 6% late charge or $25.00, whichever is greater, if the payment results in rent being late. During the term of this Agreement, if any of Lessee's checks to Lessor are returned by the bank for any reason, then for a period of ninety days beginning from the date that Lessor notifies Lessee of the returned check, Lessee shall be required to make all payments with either cash, money order or cashier's check. Personal checks will not be accepted during that time period.
Initial

c. Rent shall be made payable to Lessor or Lessor's agent, Statewide Enterprises, Inc. and shall be paid either in the form of a personal check, cashier's check or money order, except for the first month's rent and the deposit set forth in paragraph 5 below, which must be paid in either a cashier's check or money order. UNDER NO CIRCUMSTANCES SHALL RENT BE PAID IN CASH AND CASH SHALL NOT BE CONSIDERED PROPER TENDER.

d. If the initial day of the lease shall be any day other than the first of the month, Lessee will still be required to pay the first month's rent in full. On the first day of the following month of this Lease Agreement, Lessee shall owe a prorated rent in the amount of $930.00

e. On or before the date of Lessee's occupancy, Lessee shall place all utilities under Lessee's name and be responsible to pay directly to the utility provider all charges for utilities made payable by or predicated upon occupancy of Lessee. If the Premises lacks a separate meter for which to calculate the usage of gas or electricity for Lessee's apartment, then Lessor shall be responsible to pay directly to the utility provider for the cost of any such particular utility. If the Premises is master metered for electricity and Lessor is thereby paying the cost of electricity to the utility provider, Lessee shall not add nor change any electrical appliances (e.g. air conditioner) or electrical lighting fixture that would cause an increase in the electrical usage in the Premises without the written consent of Lessor. Lessee shall not purposely cause the waste and excess of any utility usage including electric, gas and water that would increase the cost to the Lessor. Lessee agrees to immediately report in writing to Lessor any water leaks or running toilets in the Premises. Lessee shall not use any electrical equipment that can cause damage to the electrical system of the Premises.

Initial
Lessor Lessee

EXHIBIT 13

f. Unless specifically noted in writing, if Lessor is providing a refrigerator to Lessee, it is only as a courtesy to Lessee and is not included in the services for which Lessee is paying rent and Lessee shall not be entitled to any reduction in rent due to the malfunction or removal of the refrigerator. Lessor shall not be required to make any repairs to the refrigerator nor to replace it. Refrigerator is provided in its "as is" condition.

g. If the Premises are rented by more than one Lessee, it is understood by and between all parties that performance under this Agreement including, but not limited to, payment of rent, shall be the joint and several responsibility of each Lessee, and any breach or abandonment of this Lease by any one or more of the Lessees shall not terminate the Lease nor shall it relieve the remaining Lessee or Lessees from fulfilling the terms of this Lease.

h. Notations made on rent checks shall not be binding upon the Lessor. Under no circumstances shall Lessor's negotiation or cashing of any check from Lessee which bears any notation constituting a payment under protest or conditional payment contained shall be deemed to constitute a waiver of Lessor's right to pursue any other remedy set forth in this Lease or which may be available to Lessor by law if Lessee shall fail to make any rental payment herein when due or shall otherwise breach the terms of this lease. Any outstanding balance due from Lessee for the prior month will be posted first, with the remaining monies posted to rent for the current period.

4. USE OF LEASED PREMISES

a. This apartment will be occupied by the named Lessee and the following additional occupants: ______________________________ ______________________________. Persons other than Lessee and those listed in this paragraph may not stay at the Premises for more than seven (7) days in any (30) thirty day period or in any one month without Lessor's prior written consent.

b. Lessee shall not use or permit the leased Premises to be used for any purpose in violation of any law, ordinance or regulation of any governmental authority or in any manner which shall constitute waste or a nuisance or will disturb the quite enjoyment of any other Lessee or occupant of the building in which the leased Premises are located or of any adjoining or neighboring property.

c. Lessee shall use the common area of the building in which the leased Premises are located only for the purpose of ingress and egress and not cause any obstruction to any passageway, sidewalk, stair or hallway. If Lessor shall make available to Lessee any laundry facility, recreational facility or other facility outside of the leased premises, such shall be deemed gratuitous and any use of such facilities shall be at the sole risk of Lessee. No action of Lessee shall constitute Lessee as being an employee of Lessor for purposes of the applicability of workman's compensation law or otherwise unless a written employment contract is signed by Lessor and Lessee. Neither Lessor nor its agents shall be liable for any personal injury or injury to personal property or loss by theft or otherwise which may result from the use of any facilities made available to Lessee by Lessor.

d. Lessor's House Rules, as included in this agreement, and Swimming Pool, Exercise Room and Tennis Court rules as posted, are made a part of this Lease and Lessee shall comply with each of such rules and with any amendments thereto which Lessor may make from time to time which shall be posted at a public place in the building of which the leased Premises are a part or which Lessee may otherwise receive notice.

e. If Lessor receives any reasonable complaint of disturbances caused by Lessee or Lessees' invitees from any tenant or tenants of the property of which the leased Premises are a part or any surrounding property owner, Lessor may, in addition to all other remedies provided herein, at its option, terminate this Lease. Any threat, actual or implied, or act of violence against any person, including the manager or other tenants shall be deemed a violation of this Lease and will result in the immediate termination of this rental agreement. Lessor shall exercise said option by personally serving on Lessee a Notice of Termination, or leaving a copy of said Notice addressed to Lessee at the leased Premises or by depositing a copy of said Notice in the United States mail, postage paid and addressed to Lessee at the leased premises. Lessee agrees to vacate the leased Premises within three (3) days after service of said Notice, unless the Notice provides for a longer period.

f. Lessee may not have a pet, even temporarily, anywhere in the Premises, or the complex unless permission is granted in writing by the Lessor. If Lessor permits Lessee to have a pet, Lessee will be subject to the penalties, damages, deductions and provisions as set forth in the pet agreement which will be a part of this Lease.

g. Lessor shall not be required to provide "key service" to Lessee if Lessee is locked out of the Premises due to no fault of Lessor. Lessee shall be required to retain a locksmith at Lessee's cost. If Lessor provides said service, then Lessee hereby agrees to pay Lessor a $50.00 fee if service is performed during business hours and a $100.00 fee if service is performed any other time.

h. Lessee may not use or maintain water filled furniture on the Premises including, but not limited to, a water bed or aquarium, unless Lessee first obtains Lessor's prior written consent and further obtains and maintains in effect an insurance policy covering damage that may be caused by the presence of such furniture or its failure. Said policy shall have coverage in an amount acceptable to Lessor and shall name Lessor as an additional named insured.

i. No use shall be made or permitted to be made of the demised premises, nor acts done which shall increase the existing rate of insurance upon the building in which said Premises are located, or cause cancellation of any insurance, or any part thereof. Lessee shall not keep or permit to be used or kept about said Premises any article which may be prohibited by the standard of fire insurance policies.

5. DEPOSITS

a. In addition to the initial rental payment set forth in paragraph 3 above, Lessee agrees to deposit with Lessor upon execution of this Lease the sum of $ 2,790.00 ___ as a security deposit to secure Lessee's performance hereunder.

b. Lessee agrees that upon termination of this Lease or upon any other vacation of the Premises by Lessee, the Premises must be left in a clean and orderly condition in accordance with Lessor's standards for new occupancy. Lessee acknowledges that apartment was in a professionally cleaned condition before Lessee established tenancy, therefore, when Lessee vacates the apartment, it must also be in a professionally cleaned condition. In the event that upon such termination or vacation, the Premises are not in such condition of cleanliness or if the Premises were not in the condition of repair and order as upon commencement of this Lease, reasonable wear resulting solely from passage of time excepted, Lessee expressly agrees that Lessor, based on Lessor's discretion, shall perform all cleaning, maintenance and repair which may be required, to restore the Premises to such condition. Such work to be done at Lessee's expense. Lessee agrees that the costs incurred by Lessor for such services shall be deducted from Lessee's security deposit if such deposit (after deduction of all other appropriate sums as provided in this Lease) is sufficient to cover such costs. If the deposit is not sufficient, then such costs shall be billed to Lessee and Lessee shall pay said sum immediately upon receipt of the statement.

c. Lessee acknowledges that upon termination of this Lease or the vacation of the Premises by Lessee, Lessee shall return all keys to the Premises to Lessor and that if Lessee shall fail to do so, Lessor may deduct the sum of $40.00 from the security deposit to reimburse Lessor for the cost of changing the lock and replacing such keys.

d. Lessee further agrees that if upon termination of this Lease or vacation of the Premises by Lessee, if it is necessary, in Lessor's discretion to perform any repair or renovation of the Premises as a result of any damages incurred during Lessee's occupancy of the Premises (reasonable wear, unavoidable damage caused by the elements or the negligence of Lessor excepted), such repair and/or renovation shall be performed at Lessee's expense and the cost thereof shall be deducted from Lessee's security deposit if said deposit (after deduction of all other appropriate sums as provided in the Lease) is sufficient to cover such costs. If the deposit is not sufficient, then such costs shall be billed to Lessee and Lessee shall pay said sum immediately upon receipt of the statement. Lessee agrees that if Lessee vacates the apartment within six months of the signing of this agreement, Lessee shall be responsible for the cost of painting the apartment, if necessary.

e. Lessee shall not be entitled to receive any interest or profit on the security deposit unless required by law. Lessee agrees that Lessor may commingle any deposit with any other assets or retain any earnings which Lessor may derive there from. If more than one person shall rent the Premises as Co-Lessees, any refund of any deposit shall be made to the named Lessees herein unless Lessor receives written instruction from the named Lessees to refund any security deposit to another person.

f. At the time of move out, all past due rents, late charges, returned check charges, and repair charges must be paid in full through the end of the lease term or through the end of the 30 day notice or any renewal or extension period. If not, these charges may be deducted from Lessee's security deposit.

g. LESSEE MAY NOT APPLY THE SECURITY DEPOSIT TOWARDS THE LAST MONTH'S RENT. Lessee agrees that the full monthly rent will be paid on or before the first of the month, including the last month of occupancy.

h. The deposit will be refunded only after each and all of the above conditions have been met and after the appropriate deductions, if any, have been made.

6. DELIVERY OF LEASED PREMISES

a. If Lessor, for any reason, cannot deliver possession of said leased Premises to Lessee at the commencement of the term hereof, Lessor shall not be liable to Lessee for any loss or damage resulting there from and Lessee may, at Lessee's option, declare this Lease to be null and void and all money paid to Lessor shall thereupon be refunded to Lessee.

b. Lessee acknowledges receipt in good condition of all furniture and furnishings and equipment listed on Move-in/Move-Out Report without warranty expressed or implied by Lessor as to its fitness, and agrees not to remove any of the said furnishings and equipment without the prior written consent of Lessor. Lessee's possession of the leased Premises is conclusive evidence of receipt of the leased Premises in good order and repair except as herein provided.

Initial
Lessor Lessee

EXHIBIT 13

c. By the signing of this Agreement, Lessee hereby certifies that there are operational smoke detectors in Lessee's apartment. Lessee agrees that if during the term of this Agreement, Lessee intends to change the non-bedroom area(s) to a permanent sleeping area(s), then Lessee shall notify Lessor in writing at least 14 days prior to changing the use of said room(s) and shall pay the Lessor upon notification, the cost to install a hardwired smoke detector in the new sleeping area(s). Lessee agrees to inform Lessor in writing of any defect, malfunction or failure of any smoke detector.

d. Lessee has inspected all the windows at the unit to insure that: (a) All the windows have screens that are properly installed, fit securely and that all screening material is secure and free from tears, (b) All windows open and close properly and lock securely and (c) All exterior doors fit securely and all lock(s) are working properly. Lessee understands that window screens are put into the windows to prevent insects from getting into the apartment and are not designed to prevent anyone from falling through them. Lessee agrees to inform Lessor in writing of any defect in the screens, windows or locks in the Premises.

7. DEFAULT

a. If Lessee defaults in the payment of rent or in the performance of any other obligation herein contained, then Lessor may, at its option, take all such action as it may be entitled to take by law or this Agreement, including but not limited to the assessment of a late charge, reentry and/or termination of this Lease with or without notice and re-letting the leased Premises for the benefit and account of the Tenant. Should Lessor serve upon Lessee any Notice to Pay Rent or Quit, Lessee shall either pay all rent and other charges then due or vacate the leased Premises within the time period set forth in any such Notice.

b. In the event of any reentry and taking possession of the leased Premises by Lessor, Lessor shall have the right but not the obligation to remove any or all personal property located therein and may place the same in public or private storage at the expense and risk of the owner thereof and Lessee. If Lessee abandons or vacates the leased premises, or is dispossessed by process of law or otherwise, any personal property belonging to the Lessee and left on the Premises shall, at the option of Lessor, be deemed to be abandoned. Lessor is not responsible for any personal property remaining on the leased Premises after Lessee abandons or vacates leased premises.

c. Lessor may submit a negative credit report to any credit reporting agency or agencies. Lessee hereby acknowledges receipt hereby of notice pursuant to California Civil Code Section 1785.26 that Lessor may submit a negative credit report reflecting on Lessee's credit record to any credit reporting agency or agencies if Lessee defaults in the rental obligations or any of those obligations provided in this Agreement.

8. ALTERATIONS AND REPAIRS

a. Lessee shall not make or permit or suffer to be made any alternations or additions to the leased Premises or any part thereof or change or add any lock without prior written consent of the Lessor. Any alterations or additions without the written consent of the Lessor shall be grounds for eviction. If Lessor gives written consent then any such additions or alternations to the leased premises, except movable furniture, shall become a part of the realty and belong to Lessor unless Lessor gives Lessee written notice to remove some or all of such additions or alternations, in which case Lessee shall at Lessee's own expense, restore the leased Premises to its original condition. Lessee shall not attach any article to or suspend the same from the outside of the building. If Premises has radiant heat, Lessee shall not attach or suspend anything from the ceiling.

b. Lessor shall not be called upon nor required at any time to make any improvements, alterations, changes, additions, repairs (due to the negligence of the Lessee) or replacements of any nature whatsoever in or to the leased Premises or any building of which it is a part. Except as expressly provided herein, Lessee shall at Lessee's sole cost and expense keep and maintain the leased Premises and every part thereof, including all furniture, goods and chattels received from Lessor, in good and sanitary order, condition and repair.

c. Lessor shall not be liable for any damage occasioned by water being upon or coming through the roof or any opening of any nature in the building, including plumbing fixtures, except such damage as may be occasioned by Lessor's gross negligence. The foregoing shall not be deemed to relieve Lessor of its duty to maintain the leased Premises in a habitable condition. In the event of any such water penetration, Lessee shall promptly notify Lessor. Lessee shall use all reasonable care to cause all windows and other openings in the leased Premises to be closed in the event of rain.

d. In the event of the destruction of the leased Premises or damage thereof by fire or other casualty not created by any fault of Lessee, which may render the leased Premises untenantable, Lessor may, at its option, (i) terminate this lease by giving written notice of such termination to Lessee within seventy-two (72) hours after such damage occurs without any liability to repair the damages, (ii) repair and restore the leased Premises within a period of seventy-two (72) hours, in which event the Lease shall not terminate and rent shall be abated on a per diem basis for the period of time the leased Premises are untenantable, or (iii) place the Lessee in a similarly sized unit in any other location in the apartment complex under the same terms and conditions of this lease.

e. Lessee is responsible for and shall reimburse Lessor for costs related to any drain or plumbing fixture which becomes obstructed or blocked during occupancy if it is due to the negligence of the Lessee. This includes obstructions caused by hair. Lessee shall reimburse Lessor upon demand, for all costs involved in clearing such blockage and or repairing the plumbing fixtures as a result of such blockage.

f. Lessee agrees that any request to the Lessor for a reasonable accommodation or modification due to a disability shall be in writing to the Lessor and mailed certified with return receipt to Post Office Box 481368, Los Angeles, California 90048-9998.

9. SATELLITE DISH AND ANTENNA

a. Lessee may install only one satellite dish or antenna within the Premises that are leased to Lessee for Lessee's exclusive use. A satellite dish may not exceed 39 inches (1 meter) in diameter. An antenna or dish may receive but not transmit signals.

b. Location of the satellite dish or antenna is limited to (1) inside Lessee's dwelling, or (2) in an area outside Lessee's dwelling such as Lessee's balcony, patio, yard, etc., of which Lessee has exclusive use under this Lease. Installation is not permitted on any parking area, roof, exterior wall, window, fence or common area, or in an area that other Lessees are allowed to use. A satellite dish or antenna may not protrude beyond the vertical and horizontal space that is leased to Lessee for Lessee's exclusive use. Allowable locations may not provide optimum signal. Lessor is not required to provide alternate locations if allowable locations are not suitable.

c. Lessee's installation: (1) must comply with reasonable safety standards; (2) may not interfere with Lessor's cable, telephone or electrical systems or those of neighboring properties; (3) may not be connected to Lessor's telecommunication systems; and (4) may not be connected to Lessor's electrical system except by plugging into a 110-volt duplex receptacle. If the satellite dish or antenna is placed in a permitted outside area, it must be safely secured by one of three methods: (1) securely attaching to a portable, heavy object; (2) clamping it to a part of the building's exterior that lies within Lessee's leased Premises (such as a balcony or patio railing); or (3) any other method approved by Lessor. No other methods are allowed. Lessor may require that Lessee block the satellite dish or antenna with plants, etc., so long as it does not impair Lessee's reception.

d. Lessee may not damage or alter the leased Premises and may not drill holes through outside walls, door jams, window sills, etc. If Lessee's satellite dish or antenna is installed outside Lessee's living area (on a balcony, patio or yard of which Lessee has exclusive use under lease), signals received by Lessee's satellite dish or antenna may be transmitted to the interior of Lessee dwelling only by: (1) running a "flat" cable under a door jam or window sill in a manner that does not physically alter the Premises and does not interfere with proper operation of the door or window; (2) running a traditional or flat cable through a pre-existing hole in the wall (that will not need to be enlarged to accommodate the cable); or (3) any other method approved by Lessor.

e. For safety purposes, Lessee must obtain Lessor's approval of (1) the strength and type of materials to be used for installation and (2) the person or company who will perform the installation. Installation must be done by a qualified person or a company that has worker's compensation insurance and adequate public liability insurance. Lessor's approval will not be unreasonably withheld. Lessee must obtain any permits required by local ordinances for the installation and comply with any applicable local ordinances and state laws.

f. Lessee will have the sole responsibility for maintaining Lessee's satellite dish or antenna and all related equipment. Lessor may temporarily remove the satellite dish or antenna if necessary to make repairs to the building.

g. Lessee must remove the satellite dish or antenna and all related equipment when Lessee moves out of the dwelling. Lessee must pay for any damages and for the cost of repairs or repainting which may be reasonably necessary to restore the leased Premises to its condition prior to installation of Lessee's satellite dish or antenna and related equipment.

10. SURRENDER OF PREMISES

a. Lessee shall give Lessor written notice of intent to vacate the leased Premises no less than (30) thirty days prior to the expiration of this Lease or any extension or renewal hereof. If Lessee fails to give Lessor such notice in a timely manner, then Lessee shall be obligated to pay rent a full thirty day period from the date said notice was received by Lessor at the rate set forth in this Lease (less such rental as Lessor may collect from a new Lessee for the leased Premises for such period).

b. If the leased Premises, or the building in which it is located, or any part thereof, shall be taken under the power of eminent domain, or sold under threat or exercise of such power, this lease may be terminated by either party. Lessor shall be entitled to the full award in the event of any such taking or sale

Lessor Initial Lessee

EXHIBIT 13

11. RIGHT OF ENTRY

a. Lessee shall permit Lessor, or authorized agents of Lessor, to enter into and upon the leased Premises in any of the following cases: (i) in case of emergency; (ii) to inspect for necessary repairs or maintenance; (iii) to make necessary or agreed repairs, decorations, alterations or improvements and supply necessary or agreed services; (iv) exhibit the leased Premises to prospective or actual purchasers, mortgagees, tenants, workmen or contractors; (v) when the Lessee has abandoned or surrendered the premises; and (vi) pursuant to court order.

b. When Lessee tenders a notice of intent to vacate, Lessee shall make the Premises available for viewing by prospective new tenants, upon request.

c. Lessor shall give Lessee reasonable notice of its intent to enter the leased premises, except in cases of emergency, when Lessee has abandoned or surrendered the leased premises, or it is impractical to give such notice. Twenty-four hour notice shall be deemed as a reasonable and sufficient.

12. INDEMNIFICATION

a. Lessor shall not be liable to Lessee or to any other person, and Lessee indemnifies Lessor against and agrees to hold Lessor harmless from any loss, damage, claim of damage, liability or expense arising out of or resulting from any loss, damage or injury to any person or the property of any person arising from the use of the leased Premises, buildings, grounds or facilities elsewhere at the apartment community, by Lessee or any of Lessee's invitees.

b. Lessor shall not be liable for personal injury or damage or loss of resident's personal property (furniture, jewelry, clothing, cash, autos, etc.) from theft, vandalism, fire, water, rain, hail, snow, explosions, acts of God, or any other cause whatsoever, unless the same is due to the willful gross negligence of the Lessor.

c. In the event of any injury or damage to the property or rights of Lessor caused by the negligence or fault of Lessee or any invitee of Lessee, Lessee shall promptly reimburse Lessor in the full amount of any such loss.

d. As a condition of this Agreement, Lessee agrees to secure their own renters' insurance against the aforesaid casualties and agrees to name Lessor as an additional insured. Insurance must be effective as of the commencement date of this agreement and coverage must be equal to or greater than $100,000 per occurrence. Lessee agrees to provide Lessor proof that said insurance policy is in effect upon taking possession of the premises. Lessee agrees that any violation of this paragraph shall constitute a material default of this Agreement.

Initial

13. SECURITY

Lessee acknowledges that the leased Premises and the building of which the leased Premises are a part is not a "security" building. Lessor makes no representation or warranty that the leased Premises or the building of which the leased Premises are a part of is secure from theft or any other criminal act perpetrated by any other Lessee or person. Security officers on the premises, security gates, signage or cameras, if provided by Lessor, are for Lessor's convenience only, and Lessor makes no warranties as to the effectiveness of any such security measures as a deterrent against criminal activity, damage or injury to Lessee or any invitee of Lessee, or the personal property of Lessee or any invitee of Lessee.

14. UTILITY AND SERVICE REDUCTION

Lessor shall not be liable to Lessee or to any other person in damages or otherwise, nor shall Lessor be deemed in default hereunder for any interruption or reduction of utilities and services when said reduction is caused by other than Lessor or required by governmental mandate or if reduction is due to necessary repairs by Lessor. Lessee shall not be entitled to any abatement of rent by reason of any such interruption and/or reduction of utility services unless said interruption is due to the willful gross negligence of Lessor. Lessee agrees to comply with any energy conservation programs implemented by Lessor.

15. PARKING

Lessee shall be entitled to the use of _0_ parking space(s) on the Premises during the term of this Agreement. Lessor reserves the right to control the method, manner and time of parking in parking spaces in and around the apartment community, to designate what portions of the apartment community and its Premises may be used by Lessee and Lessee's invitees for parking, and to tow away and store at Lessee's expense any vehicle parked by Lessee or any invitee of Lessee in spaces not so authorized by Lessor. Only operating vehicles are allowed in the parking spaces. Oversized trucks, recreational vehicles, boats, trailers, motor homes, large trucks, commercial vehicles, miscellaneous equipment and non-street worthy vehicles are not permitted on the premises. Repairs to automobiles may not be done on the premises. Any vehicle remaining in one location without being moved for a period of over 30 days will be assumed to be abandoned. Lessee shall be responsible to ensure that no oil or other substance leaks from under Lessee's vehicle and shall immediately remove any leakage that does occur. Leaking vehicles shall be immediately removed from the Premises until repaired. If Lessor cleans up any leakage from Lessee's vehicle then Lessee shall pay Lessor the actual cost of said cleanup or a sum of $75.00 whichever is greater. Non-payment of said sum upon demand shall constitute a default in this agreement by the Lessee. Parking of any non-operable or unregistered vehicle for a period of greater than seven (7) days is not permitted and is a violation of this agreement. Car washing on Premises is prohibited. Any violation of this paragraph will result in the towing of the vehicle that is in violation at Lessee's expense and without liability to Lessor and shall constitute a material default of the Agreement.

16. ASSIGNMENT, BINDING EFFECT

a. Lessee shall not assign this Lease nor sublet the leased Premises without Lessor's prior written consent. Lessee shall not be released from any obligation hereunder by reason of any assignment of this Lease or sublease of the leased Premises. A consent to one assignment or subletting shall not be deemed a consent to any subsequent assignment or subletting. Any assignment or subletting of this Lease or of any right or interest herein, whether voluntary or involuntary, without the prior written consent of Lessor shall be void.

b. Except as set forth herein, this Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, administrators, executors, successors and assigns.

c. Upon termination of Lessor's interest in the leased premises, for any reason whatsoever, Lessor shall have no further obligation to Lessee under this Lease, provided Lessor shall comply with the provisions of Civil Code Section 1950.5 with respect to any deposit made by Lessee.

17. ARBITRATION

Lessee and Lessor agree that any claim for personal injury or property damage that cannot be resolved between Lessee and Lessor shall be resolved only by arbitration in accordance with the rules of the American Arbitration Association. Lessee hereby waives the right to file an action in any other forum and specifically waives the right to file punitive damages against Lessor or Statewide Enterprises, Inc. The provisions of California Code of Civil Procedure Section 1283.05 are incorporated herein.

Initial Initial

18. LEGAL FEES

If Lessor, in order to enforce any provision of this Lease, or in defense of any claim regarding this Lease asserted by Lessee, incurs attorneys' fees or other costs or expenses, Lessee agrees to pay all such fees, costs and expenses whether or not suit be filed by or against Lessee, or whether or not a judgment has been received. Said attorney's fees may be deducted at Lessor's option from Lessee's security deposit. At no time shall said attorneys' fees exceed $500.00. It is hereby agreed by Lessor and Lessee that both sides waive their right to a jury trial.

19. NOTICES

All written notices, demands or requests given by Lessor to Lessee may be served upon Lessee personally, or by leaving a copy thereof addressed to Lessee at the leased Premises, whether or not the Lessee has departed from, abandoned or vacated the premises, whereupon service shall be deemed complete, or by mailing a copy thereof addressed to Lessee at said Premises or at the last known address. All written notices, demands or requests given by Lessee to Lessor shall be served by delivery to the building business office or by mailing a copy to Lessor at the building business office or such other address as Lessor may designate from time to time. Lessor has employed Statewide Enterprises, Inc., a California Corporation, as its agent to manage the Premises. Lessor's agents are authorized to act for and on behalf of the Lessor for the purpose of service of process and for the purpose of receiving and receipting for legal notices and demands.

20. SEX OFFENDER INDENTIFICATION LINE

The California Department of Justice, sheriff departments and police departments serving jurisdictions of 200,000 or more and many other local law enforcement authorities maintain for public access a database of the locations of persons required to register pursuant to paragraph (1) of subdivision (a) of Section 290.4 of the Penal Code. The database is updated on a quarterly basis and is a source of information about the presence of these individuals in any neighborhood. The Department of Justice maintains a Sex Offender Identification Line through which inquiries about individuals may be made. This is a "900" telephone service. Callers must have specific information about individuals they are checking. Information regarding neighborhoods is not available through the "900" telephone service.

Initial

21. NOTIFICATION OF MONTHLY PEST CONTROL SERVICE

a. Lessor hereby notifies Lessee that ___Enviroworx___ (Pest Control Co.) provides a monthly pest control service at the leased premises.

Initial
Lessor Lessee

EXHIBIT 13

b. Lessee acknowledges receipt of a written warning about the use of pest control chemicals including the dangers and a list of chemicals used.

c. Lessee has been provided with written instructions explaining what Lessee should do if Lessee begins to exhibit flu-like or other symptoms within a short period of time after Tenant's unit is treated.

d. Failure to fully cooperate and comply with the instructions and requirements of the pest control company, including the preparation and temporary vacation of the premises, shall constitute a default in this agreement by Tenant. Lessee agrees that if at any time during the term of this agreement, Lessor determines that fumigation of the Premises is necessary, and that such fumigation requires Lessee to vacate the Premises for a limited amount of time, that Lessee shall so vacate the Premises for the period required to complete said fumigation. Lessor shall give not less than seventy-two (72) hours written notice to Lessee of the necessity of fumigation, and specifying the time that Lessee is to vacate the premises. Lessee will be entitled to an abatement of rent for every day that Lessee is required to vacate the premises. Lessee shall not be entitled to any other payment or deduction.

Initial

22. BEDBUGS

Lessee has inspected the leased Premises prior to occupancy and knows of no bedbug infestation. Residents have an important role in preventing and controlling bedbugs. While the presence of bedbugs is not always related to personal cleanliness or housekeeping, good housekeeping will help control the problem by identifying bedbugs, minimizing an infestation, and limiting its spread. It is important to underscore that travelers are mainly responsible for the transfer of bedbugs. Lessee represents that all furnishings and other personal property that will be moved into the leased Premises are free of bedbugs. Lessee agrees to maintain the Premises in a manner that prevents the occurrence of a bedbug infestation in the Premises. Lessee shall practice good housekeeping, including the following:

a. Lessee shall check for hitch-hiking bedbugs. When staying at a hotel or another home, Lessee is to inspect clothing, luggage, shoes and belongings for signs of bedbugs before entering the leased Premises. Lessee is to check backpacks, shoes, and clothing after visits to family and friends, or after using public transportation. After guests visit, Lessee is to inspect beds, bedding, and upholstered furniture.

b. Lessee shall remove clutter from the leased Premises. Bedbugs like dark, concealed places, such as in and around piles of clothing, shoes, stuffed animals, laundry, especially under the bed and in closets. Reducing clutter also makes it easier to carry out housekeeping.

c. Lessee shall keep the leased Premises clean by vacuuming and dusting regularly, particularly in the bedroom, being especially thorough around and under the bed, drapes, and furniture. Use a brush attachment to vacuum furniture legs, headboard, and in and around the nightstand. While cleaning, look for signs of bedbugs, and report these immediately to Lessor.

d. Lessee shall arrange furniture to minimize bedbug hiding places and by keeping beds several inches away from the walls. Bedbugs can jump as far as three inches.

e. Lessee shall cover mattresses and box springs with zippered covers that are impermeable to bedbugs. These are relatively inexpensive, and can prevent bed bugs from getting inside the mattress, their favorite resting spot. The covers will also prevent any bugs from getting out; they will eventually die inside the sealed cover (though this may take many months). Thicker covers will last longer.

f. Lessee shall avoid using appliances, electronics and furnishing that have not been thoroughly inspected for the presence of bedbugs. Make sure that the electronics, appliance, or Furniture Company has established procedures for the inspection and identification of bedbugs or other pests. This process should include inspection of trucks used to transport appliances, electronics, or furniture. Never accept an item that shows signs of bedbugs. Never take discarded items from the curbside.

g. Lessee shall report any bedbug problems immediately. Specifically, Lessee shall:
   i. Report any signs of bedbugs immediately. Do not wait. Even a few bedbugs can rapidly multiply to create a major infestation that can spread from unit to unit.
   ii. Report any maintenance needs immediately. Bedbugs use cracks, crevices, holes, and other openings. Request that all openings be sealed to prevent the movement of bedbugs from room to room.

h. Lessee shall cooperate with pest control efforts. If Lessee's unit, or a neighbor's unit, is infested with bedbugs, a pest management professional may be called to apply pesticides. The treatment is more likely to be effective if Lessee's unit is properly prepared. Lessee shall comply with the recommendations from the pest management professional, including:

i. Removing all bedding (bed skirts too), drapes, curtains, and small rugs; bag these for transport to the laundry or dry cleaner.
   ii. Checking mattress carefully; those with minimal infestation may be cleaned, encased in vinyl covers, and returned to service. Heavily infested mattresses are not salvageable; seal these in plastic and dispose of them properly.
   iii. Emptying dressers, nightstands, and closets. Remove all items from floors and surfaces. Inspect every item for signs of bedbugs. Using sturdy plastic bags, bag all clothing, shoes, boxes, toys, stored goods, etc. Bag washable and non-washable items separately. Take care not to tear the bags, and seal them well. Used bags must be discarded properly.
   iv. Vacuuming floors, including inside closets. Pay special attention to corners, cracks, and dark places.
   v. Vacuuming all furniture, including inside drawers and nightstands. Vacuum mattresses, box springs, and upholstered furniture, being sure to remove and vacuum all sides of loose cushions, as well as the undersides of furniture.
   vi. Carefully removing vacuum bags, sealing bags in plastic, and discarding.
   vii. Cleaning all machine-washable bedding, drapes, clothing, etc. Use the hottest water the machine provides, and dry at highest heat setting. Take other items to a dry cleaner, but be sure to advise the dry cleaner that the items are infested. Discard any items that cannot be decontaminated.
   viii. Moving furniture toward the center of the room, so that technicians can easily treat carpet edges where bedbugs congregate, as well as walls and furniture surfaces. Be sure to leave easy access to closets.

j. Lessee agrees to indemnify and hold harmless Lessor from any actions, claims, losses, damages, and expenses, including, but not limited to, attorney's fees that Lessor may sustain or incur as a result of the negligence of Lessee or any guest or other person living in, occupying, or using the leased Premises.

Initial

23. HOUSE RULES AND REGULATIONS

a. No persons, pets or animals of any kind are permitted to occupy the Premises without the express prior written consent of Lessor or his agent.

b. Garage, moving, and/or yard sales may not be conducted anywhere on the Premises or on the property of which the Premises are a part.

c. Clotheslines, refuse containers, radio or TV apparatus, sunshades, awnings and other exterior installations of any kind on the property are prohibited. No towels, clothing, rugs, etc. shall be hung from railings. All furniture, surfboards, or bulky items are prohibited on balconies and open areas. No mops, brooms or rugs are to be shaken from same, or from open windows. No flower pots may be placed on the balcony ledge.

d. Signs or advertising of any kind shall not be affixed to or visible from, any part of the premises, or any vehicle on the premises.

e. Each of the following nuisances shall constitute a violation of the Agreement, and each Lessee shall assure that each member of Lessee's household, guest, as well as persons under Lessee's control refrain from:
   i. Use or possession of illegal drugs in, upon, or about the apartment or the complex of which it is a part.
   ii. Creating or allowing the creation of live music involving electronic amplification from or about the apartment of the complex of which it is part.
   iii. The operation of TV, CD player, VCR, and/or other sound emitting device in a manner that results in sound being projected beyond the walls of the apartment.
   iv. Loud, rowdy, or disturbing partying or other activity.
   v. Use of the apartment for any business, commercial, or other non-residential purpose.
   vi. Violation of any law, statute, or ordinance pertaining to the use of the premises.
   vii. Keeping or storing hazardous, toxic, or combustible materials other than normal household items in or about the apartment or otherwise on the property in which the apartment is located.

f. Laundry facilities are to be used only during the hours of 8:00 a.m. to 10:00 p.m. Machines are to be used as instructed and not overloaded. Clothing is to be promptly removed from the machines. Items are not to be left unattended. Lessor shall not be responsible for damage incurred by Lessee's use of the machines.

g. Persons under 14 years of age are not permitted in the pool and spa area unless supervised by an adult.

h. No skateboarding, roller-skating, rollerblading, bicycle riding, scooter riding, soccer or football playing or playing with a handball or any ball that can cause injuries or damage, in the common areas.

Initial
Lessor Lessee

EXHIBIT 13

i. No person shall be allowed on or about the roof.
j. No window shall be covered with paper, foil, tinting or any other material.
k. Entrances, hallways, walkways, stairways, landings and other public areas shall not be obstructed or used for any purpose other than entering and exiting.
l. Lessee shall have no right of storage under this agreement with reference to any area outside the apartment unit premises.
m. Lessee is not to make any alterations in any way, (i.e., painting, changing locks) without the prior written permission of Lessor.
n. Lessee is responsible for the conduct and cleanup of all occupants in their apartment and guests.
o. Lessee is to park vehicle(s) in the space assigned by Lessor/Agent. Any unauthorized parking on Premises is subject to towing at vehicle owner's expense. No repair or washing of vehicles is allowed on the premises. No storage of any items whatsoever is permitted in assigned parking space.
p. Lessee's apartment shall be kept in good and clean condition and free from any objectionable odors.
q. No barbecuing is permitted anywhere on the Premises except if a barbecue is provided by Lessor.
r. If the Premises have a fireplace, Lessee shall be responsible to maintain and perform necessary maintenance and service.

Lessee acknowledges having read the above House Rules. Initial

24. ESTOPPELL CERTIFICATES

Lessee agrees at any time and from time to time, upon not less than three (3) days prior written notice from Lessor, to execute, acknowledge and deliver to Lessor a statement in writing addressed to [illegible] or to any current or prospective Mortgagee or any assignee thereof, to any prospective purchaser [illegible] this Agreement is [illegible] and [illegible] full force and effect [illegible] possession of the premises [illegible] that [illegible] more than one (30) days in advance, that Lessor is entitled to no [illegible] this Lease [illegible] such certificate [illegible] Mortgagee [illegible] Lessor [illegible] Lessee [illegible]

25. DISCLOSURE OF INFORMATION ON LEAD BASED PAINT

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the Premises nor does Lessor have any reports or records pertaining to Lead-based paint and/or lead-based paint hazards in the premises. Lessee acknowledges receiving a copy of the pamphlet *Protect Your Family from Lead in Your Home*.

Initial

26. MOLD

Lessor has inspected the unit prior to Leasing and knows of no damp or wet building materials and knows of no mold or mildew contamination. Lessee is hereby notified that mold, however can grow if the Premises are not properly maintained or ventilated. **If moisture is allowed to accumulate in the unit, it can cause mildew and mold to grow.** It is important that Lessee regularly allow air to circulate in the apartment. It is also important that Lessee keep the interior of the unit clean and that Lessee promptly notify the Lessor of any leaks, moisture problems, and/or mold growth. Lessee agrees to accept full responsibility and maintain the Premises in a manner that prevents the occurrence of an infestation of mold or mildew in the Premises. Lessee also agrees to immediately report to Lessor any evidence of water leaks, excessive moisture or lack of proper ventilation and evidence of mold that cannot be removed by cleaning. Lessee agrees to uphold this responsibility in part by complying with the following list of responsibilities.

a. Lessee agrees to keep the unit free of dirt and debris that can harbor mold.

b. Lessee agrees to immediately report in writing to the Lessor any water intrusion, such as plumbing leaks, drips or "sweating" pipes.

c. Lessee agrees to notify Lessor in writing of overflows from bathroom and kitchen especially in cases where the overflow may have permeated walls or cabinets.

d. Lessee agrees to allow Lessor to enter the unit to inspect and make necessary repairs.

e. Lessee agrees to use bathroom fans while showering or bathing and to report in writing to Lessor any non-working fan.

f. Lessee agrees to use exhaust fans whenever cooking, dishwashing or cleaning.

g. Lessee agrees to use all reasonable care to close all windows and other openings in the Premises to prevent outdoor water from penetrating into the interior unit.

h. Lessee agrees to clean and dry any visible moisture on windows, walls and other surfaces, including personal property, as soon as reasonably possible (Note: Mold can grow on damp surfaces within 24 to 48 hours).

i. Lessee agrees to notify in writing Lessor of any problems with the air conditioning or heating systems that are discovered by Lessee.

j. Lessee agrees to indemnify and hold harmless Lessor from any actions, claims, losses, damages and expenses, including, but not limited to attorney's fees that Lessor may sustain or incur as a result of the negligence of the Lessee or any guest or other person living in, occupying or using the premises.

Initial

27. WAIVER OF BREACH

Lessor's waiver of any breach of this agreement shall not be construed to be a continuing waiver of any subsequent breach nor a waiver of any rental provisions. Receipt by Lessor of the rent with the knowledge of any violation of a covenant or condition hereto shall not be deemed a waiver of such breach. No waiver by either party of the provisions herein shall be deemed to have been made unless made in writing and clearly stated to be a waiver of particular breach. Such waiver must be signed by all parties to this Agreement. Any custom or practice which may develop between the Lessor and the Lessee or Lessor and any other person pursuant to any other rental agreement during the term of this tenancy shall not be construed to waive or reduce or Limit in any way the right of the Lessor to insist upon the full performance of any and all terms, conditions, covenants and obligations assumed by the Lessee under this agreement. Lessor's consent to or approval of any act by Lessee shall not constitute a consent to or approval of any subsequent or similar act by Lessee which requires the Lessor's consent nor shall such consent constitute a waiver by Lessor of the requirement for Lessor's future consent or approval.

28. DEFINITIONS

a. Wherever the term "Lessor" is used herein, said term shall be deemed to include Lessor's agent, Statewide Enterprises, Inc.

b. Wherever the term "extension or renewal of this Lease" is used herein, said term shall be deemed to include any conversion of this Lease to a month-to-month tenancy.

29. PROPOSITION 65 WARNING

The Premises contains chemicals known to the State of California to cause cancer and/or birth defects or other reproductive harm.

30. OTHER PROVISIONS

Initial
Lessor Lessee

EXHIBIT 13

31. SEVERABILITY

Invalidation of any provision of this Agreement by applicable law shall not affect the validity of any other provision of the Agreement. Should any provision be determined to be illegal or invalid, the Agreement shall be construed in accordance with its terms as if the illegal or invalid term were not herein contained.

32. ENTIRE AGREEMENT

This Lease Agreement constitutes the entire agreement between the parties hereto and cannot be altered, changed, modified or amended except by written notice by Lessor to Lessee. Any agreement, representation or warranty respecting the leased Premises or the apartment community of which it is a part or the duties of Lessor in relation thereto not expressly set forth in this Lease is null and void.

Lessee acknowledges having been presented with the apartment lease agreement prior to Lessee's taking actual possession of the leased premises. **This Lease contains a provision for conversion to a month-to-month tenancy upon expiration of the term of the Lease as specifically set forth in paragraph 1 hereinabove.**

READ YOUR LEASE BEFORE SIGNING

Executed in triplicate on 09/11/2016 at Los Angeles, California

LESSOR:

Alex Court Apartments LLC
(Name of Ownership)

By: Statewide Enterprises, Inc., Agent for Lessor

Resident Manager/Authorized Agent

LESSEE (S):

1.

2.

3.

(Check box if applicable) ☐

INTERPRETER ACKNOWLEDGEMENT

☐ Spanish Speaking (Only) Lessee Acknowledgement

- Yo estoy interesado en alquilar el apartamento en el edificio mencionado en la parte superior de esta forma.
- Yo estoy consciente de que por el hecho de que solo hablo el idioma español, he traido mi propio interprete que puede traducir el idioma ingles al español para que me ayude a llenar la forma del Contrato Legal de Arrendamiento de Apartamento, las reglas y reglamentos. Mi intérprete es mayor de 18 años.

☐ Korean Speaking (Only) Lessee Acknowledgement

- [illegible]
- [illegible]

Signature Lessee — Print Name — Date

Signature Lessee — Print Name — Date

Signature of Lessee — Print Name — Date

ACKNOWLEDGMENT OF INTERPRETER

I acknowledge:

- I was asked by the above prospective Lessee (s) to assist with the signing of the lease and rules and regulations for the above referenced building.
- I am over 18 years of age.
- I speak and read the ☐Korean ☐Spanish (please check applicable language) fluently and that I fully understand the ☐Korean ☐Spanish (please check applicable language) and English language.
- I am not an employee of Statewide Enterprises, Inc.

Interpreter's signature — Date

Initial — Lessor — Lessee

EXHIBIT 13

31. SEVERABILITY

Invalidation of any provision of this Agreement by applicable law shall not affect the validity of any other provision of the Agreement. Should any provision be determined to be illegal or invalid, the Agreement shall be construed in accordance with its terms as if the illegal or invalid term were not herein contained.

32. ENTIRE AGREEMENT

This Lease Agreement constitutes the entire agreement between the parties hereto and cannot be altered, changed, modified or amended except by written notice by Lessor to Lessee. Any agreement, representation or warranty respecting the leased Premises or the apartment community of which it is a part or the duties of Lessor in relation thereto not expressly set forth in this Lease is null and void.

Lessee acknowledges having been presented with the apartment lease agreement prior to Lessee's taking actual possession of the leased premises. **This Lease contains a provision for conversion to a month-to-month tenancy upon expiration of the term of the Lease as specifically set forth in paragraph 1 hereinabove.**

READ YOUR LEASE BEFORE SIGNING

Executed in triplicate on 09/11/2016 at Los Angeles, California

LESSOR:

Alex Court Apartments LLC
(Name of Ownership)

By: Statewide Enterprises, Inc., Agent for Lessor

Resident Manager Authorized Agent

LESSEE (S):

1.

2.

3.

(Check box if applicable) ☐

INTERPRETER ACKNOWLEDGEMENT

☐ Spanish Speaking (Only) Lessee Acknowledgement

- Yo estoy interesado en alquilar el apartamento en el edificio mencionado en la parte superior de esta forma.
- Yo estoy consciente de que por el hecho de que solo hablo el idioma español, he traído mi propio intérprete que puede traducir el idioma inglés al español para que me ayude a llenar la forma del Contrato Legal de Arrendamiento de Apartamento, las reglas y reglamentos. Mi intérprete es mayor de 18 años.

☐ Korean Speaking (Only) Lessee Acknowledgement

- [illegible]
- [illegible]

Signature of Lessee — Print Name — Date

Signature of Lessee — Print Name — Date

Signature of Lessee — Print Name — Date

ACKNOWLEDGMENT OF INTERPRETER

I acknowledge:

- I was asked by the above prospective Lessee (s) to assist with the signing of the lease and rules and regulations for the above referenced building.
- I am over 18 years of age.
- I speak and read the ☐Korean ☐Spanish (please check applicable language) fluently and that I fully understand the ☐Korean ☐Spanish (please check applicable language) and English languages.
- I am not an employee of Statewide Enterprises, Inc.

Interpreter's signature — Date

Initial
Lessor Lessee

EXHIBIT 13

(Check box is applicable) ☑

PET AGREEMENT ADDENDUM

This Pet Agreement shall constitute an addendum to the Apartment Lease Agreement executed on 09/11/2016 for the Premises located at 1645 N. Alexandria Ave., Apartment # 306, in the City of Los Angeles, CA 90027 by and between the named Lessor, Alex Court Apartments LLC through its agent, Statewide Enterprises, Inc. and the named Lessee, Melissa Lynn Loe.

1. This Apartment Lease Agreement provides that without Lessor's prior written consent, no pets shall be allowed in or about the Premises.
2. Lessee desires to keep the pet(s) described here ("Pet") 2 French Bulldogs

   This agreement is only applicable only to the aforementioned specific pet(s). All changes including but not limited to the replacement or addition of pets must be approved by Lessor.
3. In the event of default by Lessee of any of the terms in this Addendum, Lessee agrees, within three days after receiving written notice of default from Lessor/Agent, to cure the default or vacate the Premises. Lessee agrees that Lessor/Agent may revoke permission to keep said Pet on the Premises by giving Lessee written thirty (30) day notice.
4. Lessee agrees to comply with all applicable ordinances, regulations and laws governing pets including but not limited to local licensing laws. Upon signing this agreement, Lessee must provide a valid license (if applicable) and a picture of the pet.
5. Lessee agrees that Pet will not be permitted outside Lessee's unit unless restrained by a leash. Use of the grounds or Premises for sanitary purposes is prohibited.
6. If the pet is a dog, Lessee warrants that it does not contain any of the following breeds in its pedigree: Akita, Alaskan Malamutes, American Staffordshire Terriers, Boxers, Chow Chows, Dalmatians, Doberman Pinschers, German Shepherds, Great Danes, Huskies, Pit Bulls, Presa Canario, Rottweilers, St. Bernard's, and Wolf Hybrids.
7. If Pet is a bird, it shall not be let out of the cage.
8. If Pet is a fish, the water container may not exceed 10 gallons and will be placed in a safe location in the unit.
9. Pet shall not be fed directly on the carpeting in the unit. Lessee shall prevent fleas or other infestation of the rental unit or other property of Lessor, and may be liable for costs associated with any necessary remediation.
10. Lessee shall not permit, and represents that Pet will not cause any damage, discomfort, annoyance, nuisance or in any way inconvenience, or cause complaints from any other resident, guest, or the public. Any "mess" created by Pet shall immediately be cleaned up by Lessee. Lessee must provide and maintain an appropriate litter box, if applicable.
11. In the event that Lessor/Agent, contractor, or maintenance personnel need access to the unit, Lessee agrees that the pet will be confined in a kennel crate or removed from the Premises.
12. Lessee shall be liable to Lessor/Agent for all damages or expenses incurred by or in connection with Pet, and shall hold Lessor/Agent harmless and indemnify Lessor/Agent for any and all damages or costs in connection with Pet.
13. Lessee shall deposit with Lessor/Agent an additional security deposit of $0.00. Lessor/Agent requires Lessee to carry renter's insurance to cover damages caused by Pet.

LESSOR:

Alex Court Apartments LLC
(Name of Ownership)
By: Statewide Enterprises, Inc., Agent for Lessor

Resident Manager/Authorized Agent

LESSEE(S):

1.

2.

3.

Initial
Lessor Lessee

EXHIBIT 13

MOVE-IN / MOVE-OUT REPORT

The following is a summary of the condition of the Premises at 1645 N. Alexandria Ave Los Angeles 90027 Apt. No. 308 on the date listed below.

LESSEE: Melissa Lynn Loe **MOVE-IN DATE:** 09/11/2016 **MOVE-OUT DATE:** ____________

The Premises are being delivered in clean, sanitary and good operating condition, with no spots, stains, marks or damages, unless otherwise noted below in the "Move-In Exceptions" column.

ITEM	MOVE-IN EXCEPTIONS	MOVE-OUT CONDITION	ITEMIZED CHARGES
CARPETING			$
CLOSETS	good		
LIGHT FIXTURES	good		
DRAPES BLINDS	good		
WINDOWS SCREENS WINDOW LOCKS	good		
DOORS LOCKS	good		
OVEN STOVE	good		
REFRIGERATOR ☑ Yes Stainless Steel ☐ No	good		
DISHWASHER	—		
DISPOSAL	—		
SINKS VANITIES	good		
FAUCETS	good		
TUB SHOWERS	good		
FLOORING	good		
FIREPLACE	—		
TOILETS	good		
BATH ACCESSORIES	good		
HEATER	good		
AIR CONDITIONER	—		
SMOKE DETECTORS	good		
PAINTING PATCHING	good		
GENERAL CLEANLINESS	good		
OTHER			
NUMBER OF KEYS	UNIT ___ ENTRY ___ MAILBOX ___ OTHER	UNIT ___ ENTRY ___ MAILBOX ___ OTHER	
		TOTAL ITEMIZED CHARGES	$

MOVE-IN COMMENTS	MOVE-OUT COMMENTS
Lessee has inspected the above Premises prior to occupancy and accepts it with the conditions and/or exceptions noted above. Lessee agrees to deliver the Premises in like condition upon termination of tenancy.	Inspection is hereby completed. The above noted conditions are subject to final verification.
Lessor [signature] Date 09/11/2016	Lessor ____________ Date ______
Lessee [signature] Date 09/11/2016	Lessee ____________ Date ______
Lessee ____________ Date ______	Lessee ____________ Date ______
Lessee ____________ Date ______	Lessee ____________ Date ______

FOR OFFICE USE ONLY

MOVE-OUT SUMMARY		LESSEE FORWARDING ADDRESS
CREDIT		NEW ADDRESS
Security Deposit	$	
Prepaid Rent From ______ to ______	$	
Other	$	
TOTAL CREDITS	$	
CHARGES		
Less Itemized Charges Listed Above	$	
Unpaid Rent	$	NEW TELEPHONE NUMBER/EMAIL ADDRESS
Unpaid late Fees/NSF Fees	$	
Broken Lease (Period ___ to ___ 20__)	$	
Short 30 Day Notice (Period ___ to ___ 20__)	$	PREPARED BY
TOTAL CHARGES	$	
** Balance Due from Lessee	$	RESIDENT MANAGER SIGNATURE DATE
** Refund Due To Lessee	$	

Initials [initials] Lessor [initials] Lessee

EXHIBIT 13

EXHIBIT 14

This is a **3** page printout from the **U.S. Census Bureau** providing the most recent population data currently available for Los Angeles County, California.

I've supplied **EXHIBIT 14** to show that the Median Gross Rent for **2014-2018** was **$1390.00.** This figure shows that the rental cost of my apartment **($1395.00)** was inline with the median rent for the county at the time I first signed my lease (**9/11/16**).

QuickFacts

Los Angeles County, California

QuickFacts provides statistics for all states and counties, and for cities and towns with a ***population of 5,000 or more.***

Table

All Topics	Los Angeles County, California
Population estimates, July 1, 2019, (V2019)	**10,039,107**
PEOPLE	
Population	
Population estimates, July 1, 2019, (V2019)	**10,039,107**
Population estimates base, April 1, 2010, (V2019)	9,819,968
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	2.2%
Population, Census, April 1, 2010	9,818,605
Age and Sex	
Persons under 5 years, percent	▲ 5.8%
Persons under 18 years, percent	▲ 21.4%
Persons 65 years and over, percent	▲ 14.1%
Female persons, percent	▲ 50.7%
Race and Hispanic Origin	
White alone, percent	▲ 70.7%
Black or African American alone, percent (a)	▲ 9.0%
American Indian and Alaska Native alone, percent (a)	▲ 1.4%
Asian alone, percent (a)	▲ 15.4%
Native Hawaiian and Other Pacific Islander alone, percent (a)	▲ 0.4%
Two or More Races, percent	▲ 3.1%
Hispanic or Latino, percent (b)	▲ 48.6%
White alone, not Hispanic or Latino, percent	▲ 26.1%
Population Characteristics	
Veterans, 2014-2018	270,462
Foreign born persons, percent, 2014-2018	34.2%
Housing	
Housing units, July 1, 2019, (V2019)	3,579,329
Owner-occupied housing unit rate, 2014-2018	45.8%
Median value of owner-occupied housing units, 2014-2018	$543,400
Median selected monthly owner costs -with a mortgage, 2014-2018	$2,417
Median selected monthly owner costs -without a mortgage, 2014-2018	$584
Median gross rent, 2014-2018	$1,390
Building permits, 2019	21,566
Families & Living Arrangements	
Households, 2014-2018	3,306,109
Persons per household, 2014-2018	3.00
Living in same house 1 year ago, percent of persons age 1 year+, 2014-2018	89.2%
Language other than English spoken at home, percent of persons age 5 years+, 2014-2018	56.6%
Computer and Internet Use	
Households with a computer, percent, 2014-2018	90.4%
Households with a broadband Internet subscription, percent, 2014-2018	82.1%
Education	
High school graduate or higher, percent of persons age 25 years+, 2014-2018	78.7%
Bachelor's degree or higher, percent of persons age 25 years+, 2014-2018	31.8%
Health	
With a disability, under age 65 years, percent, 2014-2018	6.1%
Persons without health insurance, under age 65 years, percent	▲ 10.2%
Economy	
In civilian labor force, total, percent of population age 16 years+, 2014-2018	64.4%
In civilian labor force, female, percent of population age 16 years+, 2014-2018	57.9%
Total accommodation and food services sales, 2012 ($1,000) (c)	22,965,135
Total health care and social assistance receipts/revenue, 2012 ($1,000) (c)	67,261,267
Total manufacturers shipments, 2012 ($1,000) (c)	163,829,606
Total merchant wholesaler sales, 2012 ($1,000) (c)	199,804,798
Total retail sales, 2012 ($1,000) (c)	121,389,376
Total retail sales per capita, 2012 (c)	$12,184

Transportation

Mean travel time to work (minutes), workers age 16 years+, 2014-2018	31.3

Income & Poverty

Median household income (in 2018 dollars), 2014-2018	$64,251
Per capita income in past 12 months (in 2018 dollars), 2014-2018	$32,469
Persons in poverty, percent	▲ 14.2%

BUSINESSES

Businesses

Total employer establishments, 2018	280,826
Total employment, 2018	3,869,073
Total annual payroll, 2018 ($1,000)	235,841,957
Total employment, percent change, 2017-2018	1.3%
Total nonemployer establishments, 2018	1,107,080
All firms, 2012	1,146,701
Men-owned firms, 2012	601,676
Women-owned firms, 2012	439,513
Minority-owned firms, 2012	631,218
Nonminority-owned firms, 2012	481,643
Veteran-owned firms, 2012	59,608
Nonveteran-owned firms, 2012	1,044,750

GEOGRAPHY

Geography

Population per square mile, 2010	2,419.6
Land area in square miles, 2010	4,057.88
FIPS Code	06037

About datasets used in this table

Value Notes

▲ Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info ● icon to the left of each row in TABLE view to learn about sampling error.

The vintage year (e.g., V2019) refers to the final year of the series (2010 thru 2019). *Different vintage years of estimates are not comparable.*

Fact Notes

- (a) Includes persons reporting only one race
- (b) Hispanics may be of any race, so also are included in applicable race categories
- (c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

Value Flags

- \- Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper interval of an open ended distribution.
- D Suppressed to avoid disclosure of confidential information
- F Fewer than 25 firms
- FN Footnote on this item in place of data
- N Data for this geographic area cannot be displayed because the number of sample cases is too small.
- NA Not available
- S Suppressed; does not meet publication standards
- X Not applicable
- Z Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

EXHIBIT 15

This is a **12** page copy of my Reaffirmation Agreement for my **2016 Honda Fit** submitted to the court on **07/28/20** for court approval.

EXHIBIT 15 is evidence of a monthly expense in the form of a car payment.

Debtor 1 Melissa L. Loe aka Mis Loe

Debtor 2 ______
(Spouse, if filing)

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA
(State)

Case number 2:20-bk-14870-ER

Official Form 427

Cover Sheet for Reaffirmation Agreement

12/15

Anyone who is a party to a reaffirmation agreement may fill out and file this form. Fill it out completely, attach it to the reaffirmation agreement, and file the documents within the time set under Bankruptcy Rule 4008.

Part 1 Explain the Repayment Terms of the Reaffirmation Agreement

1. Who is the Creditor?

Washington State Employees Credit Union
Name of the creditor

2. How much is the debt?

On the date that the bankruptcy case is filed $5,887.18

To be paid under the reaffirmation agreement $6,531.85

$360.38 per month for 16 months (if fixed interest rate)

3. What is the Annual Percentage Rate (APR) of interest? (See Bankruptcy Code § 524(k)(3)(E).)

Before the bankruptcy case was filed 2.74 %

Under the reaffirmation agreement 2.74 % ☒ Fixed rate ☐ Adjustable rate

4. Does collateral secure the debt?

☐ No
☒ Yes. Describe the collateral. 2016 Honda FIT and VISA VIN: JHMGK5H57GX040016

Current market value $ 8,500.00

5. Does the creditor assert that the debt is nondischargeable?

☒ No
☐ Yes. *Attach an explanation of the nature of the debt and the basis for contending that the debt is nondischargeable.*

6. Using information from Schedule I: Your Income (Official Form 106I) and Schedule J: Your Expenses (Official Form 106J), fill in the amounts.

Income and expenses reported on Schedules I and J		Income and expenses stated on the reaffirmation agreement	
6a. Combined monthly income from line 12 of Schedule I	$ 3789.98	6e. Monthly income from all sources after payroll deductions	$3,504.00
6b. Monthly expenses from line 22c of Schedule J	- $ 3880.00	6f. Monthly expenses	- $ 2186.00
6c. Monthly payments on all reaffirmed debts not listed on Schedule J	- $ 0	6g. Monthly payments on all reaffirmed debts not included in monthly expenses	- $ 360.38
6d. Scheduled net monthly income Subtract lines 6b and 6c from 6a. If the total is less than 0, put the number in brackets.	$ (90.02)	**6h. Present net monthly income** Subtract lines 6f and 6g from 6e. If the total is less than 0, put the number in brackets.	$ 957.62

Debtor 1 Melissa L. Loe aka Mia Loe (First Name / Middle Name / Last Name) Case number *(if known)* 2:20-bk-14870-ER

7. Are the income amounts on lines 6a and 6e different?

☐ No
☒ Yes. Explain why they are different and complete line 10. LOSS OF JOB DUE TO COVID 19 LAYOFF – REPLACED WITH UNEMPLOYMENT / PANDEMIC INSURANCE

8. Are the expense amounts on lines 6b and 6f different?

☐ No
☒ Yes. Explain why they are different and complete line 10. CHANGE IN LIFESTYLE EMPLOYMENT

9. Is the net monthly income in line 6h less than 0?

☒ No
☐ Yes. A presumption of hardship arises (unless the creditor is a credit union).
Explain how the debtor will make monthly payments on the reaffirmed debt and pay other living expenses. Complete line 10.

10. Debtor's certification about lines 7-9

If any answer on lines 7-9 is Yes, the debtor must sign here.

If all the answers on lines 7-9 are No, go to line 11.

I certify that each explanation on lines 7-9 is true and correct.

X ______________________ Signature of Debtor 1

X ______________________ Signature of Debtor 2 (Spouse Only in a Joint Case)

11. Did an attorney represent the debtor in negotiating the reaffirmation agreement?

☒ No
☐ Yes. Has the attorney executed a declaration or an affidavit to support the reaffirmation agreement?
☐ No
☐ Yes

Part 2 Sign Here

Whoever fills out this form must sign here.

I certify that the attached agreement is a true and correct copy of the reaffirmation agreement between the parties identified on this Cover Sheet for Reaffirmation Agreement.

X ______________________ Signature

Date 07/15/2020 MM / DD / YYYY

MELISSA LOE
Printed Name

Check One:
☒ Debtor or Debtor's Attorney
☐ Creditor or Creditor's Attorney

B2400 A/B ALT (Form 2400A/B ALT) (12/15)

☐ **Presumption of Undue Hardship**
☒ **No Presumption of Undue Hardship**
(Check box as directed in Part D: Debtor's Statement in Support of Reaffirmation Agreement.)

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
LOS ANGELES DIVISION

In re Melissa L. Loe aka Mis Loe
Debtors

Case No. 2:20-bk-14870-ER
Chapter 7

REAFFIRMATION AGREEMENT

[Indicate all documents included in this filing by checking each applicable box.]

☒ Part A: Disclosures, Instructions, and Notice to Debtor (pages 1 - 5)

☒ Part B: Reaffirmation Agreement

☐ Part C: Certification by Debtor's Attorney

☒ Part D: Debtor's Statement in Support of Reaffirmation Agreement

☒ Part E: Motion for Court Approval

*[**Note:** Complete Part E only if debtor was not represented by an attorney during the course of negotiating this agreement. **Note also:** If you complete Part E, you must prepare and file Form 2400C ALT - Order on Reaffirmation Agreement.]*

Name of Creditor: Washington State Employees Credit Union

✓ *[Check this box if]* Creditor is a Credit Union as defined in §19(b)(1)(a)(iv) of the Federal Reserve Act

PART A: DISCLOSURE STATEMENT, INSTRUCTIONS AND NOTICE TO DEBTOR

1. DISCLOSURE STATEMENT

Before Agreeing to Reaffirm a Debt, Review These Important Disclosures:

SUMMARY OF REAFFIRMATION AGREEMENT
This Summary is made pursuant to the requirements of the Bankruptcy Code.

AMOUNT REAFFIRMED

The amount of debt you have agreed to reaffirm: $6,531.85

The amount of debt you have agreed to reaffirm includes all fees and costs (if any) that have accrued as of the date of this disclosure. Your credit agreement may obligate you to pay additional amounts which may come due after the date of this disclosure. Consult your credit agreement.

EXHIBIT 15

ANNUAL PERCENTAGE RATE

[The annual percentage rate can be disclosed in different ways, depending on the type of debt.]

a. If the debt is an extension of "credit" under an "open end credit plan," as those terms are defined in § 103 of the Truth in Lending Act, such as a credit card, the creditor may disclose the annual percentage rate shown in (i) below or, to the extent this rate is not readily available or not applicable, the simple interest rate shown in (ii) below, or both.

(i) The Annual Percentage Rate disclosed, or that would have been disclosed, to the debtor in the most recent periodic statement prior to entering into the reaffirmation agreement described in Part B below or, if no such periodic statement was given to the debtor during the prior six months, the annual percentage rate as it would have been so disclosed at the time of the disclosure statement: ______%.

— And/Or —

(ii) The simple interest rate applicable to the amount reaffirmed as of the date this disclosure statement is given to the debtor: __________%. If different simple interest rates apply to different balances included in the amount reaffirmed, the amount of each balance and the rate applicable to it are:

$ _________@ _________%;
$_________ @ _________%;
$_________ @ _________%.

b. If the debt is an extension of credit other than under than an open end credit plan, the creditor may disclose the annual percentage rate shown in (I) below, or, to the extent this rate is not readily available or not applicable, the simple interest rate shown in (ii) below, or both.

(i) The Annual Percentage Rate under §128(a)(4) of the Truth in Lending Act, as disclosed to the debtor in the most recent disclosure statement given to the debtor prior to entering into the reaffirmation agreement with respect to the debt or, if no such disclosure statement was given to the debtor, the annual percentage rate as it would have been so disclosed: ___%

--- And/Or ---

(ii) The simple interest rate applicable to the amount reaffirmed as of the date this disclosure statement is given to the debtor: 2.74%. If different simple interest rates apply to different balances included in the amount reaffirmed, the amount of each balance and the rate applicable to it are:

$ _______ @ _______%; Effective on ________
$ _______ @ _______%; Effective on ________
$ _______ @ _______%. Effective on ________

c. If the underlying debt transaction was disclosed as a variable rate transaction on the most recent disclosure given under the Truth in Lending Act:

The interest rate on your loan may be a variable interest rate which changes from time to time, so that the annual percentage rate disclosed here may be higher or lower.

d. If the reaffirmed debt is secured by a security interest or lien, which has not been waived or determined to be void by a final order of the court, the following items or types of items of the debtor's goods or property remain subject to such security interest or lien in connection with the debt or debts being reaffirmed in the reaffirmation agreement described in Part B.

Item or Type of Item	Original Purchase Price or Original Amount of Loan
2016 Honda FIT and VISA VIN: JHMGK5H57GX040016	$20,162.73

Optional—At the election of the creditor, a repayment schedule using one or a combination of the following may be provided:

Repayment Schedule:

Your first payment in the amount of $360.38 is due on 7/26/2020 (date), but the future payment amount may be different. Consult your reaffirmation agreement or credit agreement, as applicable.

— Or —

Your payment schedule will be: ________(number) payments in the amount of $__________ each, payable (monthly, annually, weekly, etc.) on the _________ (day) of each ______________ (week, month, etc.), unless altered later by mutual agreement in writing.

— Or —

A reasonably specific description of the debtor's repayment obligations to the extent known by the creditor or creditor's representative.

2. INSTRUCTIONS AND NOTICE TO DEBTOR

Reaffirming a debt is a serious financial decision. The law requires you to take certain steps to make sure the decision is in your best interest. If these steps are not completed, the reaffirmation agreement is not effective, even though you have signed it.

1. Read the disclosures in this Part A carefully. Consider the decision to reaffirm carefully. Then, if you want to reaffirm, sign the reaffirmation agreement in Part B (or you may use a separate agreement you and your creditor agree on).

2. Complete and sign Part D and be sure you can afford to make the payments you are agreeing to make and have received a copy of the disclosure statement and a completed and signed reaffirmation agreement.

3. If you were represented by an attorney during the negotiation of your reaffirmation agreement, the attorney must have signed the certification in Part C.

4. If you were not represented by an attorney during the negotiation of your reaffirmation agreement, you must have completed and signed Part E.

5. The original of this disclosure must be filed with the court by you or your creditor. If a separate reaffirmation agreement (other than the one in Part B) has been signed, it must be attached.

6. If the creditor is not a Credit Union and you were represented by an attorney during the negotiation of your reaffirmation agreement, your reaffirmation agreement becomes effective upon filing with the court unless the reaffirmation is presumed to be an undue hardship as explained in Part D. If the creditor is a Credit Union and you were represented by an attorney during the negotiation of your reaffirmation agreement; your reaffirmation agreement becomes effective upon filing with the court.

7. If you were not represented by an attorney during the negotiation of your reaffirmation agreement, it will not be effective unless the court approves it. The court will notify you and the creditor of the hearing on your reaffirmation agreement. You must attend this hearing in bankruptcy court where the judge will review your reaffirmation agreement. The bankruptcy court must approve your reaffirmation agreement as consistent with your best interests, except that no court approval is required if your reaffirmation agreement is for a consumer debt secured by a mortgage, deed of trust, security deed, or other lien on your real property, like your home.

YOUR RIGHT TO RESCIND (CANCEL) YOUR REAFFIRMATION AGREEMENT

You may rescind (cancel) your reaffirmation agreement at any time before the bankruptcy court enters a discharge order, or before the expiration of the 60-day period that begins on the date your reaffirmation agreement is filed with the court, whichever occurs later. To rescind (cancel) your reaffirmation agreement, you must notify the creditor that your reaffirmation agreement is rescinded (or canceled).

Frequently Asked Questions:

What are your obligations if you reaffirm the debt? A reaffirmed debt remains your personal legal obligation. It is not discharged in your bankruptcy case. That means that if you default on your reaffirmed debt after your bankruptcy case is over, your creditor may be able to take your property or your wages. Otherwise, your obligations will be determined by the reaffirmation agreement which may have changed the terms of the original agreement. For example, if you are reaffirming an open end credit agreement, the creditor may be permitted by that agreement or applicable law to change the terms of that agreement in the future under certain conditions.

Are you required to enter into a reaffirmation agreement by any law? No, you are not required to reaffirm a debt by any law. Only agree to reaffirm a debt if it is in your best interest. Be sure you can afford the payments you agree to make.

What if your creditor has a security interest or lien? Your bankruptcy discharge does not eliminate any lien on your property. A "lien" is often referred to as a security interest, deed of trust, mortgage or security deed. Even if you do not reaffirm and your personal liability on the debt is discharged, because of the lien your creditor may still have the right to take the security property if you do not pay the debt or default on it. If the lien is on an item of personal property that is exempt under your State's law or that the trustee has abandoned, you may be able to redeem the item rather than reaffirm the debt. To redeem, you make a single payment to the creditor equal to the current value of the security property, as agreed by the parties or determined by the court.

NOTE: When this disclosure refers to what a creditor "may" do, it does not use the word "may" to give the creditor specific permission. The word "may" is used to tell you what might occur if the law permits the creditor to take the action. If you have questions about your reaffirming a debt or what the law requires, consult with the attorney who helped you negotiate this agreement reaffirming a debt. If you don't have an attorney helping you, the judge will explain the effect of your reaffirming a debt when the hearing on the reaffirmation agreement is held.

B2400 A/B ALT (Form 2400A/B ALT) (12/15) 6

PART B: REAFFIRMATION AGREEMENT.

I (we) agree to reaffirm the debts arising under the credit agreement described below.

1. Brief description of credit agreement:

- $360.38 X 16 MONTHS + INTEREST FOR 2016 GREY HONDA FIT
- APPROX $650.00 FOR LEGAL FEES

2. Description of any changes to the credit agreement made as part of this reaffirmation agreement:

$650.00 FOR LEGAL FEES

SIGNATURE(S):

Borrower:

MELISSA LOE
(Print Name)

(Signature)

Date: 07/15/2020

Co-borrower, if also reaffirming these debts:

(Print Name)

(Signature)

Date: ________

Accepted by creditor:

Washington State Employees Credit Union
(Printed Name of Creditor)

330 Union Ave SE
Olympia, WA 98501
(Address of Creditor)

(Signature)

(Printed Name and Title of Individual Signing for Creditor)

Date of creditor acceptance:

M&H File No. CA-20-162271-CPG

EXHIBIT 15

PART C: CERTIFICATION BY DEBTOR'S ATTORNEY (IF ANY).

[To be filed only if the attorney represented the debtor during the course of negotiating this agreement.]

I hereby certify that (1) this agreement represents a fully informed and voluntary agreement by the debtor; (2) this agreement does not impose an undue hardship on the debtor or any dependent of the debtor; and (3) I have fully advised the debtor of the legal effect and consequences of this agreement and any default under this agreement.

☐ *[Check box, if applicable and the creditor is not a Credit Union.]* A presumption of undue hardship has been established with respect to this agreement. In my opinion, however, the debtor is able to make the required payment.

Printed Name of Debtor's Attorney: ______________________________

Signature of Debtor's Attorney: _________________________________

Date: _____________

PART D: DEBTOR'S STATEMENT IN SUPPORT OF REAFFIRMATION AGREEMENT

[Read and complete sections 1 and 2, __OR__, if the creditor is a Credit Union and the debtor is represented by an attorney, read section 3. Sign the appropriate signature line(s) and date your signature. If you complete sections 1 and 2 ***and*** *your income less monthly expenses does not leave enough to make the payments under this reaffirmation agreement, check the box at the top of page 1 indicating "Presumption of Undue Hardship." Otherwise, check the box at the top of page 1 indicating "No Presumption of Undue Hardship"]*

1. I believe this reaffirmation agreement will not impose an undue hardship on my dependents or me. I can afford to make the payments on the reaffirmed debt because my monthly income (take home pay plus any other income received) is $3504.89, and my actual current monthly expenses including monthly payments on post-bankruptcy debt and other reaffirmation agreements total $2186.00, leaving $1318.00 to make the required payments on this reaffirmed debt.

I understand that if my income less my monthly expenses does not leave enough to make the payments, this reaffirmation agreement is presumed to be an undue hardship on me and must be reviewed by the court. However, this presumption may be overcome if I explain to the satisfaction of the court how I can afford to make the payments here: ____________________

* SEE ATTACHMENT
(Use an additional page if needed for a full explanation.)

2. I received a copy of the Reaffirmation Disclosure Statement in Part A and a completed and signed reaffirmation agreement.

Signed: MELISSA LOE
(Debtor)

____
(Joint Debtor, if any)

Date: 07/15/2020

— Or —

[If the creditor is a Credit Union and the debtor is represented by an attorney]

3. I believe this reaffirmation agreement is in my financial interest. I can afford to make the payments on the reaffirmed debt. I received a copy of the Reaffirmation Disclosure Statement in Part A and a completed and signed reaffirmation agreement.

Signed: ______________________________
(Debtor)

____
(Joint Debtor, if any)

Date: ________________

RE: Melissa Loe 2:20-bk-14870-ER
July 15, 2020

Your Honor-

I feel confident in my ability to honor this new car loan with WSECU in regards to my 2016 Honda Fit. Prior to Covid-19 I used my car as a delivery driver to supplement my income. If need be I will resort to delivery driving to make ends meet. I am currently on unemployment and looking for work in my field (Entertainment/ Producing) and will continue to do so until I can secure a job. I have saved my stimulus payment of $1200 to keep as a safety measure to pay for any future bills if need be. Due to the uncertainty of the World I've made arrangements with a relative to come and stay with them (rent free) if I find myself in future financial trouble. I will always need access to my car to search for work and to safely transport myself to and from the hospital (I have Type 1 Diabetes and on an insulin pump) as well obtaining groceries and supplies. My car payment is a priority to me.

Thank you for your consideration.

Melissa Loe

EXHIBIT 15

PART E: MOTION FOR COURT APPROVAL

[To be completed and filed only if the debtor is not represented by an attorney during the course of negotiating this agreement.]

MOTION FOR COURT APPROVAL OF REAFFIRMATION AGREEMENT

I (we), the debtor(s), affirm the following to be true and correct:

I am not represented by an attorney in connection with this reaffirmation agreement.

I believe this reaffirmation agreement is in my best interest based on the income and expenses I have disclosed in my Statement in Support of this reaffirmation agreement, and because (provide any additional relevant reasons the court should consider):

Therefore, I ask the court for an order approving this reaffirmation agreement under the following provisions *(check all applicable boxes)*:

☒ 11 U.S.C. § 524(c)(6) (debtor is not represented by an attorney during the course of the negotiation of the reaffirmation agreement)

☐ 11 U.S.C. § 524(m) (presumption of undue hardship has arisen because monthly expenses exceed monthly income)

Signed: ____________________
(Debtor)

____
(Joint Debtor, if any)

Date: 07/15/2020

105-NTL-V1

M&H File No. CA-20-162271-CPG

EXHIBIT 15

EXHIBIT 16

This is a **3** page agreement detailing the purchase price of my car and my loan terms with **Washington State Employees Credit Union**.

[redacted]

**RETAIL INSTALLMENT SALE CONTRACT
SIMPLE FINANCE CHARGE**

CUST# [redacted] Dealer Number [redacted] Contract Number [redacted] STK# [redacted]

Buyer Name and Address (Including County and Zip Code)	Co-Buyer Name and Address (Including County and Zip Code)	Seller-Creditor (Name and Address)
MELISSA LOE [redacted]	N/A	HONDA OF SEATTLE 2005 AIRPORT WAY SOUTH SEATTLE, WA 98134

You, the Buyer (and Co-Buyer, if any), may buy the vehicle below for cash or on credit. By signing this contract, you choose to buy the vehicle on credit under the agreements on the front and back of this contract. You agree to pay the Seller - Creditor (sometimes "we" or "us" in this contract) the Amount Financed and Finance Charge in U.S. funds according to the payment schedule below, as explained in section 1 on the back. The Truth-In-Lending Disclosures below are part of this contract.

New/Used	Year	Make and Model	Odometer	Vehicle Identification Number	Primary Use For Which Purchased
NEW	2016	HONDA FIT	3	JHMGK5H57GX040016	Personal, family, or household unless otherwise indicated below ☐ business ☐ agricultural

FEDERAL TRUTH-IN-LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	Amount Financed The amount of credit provided to you or on your behalf.	Total of Payments The amount you will have paid after you have made all payments as scheduled.	Total Sale Price The total cost of your purchase on credit, including your down payment of $ 0.00 is
2.74 %	$ 1460.07	$ 20162.73	$ 21622.80	$ 21622.80

Your Payment Schedule Will Be:

Number of Payments	Amount of Payments	When Payments Are Due
60	360.38	Monthly beginning 06/14/2016
N/A	N/A	N/A

Or As Follows: N/A

Late Charge. If payment is not received in full within 10 days after it is due, you will pay a late charge of $ 5 or 5 % of the part of the payment that is late, whichever is greater.
Prepayment. If you pay off all your debt early, you will not have to pay a penalty.
Security Interest. You are giving a security interest in the vehicle being purchased.
Additional Information: See this contract for more information including information about nonpayment, default, any required repayment in full before the scheduled date and security interest.

Insurance. You may buy the physical damage insurance this contract requires (see back) from anyone you choose subject to our approval of your choice as the law allows. You are not required to buy any other insurance to obtain credit.
If any insurance is checked below, policies or certificates from the named insurance companies will describe the terms and conditions.

Check the insurance you want and sign below:
Optional Credit Insurance
☐ Credit Life: ☐ Buyer ☐ Co-Buyer ☐ Both
☐ Credit Disability: ☐ Buyer ☐ Co-Buyer ☐ Both
Premium:
Credit Life $ N/A
Credit Disability $ N/A
Insurance Company Name N/A
N/A
Home Office Address N/A
N/A

Credit life insurance and credit disability insurance are not required to obtain credit. Your decision to buy or not to buy credit life insurance and credit disability insurance will not be a factor in the credit approval process. They will not be provided unless you sign and agree to pay the extra cost. If you choose this insurance, the cost is shown in Item 4A of the Itemization of Amount Financed. Credit life insurance is based on your original payment schedule. This insurance may not pay all you owe on this contract if you make late payments. Credit disability insurance does not cover any increase in your payment or in the number of payments. Coverage for credit life insurance and credit disability insurance ends on the original due date for the last payment unless a different term for the insurance is shown below.

ITEMIZATION OF AMOUNT FINANCED

1 Cash Sale Price
Vehicle Cash Price $ 17520.00
Other N/A $ N/A
Other N/A $ N/A
Other N/A $ N/A
Other N/A $ N/A
Sales Tax $ 1734.48
Documentary Service Fee (THE DOCUMENTARY SERVICE FEE IS A NEGOTIABLE FEE. Documentary service fees are not required by the state of Washington.) $ 150.00
Total Cash Sale Price $ 19404.48 (1)

2 Total Downpayment =
Trade-In N/A (Year) N/A (Make) N/A (Model)
Gross Trade-In Allowance $ N/A
Less Payoff Made By Seller $ N/A

Other Optional Insurance
☐ N/A (Type of Insurance) N/A (Term)
Premium $ N/A
Insurance Company Name N/A
N/A
Home Office Address
N/A N/A
☐ N/A N/A

EXHIBIT 16

Other N/A	$ N/A	
Other N/A	$ N/A	
Sales Tax	$ 1734.48	
Documentary Service Fee (THE DOCUMENTARY SERVICE FEE IS A NEGOTIABLE FEE. Documentary service fees are not required by the state of Washington.)	$ 150.00	
Total Cash Sale Price		$ 19404.48 (1)
2 Total Downpayment =		
Trade-in N/A (Year) N/A (Make) N/A (Model)		
Gross Trade-in Allowance	$ N/A	
Less Payoff Made By Seller	$ N/A	
Equals Net Trade In	$ N/A	
+ Cash	$ N/A	
+ Other N/A	$ N/A	
(If total downpayment is negative, enter "0" and see 4H below)		$ N/A (2)
3 Unpaid Balance of Cash Price (1 minus 2)		$ 19404.48 (3)
4 Other Charges Including Amounts Paid to Others on Your Behalf (Seller may keep part of these amounts):		
A Cost of Optional Credit Insurance Paid to Insurance Company or Companies.		
Life $ N/A		
Disability $ N/A	$ N/A	
B Other Optional Insurance Paid to Insurance Company or Companies	$ N/A	
Total Insurance Paid to Insurance Companies $ N/A		
C Optional Gap Contract	$ 595.00	
D Official Fees Paid to Government Agencies		
to N/A for N/A	$ N/A	
to N/A for N/A	$ N/A	
to N/A for N/A	$ N/A	
E Government Taxes Not Included in Cash Price	$ N/A	
F Government License and/or Registration Fees LIC/REG	$ 160.75	
G Government Certificate of Title Fees	$ N/A	
Total Official Fees Paid to Government Agencies $ 160.75		
H Other Charges (Seller must identify who is paid and describe purpose)		
to N/A for Prior Credit or Lease Balance	$ N/A	
to N/A for N/A	$ N/A	
to N/A for N/A	$ N/A	
to HONDA OF SEATTLE for EM/Admin Fee	$ 2.50	
to N/A for N/A	$ N/A	
to N/A for N/A	$ N/A	
to N/A for N/A	$ N/A	
to N/A for N/A	$ N/A	
to N/A for N/A	$ N/A	
to N/A for N/A	$ N/A	
Total Other Charges and Amounts Paid to Others on Your Behalf		$ 758.25 (4)
5 Amount Financed (3 plus 4)		$ 20162.73 (5)

OPTION: ☐ You pay no finance charge if the Amount Financed, item 5, is paid in full on or before N/A, Year N/A. SELLER'S INITIALS ______

Other Optional Insurance

☐ N/A Type of Insurance N/A Term

Premium $ N/A

Insurance Company Name N/A
N/A

Home Office Address
N/A N/A

☐ N/A Type of Insurance N/A Term

Premium $ N/A

Insurance Company Name N/A
N/A

Home Office Address N/A
N/A

Other optional insurance is not required to obtain credit. Your decision to buy or not buy other optional insurance will not be a factor in the credit approval process. It will not be provided unless you sign and agree to pay the extra cost.

I want the insurance checked above. We will apply for this insurance on your behalf.

X N/A Buyer Signature N/A Date

X N/A Co-Buyer Signature N/A Date

THIS INSURANCE DOES NOT INCLUDE INSURANCE FOR BODILY INJURY LIABILITY, PUBLIC LIABILITY, OR PROPERTY DAMAGE LIABILITY.

Returned Check Charge: You agree to pay a charge of up to $30 if any check you give us is dishonored or any electronic payment is returned unpaid. If a check is not paid within 15 days, you will pay a charge of the lesser of $40 or the face amount of the check if we make written demand that you do so.

OPTIONAL GAP CONTRACT. A gap contract (debt cancellation contract) is not required to obtain credit and will not be provided unless you sign below and agree to pay the extra charge. If you choose to buy a gap contract, the charge is shown in Item 4C of the Itemization of Amount Financed. See your gap contract for details on the terms and conditions it provides. It is a part of this contract.

Term 60 Mos.
Honda Care GAP
Name of Gap Contract

I want to buy a gap contract.
Buyer Signs X

NO COOLING OFF PERIOD

State law does not provide for a "cooling off" or cancellation period for this sale. After you sign this contract, you may only cancel it if the seller agrees or for legal cause. You cannot cancel this contract simply because you change your mind. This notice does not apply to home solicitation sales.

The Annual Percentage Rate may be negotiable with the Seller. The Seller may assign this contract and retain its right to receive a part of the Finance Charge.

HOW THIS CONTRACT CAN BE CHANGED. This contract contains the entire agreement between you and us relating to this contract. Any change to this contract must be in writing and we must sign it. No oral changes are binding. Buyer Signs X ______ Co-Buyer Signs X N/A
If any part of this contract is not valid, all other parts stay valid. We may delay or refrain from enforcing any of our rights under this contract without losing them. For example, we may extend the time for making some payments without extending the time for making others.
You authorize us to obtain information about you, or the vehicle you are buying, from the state motor vehicle department or other motor vehicle registration authorities

EXHIBIT 16

to N/A	for N/A	$ N/A
to HONDA OF SEATTLE	for DH/Admin Fee	$ 2.50
to N/A	for N/A	$ N/A
to N/A	for N/A	$ N/A
to N/A	for N/A	$ N/A
to N/A	for N/A	$ N/A
to N/A	for N/A	$ N/A
to N/A	for N/A	$ N/A

Total Other Charges and Amounts Paid to Others on Your Behalf $ 758.25 (4)
5 Amount Financed (3 plus 4) $ 20182.73 (5)

... choose to buy a gap contract, the charge is shown in item 4 of the Itemization of Amount Financed. See your gap contract for details on the terms and conditions it provides. It is a part of this contract.

Term 60 Mos.
Honda Care GAP
Name of Gap Contract

I want to buy a gap contract.
Buyer Signs X

OPTION: ☐ You pay no finance charge if the Amount Financed, item 5, is paid in full on or before N/A, Year N/A. SELLER'S INITIALS ______

NO COOLING OFF PERIOD

State law does not provide for a "cooling off" or cancellation period for this sale. After you sign this contract, you may only cancel it if the seller agrees or for legal cause. You cannot cancel this contract simply because you change your mind. This notice does not apply to home solicitation sales.

The Annual Percentage Rate may be negotiable with the Seller. The Seller may assign this contract and retain its right to receive a part of the Finance Charge.

HOW THIS CONTRACT CAN BE CHANGED. This contract contains the entire agreement between you and us relating to this contract. Any change to this contract must be in writing and we must sign it. No oral changes are binding. Buyer Signs X ______ Co-Buyer Signs X N/A
If any part of this contract is not valid, all other parts stay valid. We may delay or refrain from enforcing any of our rights under this contract without losing them. For example, we may extend the time for making some payments without extending the time for making others.
You authorize us to obtain information about you, or the vehicle you are buying, from the state motor vehicle department or other motor vehicle registration authorities.
See back for other important agreements.

NOTICE TO BUYER: (a) Do not sign this contract before you read it or if any spaces intended for the agreed terms, except as to unavailable information, are blank. (b) You are entitled to a copy of this contract at the time you sign it. (c) You may at any time pay off the full unpaid balance due under this contract, and in so doing you may receive a partial rebate of the finance charge. (d) The finance charge does not exceed 2.7400 % (must be filled in) per annum computed monthly.

You agree to the terms of this contract. You confirm that before you signed this contract, we gave it to you, and you were free to take it and review it. You confirm that you received a completely filled-in copy when you signed it.

Buyer Signs X ______ Date 04/30/16 Co-Buyer Signs X N/A ______ Date ______

Co-Buyers and Other Owners — A co-buyer is a person who is responsible for paying the entire debt. An other owner is a person whose name is on the title to the vehicle but does not have to pay the debt. The other owner agrees to the security interest in the vehicle given to us in this contract.

Other owner signs here X ______ Address N/A
Seller signs HONDA OF SEATTLE Date 04/30/16 By X ______ Title F&I

Seller assigns its interest in this contract to WSECU (Assignee) under the terms of Seller's agreement(s) with Assignee.
☐ Assigned with recourse ☒ Assigned without recourse ☐ Assigned with limited recourse
HONDA OF SEATTLE
Seller By ______ Title F&I

LAW FORM NO. 553-WA ...

ORIGINAL LIENHOLDER

EXHIBIT 16

GEICO | Payments | My Policy Details | ID Cards & Documents | Discounts & Special Offers | Claims | Personal Info

Auto Policy

Policy Period: 06/01/2020 to 12/01/2020
Policy Number: 4494570551

LOG OUT

The GEICO Giveback

You have received The GEICO Giveback! A 15% credit was automatically applied to your policy and is reflected in your Account History.

1 of 2

Message 1 of 2

Welcome MELISSA
Last Login Friday June 26, 2020 04:54 PM EDT

Billing & Payments for My Auto Policy

Date of Recurring Card Payment

Saturday
08/01/2020

Amount to be Charged

$111.02

Payment Options

Total 6 Month Premium:	$636.10
Remaining Balance:	$429.06
Amount of Last Payment:	$111.02
Last Payment Received:	07/03/2020

You are on the (Monthly with GEICO AutoPay) pay plan.

You are enrolled in a recurring credit/debit card payment plan. Edit your card information online.

This information may not reflect scheduled payments or payments made in the last 24 hours.

Quick Links

- Manage Vehicles
- Change Address
- Manage Drivers
- Finance Company
- Account History
- ID Cards
- Upcoming Payments

Need Renters Insurance?

Protect Yourself and Your Belongings

Your personal quote for Renters Insurance can be as low as:

LEARN MORE

Need Homeowners or Condo Insurance instead?

How would you get around without a car?

GEICO's fast and fair claim service ensures your loss is paid quickly, but what if you need a vehicle to get around while your vehicle is being repaired? You should consider adding Rental Reimbursement to your policy. Just a few dollars a month could end up saving you hundreds of dollars over the cost of renting a vehicle.

Resource Center

- FAQs
- Contact Us
- Benefits & Special Offers

GEICO | Payments | My Policy Details | ID Cards & Documents | Discounts & Special Offers | Claims | Personal Info

Auto Policy

Policy Period: 06/01/2020 to 12/01/2020
Policy Number: 4494570551

LOG OUT

Coverage Summary

Printer-Friendly Version

Summary | Edit Coverage | Proof of Insurance

Your current 6 month premium:

These coverages apply across all vehicles
*For specific details, consult your policy contract.

For Others

The below coverages pay out to other parties if the accident is your fault.

Bodily Injury Liability ? $173.20

$15,000 per person/$30,000 per occurrence

State Minimum: $15,000 per person/$30,000 per occurrence
Pays if you are responsible for another person's injury or death in an auto accident. It also pays for your legal defense.

Property Damage Liability ? $114.70

$5,000 per occurrence

State Minimum: $5,000 per occurrence
Pays if you are responsible for damage to another person's property.

Increase for only $24.10 per 6 months

We recommend that you increase your Property Damage liability limits to at least $25,000 to better protect you and your family.

For You

The below coverages pay out to you and your passengers.

Uninsured Motorist & Underinsured Motorist ? $54.20

$15,000 per person/$30,000 per occurrence

Pays for injuries caused by an uninsured, underinsured or hit-and-run motorist.

EDIT COVERAGE

Vehicle Coverage

Vehicle total 6 month premium:
2016 HONDA FIT LX

Comprehensive ? $26.20

Deductible: $500

Pays for vehicle and glass damage due to, among other causes, theft, vandalism, explosion and fire.

Collision ? $257.30

Deductible: $500

Prepaid Consumer Business ESPAÑOL

T-Mobile

Payment summary

Account # 197033473

0 Alerts

Renewal amount	$50.00
You must have enough in your prepaid service balance on 08/07/2020 to renew your service	
Available service balance	$50.00
Your prepaid service will be used to cover your charges as they arrive.	
Autopay	Not Enrolled

Redeem refill card

Manage AutoPay

Balance and payment details

Recent charges

Account and lines	Previous	Current
(206) 565-6426	$50.00	$50.00
Total	$50.00	$50.00

Account history

$50.00	$50.00	$50.00	$50.00	$50.00	$50.00	$50.00
01/07/20-02/06/20	02/07/20-03/06/20	03/07/20-04/06/20	04/07/20-05/06/20	05/07/20-06/06/20	06/07/20-07/06/20	07/07/20-08/06/20

Billing settings

CONTACT US COMPANY SUPPORT Why T-Mobile?

Privacy Policy Privacy Center Do Not Sell My Personal Information Terms of Use Terms & Conditions Broadband Internet Service Protecting your account Interest-Based Ads Accessibility

Personal Company Business ESPAÑOL

T-Mobile

Profile information

Manage your names, email, password, and more.

Names

Edit

First name
Melissa

Last name
Loe

Email

Edit

Email Address
mloe@afi.edu

My numbers

Edit

Primary phone number
(206) 565-6426

Other linked numbers
(206) 565-6426

Password

Edit

Password
****

Change PIN

Edit

PIN
****

Language Preferences

Edit

Selected Language
en

Security Questions

Edit

Questions
3 questions

CONTACT US COMPANY SUPPORT Why T-Mobile?

Privacy Policy Privacy Center Do Not Sell My Personal Information Terms of Use Terms & Conditions Broadband Internet Service Protecting your account Interest-Based Ads Accessibility

LA DWP Los Angeles Department of Water & Power

ladwp.com

BILL DATE	DATE DUE
Jun 5, 2020	Jun 24, 2020
ACCOUNT NUMBER	**AMOUNT DUE**
158 016 3178	$ 254.42

CUSTOMER SERVICE
1-800-DIAL-DWP (342-5397)
Monday-Friday: 7 a.m. - 7 p.m.
Saturday: 7 a.m. - 2 p.m.
Sunday and holidays: Closed
Available 24/7 for emergency & outage calls

Paying Your Bill

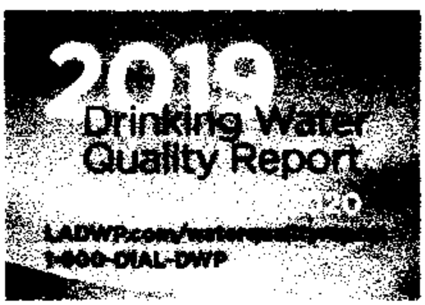
AUTOMATIC PAYMENT
Automatically pay from your checking, savings or credit card by logging in at *www.ladwp.com/billpay*

ONLINE
Pay from your checking, savings or credit card any time by logging in at *www.ladwp.com/myaccount*

BY PHONE
Pay from your checking, savings or credit card any time by calling 1-877-MYPAYDWP (1-877-697-2939)

BY MAIL
Place your payment stub and your check or money order in the envelope provided with the bill.

IN PERSON
Pay at any Customer Service Center. Locations are listed on the back of your payment stub and at *www.ladwp.com/servicecenters*



MELISSA L LOE, 1645 N ALEXANDRIA AVE # 308, LOS ANGELES, CA 90027

PAST DUE REMINDER Your bill includes a past due amount, which is due now. If you have recently made your payment, thank you.

You are currently receiving the Low Income Discount.

Account Summary

Previous Account Balance		$ 369.09
Payments *(see details below)*		-150.00
Past Due Balance	**Due Now**	**$ 219.09**
New Charges		+ 35.33
	Total Amount Due	**$ 254.42**

Summary of New Charges

Details on following pages.

Los Angeles Department of Water and Power Charges

LA DWP
800-342-5397

Electric Charges	4/2/20 - 6/2/20	311 kWh	$34.00
		Total LADWP Charges	**$ 34.00**

LADWP provides billing services for the Bureau of Sanitation. All money collected for the services listed in the City of Los Angeles Bureau of Sanitation Charges section is forwarded to them.

City of Los Angeles Bureau of Sanitation Charges

800-773-2489

Solid Waste Charges	4/3/20 - 6/5/20	$1.33
	Total Sanitation Charges	**$ 1.33**

Total New Charges $ 35.33

PLEASE KEEP THIS PORTION FOR YOUR RECORDS. IF PAYING IN PERSON, BRING ENTIRE BILL TO CUSTOMER SERVICE CENTER.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT, MAKING SURE THE RETURN ADDRESS SHOWS IN THE ENVELOPE WINDOW.

LA DWP Los Angeles Department of Water & Power

PAST DUE AMOUNT	CURRENT CHARGES	TOTAL AMOUNT DUE
$ 219.09	+ $35.33 =	$ 254.42
Due NOW	**Due Jun 24, 2020**	

THIS IS YOUR BILL

ACCOUNT NUMBER
158 016 3178

AMOUNT DUE **$ 254.42**

MELISSA L LOE
1645 N ALEXANDRIA AVE APT 308
LOS ANGELES CA 90027-5275

Please enter amount enclosed
$

Write account number on check or money order and make payable to LADWP.

158016317800000000000254427

EXHIBIT 19

LA DWP Los Angeles Department of Water & Power

ladwp.com

Page 1 of 4

BILL DATE	DATE DUE
Apr 3, 2020	Apr 22, 2020
ACCOUNT NUMBER	**AMOUNT DUE**
158 016 3178	$ 369.09

CUSTOMER SERVICE
1-800-DIAL-DWP (342-5397)
Monday-Friday: 7 a.m. - 7 p.m.
Saturday: 7 a.m. - 2 p.m.
Sunday and holidays: Closed
Available 24/7 for emergency & outage calls

Paying Your Bill

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ONLINE
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BY PHONE
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BY MAIL
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IN PERSON
Pay at any Customer Service Center. Locations are listed on the back of your payment stub and at *www.ladwp.com/servicecenters*

MELISSA L LOE, 1645 N ALEXANDRIA AVE # 308, LOS ANGELES, CA 90027

PAST DUE REMINDER Your bill includes a past due amount, which is due now. If you have recently made your payment, thank you.

Account Summary

Previous Account Balance		$ 315.41
Payment Received	*No payment received*	- .00
Past Due Balance	**Due Now**	**$ 315.41**
New Charges		+ 53.68
	Total Amount Due	**$ 369.09**

Summary of New Charges

Details on following pages.

Los Angeles Department of Water and Power Charges

LA DWP
800-342-5397

Electric Charges	2/3/20 - 4/2/20	248 kWh	$52.44
		Total LADWP Charges	**$ 52.44**

LADWP provides billing services for the Bureau of Sanitation. All money collected for the services listed in the City of Los Angeles Bureau of Sanitation Charges section is forwarded to them.

City of Los Angeles Bureau of Sanitation Charges

800-773-2489

Solid Waste Charges	2/4/20 - 4/3/20	$1.24
	Total Sanitation Charges	**$ 1.24**

Total New Charges $ 53.68

PLEASE KEEP THIS PORTION FOR YOUR RECORDS. IF PAYING IN PERSON, BRING ENTIRE BILL TO CUSTOMER SERVICE CENTER.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT, MAKING SURE THE RETURN ADDRESS SHOWS IN THE ENVELOPE WINDOW.

LA DWP Los Angeles Department of Water & Power

PAST DUE AMOUNT		CURRENT CHARGES		TOTAL AMOUNT DUE
$ 315.41	+	$53.68	=	$ 369.09
Due NOW		**Due Apr 22, 2020**		

THIS IS YOUR BILL

ACCOUNT NUMBER
158 016 3178

AMOUNT DUE **$ 369.09**

Please enter amount enclosed

$

Write account number on check or money order and make payable to LADWP.

MELISSA L LOE
1645 N ALEXANDRIA AVE APT 308
LOS ANGELES CA 90027-5275

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EXHIBIT 19

Los Angeles Department of Water & Power

ladwp.com

BILL DATE	DATE DUE	Page 1 of 4
Feb 4, 2020	Feb 24, 2020	
ACCOUNT NUMBER	**AMOUNT DUE**	
158 016 3178	$ 315.41	

CUSTOMER SERVICE
1-800-DIAL-DWP (342-5397)
Monday-Friday: 7 a.m. - 7 p.m.
Saturday: 7 a.m. - 2 p.m.
Sunday and holidays: Closed
Available 24/7 for emergency & outage calls

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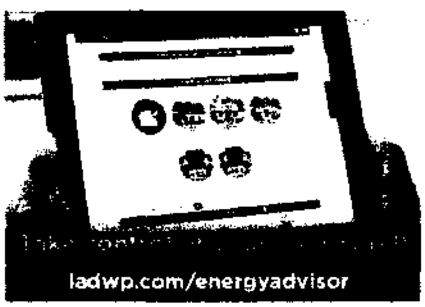

MELISSA L LOE, 1645 N ALEXANDRIA AVE # 308, LOS ANGELES, CA 90027

PAST DUE REMINDER Your bill includes a past due amount, which is due now. If you have recently made your payment, thank you.

Account Summary

Previous Account Balance		$ 224.48
Payment Received	*No payment received*	- .00
Past Due Balance	**Due Now**	**$ 224.48**
New Charges		+ 90.93
	Total Amount Due	**$ 315.41**

Summary of New Charges

Details on following pages.

Los Angeles Department of Water and Power Charges

Electric Charges	12/3/19 - 2/3/20	442 kWh	$89.63	
			Total LADWP Charges	**$ 89.63**

800-342-5397

LADWP provides billing services for the Bureau of Sanitation. All money collected for the services listed in the City of Los Angeles Bureau of Sanitation Charges section is forwarded to them.

City of Los Angeles Bureau of Sanitation Charges

Solid Waste Charges	12/4/19 - 2/4/20	$1.30	
		Total Sanitation Charges	**$ 1.30**

800-773-2489

Total New Charges $ 90.93

PLEASE KEEP THIS PORTION FOR YOUR RECORDS. IF PAYING IN PERSON, BRING ENTIRE BILL TO CUSTOMER SERVICE CENTER.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT, MAKING SURE THE RETURN ADDRESS SHOWS IN THE ENVELOPE WINDOW.

Los Angeles Department of Water & Power

PAST DUE AMOUNT		CURRENT CHARGES		TOTAL AMOUNT DUE
$ 224.48	+	$90.93	=	$ 315.41
Due NOW		**Due Feb 24, 2020**		

THIS IS YOUR BILL

ACCOUNT NUMBER
158 016 3178

AMOUNT DUE **$ 315.41**

Please enter amount enclosed

$

Write account number on check or money order and make payable to LADWP.

MELISSA L LOE
1645 N ALEXANDRIA AVE APT 308
LOS ANGELES CA 90027-5275

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EXHIBIT 19

LA DWP Los Angeles Department of Water & Power

ladwp.com

BILL DATE Dec 4, 2019

DATE DUE Dec 23, 2019

ACCOUNT NUMBER 158 016 3178

AMOUNT DUE $ 224.48

CUSTOMER SERVICE
1-800-DIAL-DWP (342-5397)
Monday-Friday: 7 a.m. - 7 p.m.
Saturday: 7 a.m. - 2 p.m.
Sunday and holidays: Closed
Available 24/7 for emergency & outage calls

MELISSA L LOE, 1645 N ALEXANDRIA AVE # 308, LOS ANGELES, CA 90027

PAST DUE REMINDER Your bill includes a past due amount, which is due now. If you have recently made your payment, thank you.

Paying Your Bill

AUTOMATIC PAYMENT
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ONLINE
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BY PHONE
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BY MAIL
Place your payment stub and your check or money order in the envelope provided with the bill.

IN PERSON
Pay at any Customer Service Center. Locations are listed on the back of your payment stub and at *www.ladwp.com/servicecenters*

Account Summary

Previous Account Balance		$ 320.04
Payments *(see details below)*		-171.68
Past Due Balance	**Due Now**	**$ 148.36**
New Charges		+ 76.12
	Total Amount Due	**$ 224.48**

Summary of New Charges

Details on following pages.

Los Angeles Department of Water and Power Charges

LA DWP
800-342-5397

Electric Charges	9/30/19 - 12/3/19	364 kWh	$74.77
		Total LADWP Charges	**$ 74.77**

LADWP provides billing services for the Bureau of Sanitation. All money collected for the services listed in the City of Los Angeles Bureau of Sanitation Charges section is forwarded to them.

City of Los Angeles Bureau of Sanitation Charges

800-773-2489

Solid Waste Charges	10/1/19 - 12/4/19	$1.35
	Total Sanitation Charges	**$ 1.35**

Total New Charges $ 76.12

PLEASE KEEP THIS PORTION FOR YOUR RECORDS. IF PAYING IN PERSON, BRING ENTIRE BILL TO CUSTOMER SERVICE CENTER.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT, MAKING SURE THE RETURN ADDRESS SHOWS IN THE ENVELOPE WINDOW.

LA DWP Los Angeles Department of Water & Power

PAST DUE AMOUNT		CURRENT CHARGES		TOTAL AMOUNT DUE
$ 148.36	+	$76.12	=	$ 224.48
Due NOW		**Due Dec 23, 2019**		

THIS IS YOUR BILL

ACCOUNT NUMBER
158 016 3178

AMOUNT DUE **$ 224.48**

MELISSA L LOE
1645 N ALEXANDRIA AVE APT 308
LOS ANGELES CA 90027-5275

Please enter amount enclosed

$

Write account number on check or money order and make payable to LADWP.

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EXHIBIT 19

LA DWP Los Angeles Department of Water & Power

ladwp.com

BILL DATE	DATE DUE	Page 1 of 4
Oct 1, 2019	Oct 21, 2019	
ACCOUNT NUMBER	**AMOUNT DUE**	
158 016 3178	$ 320.04	

CUSTOMER SERVICE
1-800-DIAL-DWP (342-5397)
Monday-Friday: 7 a.m. - 7 p.m.
Saturday: 7 a.m. - 2 p.m.
Sunday and holidays: Closed
Available 24/7 for emergency & outage calls

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MELISSA L LOE, 1645 N ALEXANDRIA AVE # 308, LOS ANGELES, CA 90027

PAST DUE REMINDER Your bill includes a past due amount, which is due now. If you have recently made your payment, thank you.

Account Summary

Previous Account Balance		$ 204.54
Payment Received	*No payment received*	- .00
Past Due Balance	**Due Now**	**$ 204.54**
New Charges		+ 115.50
	Total Amount Due	**$ 320.04**

Summary of New Charges

Details on following pages.

Los Angeles Department of Water and Power Charges

LA DWP 800-342-5397

Electric Charges	7/31/19 - 9/30/19	569 kWh	$114.22
		Total LADWP Charges	**$ 114.22**

LADWP provides billing services for the Bureau of Sanitation. All money collected for the services listed in the City of Los Angeles Bureau of Sanitation Charges section is forwarded to them.

City of Los Angeles Bureau of Sanitation Charges

800-773-2489

Solid Waste Charges	8/1/19 - 10/1/19	$1.28
	Total Sanitation Charges	**$ 1.28**

Total New Charges $ 115.50

PLEASE KEEP THIS PORTION FOR YOUR RECORDS. IF PAYING IN PERSON, BRING ENTIRE BILL TO CUSTOMER SERVICE CENTER.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT, MAKING SURE THE RETURN ADDRESS SHOWS IN THE ENVELOPE WINDOW.

LA DWP Los Angeles Department of Water & Power

PAST DUE AMOUNT	CURRENT CHARGES		TOTAL AMOUNT DUE
$ 204.54	+ $115.50	=	$ 320.04
Due NOW	**Due Oct 21, 2019**		

THIS IS YOUR BILL

ACCOUNT NUMBER
158 016 3178

AMOUNT DUE **$ 320.04**

Please enter amount enclosed

$

Write account number on check or money order and make payable to LADWP.

MELISSA L LOE
1645 N ALEXANDRIA AVE APT 308
LOS ANGELES CA 90027-5275

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EXHIBIT 19

LA DWP Los Angeles Department of Water & Power

ladwp.com

BILL DATE	DATE DUE	Page 1 of 4
Aug 1, 2019	Aug 20, 2019	
ACCOUNT NUMBER	**AMOUNT DUE**	
158 016 3178	$ 204.54	

CUSTOMER SERVICE
1-800-DIAL-DWP (342-5397)
Monday-Friday: 7 a.m. - 7 p.m.
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Sunday and holidays: Closed
Available 24/7 for emergency & outage calls

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IN PERSON
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Drinking Water Quality Report

qualityreport

MELISSA L LOE, 1645 N ALEXANDRIA AVE # 308, LOS ANGELES, CA 90027

PAST DUE REMINDER Your bill includes a past due amount, which is due now. If you have recently made your payment, thank you.

Account Summary

Previous Account Balance		$ 232.99
Payment Received 6/28/19	*Thank you*	-130.00
Past Due Balance	**Due Now**	**$ 102.99**
New Charges		+ 101.55
	Total Amount Due	**$ 204.54**

Summary of New Charges

Details on following pages.

Los Angeles Department of Water and Power Charges

LA DWP 800-342-5397

Electric Charges	5/31/19 - 7/31/19	502 kWh	$100.31
		Total LADWP Charges	**$ 100.31**

LADWP provides billing services for the Bureau of Sanitation. All money collected for the services listed in the City of Los Angeles Bureau of Sanitation Charges section is forwarded to them.

City of Los Angeles Bureau of Sanitation Charges

800-773-2489

Solid Waste Charges	6/3/19 - 8/1/19	$1.24
	Total Sanitation Charges	**$ 1.24**

Total New Charges $ 101.55

PLEASE KEEP THIS PORTION FOR YOUR RECORDS. IF PAYING IN PERSON, BRING ENTIRE BILL TO CUSTOMER SERVICE CENTER.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT, MAKING SURE THE RETURN ADDRESS SHOWS IN THE ENVELOPE WINDOW.

LA DWP Los Angeles Department of Water & Power

PAST DUE AMOUNT	CURRENT CHARGES	TOTAL AMOUNT DUE
$ 102.99	+ $101.55 =	$ 204.54
Due NOW	Due Aug 20, 2019	

THIS IS YOUR BILL

ACCOUNT NUMBER
158 016 3178

AMOUNT DUE **$ 204.54**

MELISSA L LOE
1645 N ALEXANDRIA AVE APT 308
LOS ANGELES CA 90027-5275

Please enter amount enclosed

$

Write account number on check or money order and make payable to LADWP.

15801631780000000000204547

EXHIBIT 19

EXHIBIT 20

This is a copy of the **Household Income Requirement (maximum)** chart for the **LADWP Low Income Discount Program** to show my current enrollment in this program. The maximum income allowed to qualify for this program is **$33,820.**

Discount Rates

LADWP offers discount rate programs to make water and electricity more affordable for qualifying families who are experiencing difficulties paying their bills.

Do you qualify for financial assistance?

Fill out our Financial Assistance Qualification form to see which programs you qualify for.

Low Income Discount Program

If your income and household size qualify for this rate, the LADWP will apply a discount to your electric and/or water bill. For your convenience, you may download, print, and mail in a paper application form.

Interested in obtaining more information on the Low Income Discount Program?

(online)

(PDF)

To submit Proof of Income documentation separately from the application, please print the Cover Sheet below, fill in all of the information, attach your proof of income documentation, and send the Cover Sheet with the documentation to the address or fax number noted below.

Household Income Requirements

Members in Household	Maximum Annual Gross Income*
1	$33,820
2	$33,820
3	$42,660
4	$51,500
5	$60,340
6	$69,180
7	$78,020
8	$86,860
Each additional member:	Add $8,840 to income

*Effective July 1, 2019

First Hill Internal Medicine
1101 Madison St
Suite 301
Seattle WA 98104
Phone: 206-505-1101
Fax: 206-505-1491

COPY

First Hill Internal Medicine
1101 Madison St
Suite 301
Seattle WA 98104
Phone: 206-505-1101
Fax: 206-505-1491

November 15, 2012

Melissa Loe
418 E Loretta Pl Apt 405
Seattle WA 98102-5557

To whom it may concern:

Melissa Loe is under my care. I am her PCP.
She has multiple chronic medical conditions. She suffers from uncontrolled type I diabetes (brittle diabetes) with ocular manifestations, macular edema and retinopathy. She also has diabetic peripheral neuropathy.
She has been hospitalized multiple times for diabetic ketoacidosis/complications of diabetes. Her sugars range from high to low. When they are too high or too low, she has been functionally impaired with a variety of symptoms including episodic nausea, shakiness, confusion, loss of consciousness, extreme fatigue, vision changes.

Currently her health is chronic and stable but she continues to experience highs and lows despite maximal medical therapy.

She also has a known cavernous malformation of brain. She has had seizures in the past and has chronic headaches.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Jessica Rongitsch, MD

EXHIBIT 21

pacific medical centers (/)

US FAMILY HEALTH PLAN (https://www.usfhpnw.org)

MyChart (https://mychartwa.providence.org/mychart/)

More Help & FAQ

- Affordable Care Act and Healthcare Insurance Exchange (https://www.pacificmedicalcenters.org/help-and-faq/health-benefit-exchanges/)
- Help & FAQ (https://www.pacificmedicalcenters.org/help-faq/)
- Insurance Accepted (https://www.pacificmedicalcenters.org/help-faq/insurance-accepted/)
- Medical Records (https://www.pacificmedicalcenters.org/help-faq/medical-records/)
- MyChart FAQ (https://www.pacificmedicalcenters.org/help-faq/mychart-faq/)
- MyChart – New and Improved! (https://www.pacificmedicalcenters.org/help-faq/mychart-upgrade/)
- Patient Financial Services (https://www.pacificmedicalcenters.org/help-faq/patient-financial-services/)
- Patient Rights and Responsibilities (https://www.pacificmedicalcenters.org/help-faq/patient-rights-and-responsibilities/)
- Premera Plans Accepted at PacMed (https://www.pacificmedicalcenters.org/help-faq/premera-plans-accepted-at-pacmed/)
- Preparing for Your Visit (https://www.pacificmedicalcenters.org/help-faq/preparing-for-your-visit/)
- Referring a Patient to PacMed (https://www.pacificmedicalcenters.org/help-faq/referring-a-patient-to-pacmed/)
- Sample Statement (https://www.pacificmedicalcenters.org/help-faq/sample-statement/)

MyChart – New and Improved!

You may know PacMed joined with the Providence family of health facilities, including great partners like Swedish Medical Center. To help you access this full network, we are upgrading MyChart to bring all your health information together in one place.

Whether you're new to MyChart or have used it before, read on for how to access the new and powerful features MyChart brings to your fingertips.

Why should I use MyChart?
How do I get to the new MyChart?
How do I login?
Is it safe?
What else do I need to know?

FAQ (/help-faq/mychart-faq)

Why should I use MyChart?

MyChart can save you time at the doctor's office or on the phone, by letting you manage your health records, scheduling, and even conversations with your provider at your convenience from your computer or mobile device.

Here are a few of the great things you can do from MyChart:

- **View your health record**
- **Schedule appointments** *New*
    - Save your FAVORITE appointments (type and provider) to skip steps when you schedule your next primary care visit.
    - Choose from a calendar of available appointments, sorted by day, in DIRECT SCHEDULING.
- **Request prescription renewals**
- **Message your healthcare team**
- **View and print your test results**
- **View scans and documents:** See most diagnostic images and other documents that have been scanned into your medical record. *New*
- **Communicate *your* way.** Choose what types of messages you want to receive from us—and how often. *New*
- **Control your personal information.** View and edit personal details and update your contact information —saving you valuable time when you phone or check in. *New*
- **Pay bills in MyChart.** View and resolve balances in the same place you manage your other medical information.* *New*
- **Get help with advance care planning.** Make a plan for medical decisions to ensure you get the care you want, even if your family or doctor must make decisions for you. *New*
- **Keep everything in one place.** When you receive care at PacMed, Swedish or any other Providence site, details from that visit will be now noted in your single MyChart record. *New*
- **Link your other health records.** From the MyChart mobile app, use the HAPPY TOGETHER section to link available medical records from other health systems, all in one place. *New*

**A small number of patients, who carry balances from services provided before November 3, 2017, will need to continue logging onto the legacy system (https://pay.keypatient.com/Form/PaymentPortal/Default?Id=pacmed) if they wish to access and pay off those older balances online OR please call 206.621.4392 or 1.888.774.9040*

How do I get to the new MyChart?

You can access the new MyChart in two ways – either through a web browser, or through the MyChart App.

Use a Web Browser

From your mobile phone or computer, use a browser like Chrome, Safari, or Internet Explorer, and copy or type in this link: https://mychartwa.providence.org/mychart/ (https://mychartwa.providence.org/mychart/)

MyChart Montana and Washington (https://mychartwa.providence.org/mychart/)

You'll see the logo above, telling you you're at the right place.

Name: Melissa Lynn Loe | DOB: 12/10/1973 | MRN: E60006865105 | PCP: Julia H. Becke, MD

Medical History

This is an overview of your medical history on file with the clinic.

Medical History

Diagnosis	When
Other and unspecified hyperlipidemia	
Nausea with vomiting	
Diarrhea	
Anorexia	
Esophageal reflux	
Unspecified disorder of thyroid	
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled	
Bronchitis, not specified as acute or chronic	
Headache(784.0)	
Memory loss	
HX OTHER MEDICAL	
Glaucoma	
Menorrhagia	
Hypothyroidism	
Diabetes mellitus type 1	
Cavernous angioma	
Seizure disorder	

Diagnosis	When
Myopia OU	

Surgical History

Procedure	When
FOOT FRACTURE SURGERY	
SHOULDER SURGERY	
FOOT SURGERY	
LASIK	2004
OTHER SURGICAL HISTORY	10/31/2012

Family Medical History

Relationship	Health Issue	Comment
Paternal Aunt	Breast cancer	
Paternal Aunt	Breast cancer	

Social History

Smoking Tobacco Use:
Never Smoker

Smoking Tobacco Types:

Packs / Day:

Years Smoked:

Coronavirus Update: The health of our patients and community is always our top priority.

Department of Health Services (DHS) clinics and hospitals will remain open and available to patients during the Coronavirus (COVID-19) outbreak.

Currently, DHS is testing patients who have symptoms. The test is free. Some clinics are now offering on site testing, so call your clinic to learn more.

The COVID-19 Nurse Advice Line: 844-804-0055 provides medical advice every day from 7am-7pm. Testing is also available at county testing sites; to schedule an appointment, go to covid19.lacounty.gov/testing *—https://covid19.lacounty.gov/testing/*

For information on the coronavirus (COVID-19), please visit http://dhs.lacounty.gov/coronavirus. *—http://dhs.lacounty.gov/coronavirus*

Overview

The information below is from your electronic medical record. If you believe anything is incorrect, please notify your provider's office.

MELISSA LOE

Current Medications

Your pharmacy may make changes, so be sure to ask your pharmacist for exact medication instructions.

Learn More *—http://www.nlm.nih.gov/medlineplus/*

Admelog 100 units/mL injectable solution Learn more about this

Date Started On: Jun 01, 2020 **Ordered By:** Sequeira, Paola Alexandra

The dose, frequency, and route information that is displayed below may have changed when your prescription was filled. Do not rely on the information below as instructions for taking the medication; always consult your pharmacy or health care provider for instructions and medication information.

Dose: See Instructions

Glucometer Test-Strips Learn more about this

Date Started On: Jun 01, 2020 **Ordered By:** Sequeira, Paola Alexandra

The dose, frequency, and route information that is displayed below may have changed when your prescription was filled. Do not rely on the information below as instructions for taking the medication; always consult your pharmacy or health care provider for instructions and medication information.

Dose: See Instructions

ergocalciferol 50,000 intl units (1.25 mg) oral capsule Learn more about this

Date Started On: Jun 01, 2020 **Ordered By:** Sequeira, Paola Alexandra

The dose, frequency, and route information that is displayed below may have changed when your prescription was filled. Do not rely on the information below as instructions for taking the medication; always consult your pharmacy or health care provider for instructions and medication information.

Dose: 1 caps
Frequency: every week on Sunday
Route: Oral

levothyroxine 75 mcg (0.075 mg) oral capsule Learn more about this

Date Started On: Jun 01, 2020 **Ordered By:** Sequeira, Paola Alexandra

The dose, frequency, and route information that is displayed below may have changed when your prescription was filled. Do not rely on the information below as instructions for taking the medication; always consult your pharmacy or health care provider for instructions and medication information.

Dose: 1 caps
Frequency: Daily
Route: Oral

Flonase 0.05 mg/inh nasal spray Learn more about this

Date Started On: Jun 06, 2017 **Ordered By:** Campa, Manuel Diego

The dose, frequency, and route information that is displayed below may have changed when your prescription was filled. Do not rely on the information below as instructions for taking the medication; always consult your pharmacy or health care provider for instructions and medication information.

Dose: 2 sprays
Frequency: Daily
Route: Nasal inhalation

ZyrTEC 10 mg oral tablet Learn more about this

Date Started On: Jun 06, 2017 **Ordered By:** Campa, Manuel Diego

The dose, frequency, and route information that is displayed below may have changed when your prescription was filled. Do not rely on the information below as instructions for taking the medication; always consult your pharmacy or health care provider for instructions and medication information.

Dose: 1 tabs
Frequency: Daily
Route: Oral

Proventil HFA 90 mcg/inh inhalation aerosol with adapter Learn more about this

Date Started On: Apr 11, 2017 **Ordered By:** Campa, Manuel Diego

The dose, frequency, and route information that is displayed below may have changed when your prescription was filled. Do not rely on the information below as instructions for taking the medication; always consult your pharmacy or health care provider for instructions and medication information.

Dose: 2 puffs
Frequency: every 4 hours as needed
Route: Oral Inhalation

Immunizations

No immunizations recorded

Current Allergies

penicillin

erythromycin

Health Issues

Well adult exam Learn more about this — **Status:** Active

Encounter for immunization Learn more about this — **Status:** Active

Cervical Ca screening Learn more about this — **Status:** Active

Encounter for contraceptive management Learn more about this — **Status:** Active

Encounter for STI screening Learn more about this — **Status:** Active

Hypothyroidism Learn more about this — **Status:** Active

Diabetes Learn more about this — **Status:** Active

Cough Learn more about this — **Status:** Active

Cavernous angioma Learn more about this — **Status:** Active

Diabetic retinopathy Learn more about this — **Status:** Active

Overweight Learn more about this — **Status:** Active

Gastroparesis due to diabetes mellitus type II Learn more about this — **Status:** Active

Neuropathy Learn more about this — **Status:** Active

Presyncope: episodic Learn more about this — **Status:** Active

Type 1 diabetes mellitus Learn more about this — **Status:** Active

Document info

Result type:	CT Head or Brain w/o Contrast
Result date:	Jun 01, 2020, 05:15 p.m.
Result status:	authenticated
Performed by:	Nicholas Lozano
Verified by:	Alexander Lerner
Modified by:	Alexander Lerner
Accession number:	00030CT20200065763

CT Head or Brain w/o Contrast

Patient:	MELISSA LOE	DOB:	Dec 10, 1973

Final Report

EXAM DESCRIPTION:
CT Head or Brain w/o Contrast.

EXAM DATE:
6/1/2020 5:15 pm.

HISTORY:
Other (please specify), HA hx of angioma cavernosum no surgery.

COMPARISON:
None.

TECHNIQUE:
A digital scout was obtained.

Multiple axial CT images of the head were obtained without contrast.. Coronal and sagittal reconstructions were obtained.

RADIATION DOSE:
DLP 928.6mGy-cm; CTDI 51.7mGy;
Up-to-date CT equipment and radiation dose reduction techniques were employed. CTDIvol: 51.7 mGy. DLP: 929 mGy-cm.

EXHIBIT 24

FINDINGS:
There is a round area of hyperdensity in the left frontal lobe white matter measuring 7 mm. There is no surrounding edema.

Ventricles and sulci are normal in size and configuration. No extra axial collection.
No mass effect or edema. No CT evidence of acute large territorial infarct.

Visualized paranasal sinuses and mastoid air cells are well aerated. Calvarium is unremarkable.

IMPRESSION:
Round area of hyperdensity in the left frontal lobe without surrounding edema. This finding may be related to a cavernoma, consider comparison to prior examinations or further characterization with MRI brain.

EXHIBIT 25

This is a **4** page document pulled from my (Melissa Loe) online pharmacy account with **Rite-Aid Pharmacy.**

- Page 1 is a print out of my relative prescriptions for my chronic illnesses.
- Page 2 details my prescription for **Contour Next Strips** showing that this is a monthly prescription (33 day supply) and why these strips are prescribed. I am required to use these specific test strips because they correspond with my specific glucometer (Contour Next Glucometer) that is affiliated with my specific Insulin Pump (MiniMed 670g Insulin Pump). The meter sends my glucose readings directly to my pump which in turn is used to calculate approximately how much insulin my pump should dose to me.
- Page 3 details my prescription for **Admelog Insulin** (generic, fast acting, synthetic insulin). It reflects that a month supply is approximately three 100ml vials. Insurance calculates this out to be a 42 day supply because I require approximately 2 ½ vials to live each month and there are no smaller vials available than the 100ml one. It is important to note that the prescription is written as "use up to 70 units per 24 hours" but this is actually just an average. My daily insulin intake constantly changes based on what *I eat and my level of activity. Another factor that drastically affects the amount of insulin I* use each month is insulin waste. My pump requires me to draw between 200-300 units (there are a 1000 units in each vial) from the vial to fill a disposable reservoir which is then attached to a disposable catheter to create an infusion set that is installed into my pump and inserted into my stomach. After three days I am required to remove the catheter and dispose of the set in its entirety to avoid getting an infection in the injection location. Any insulin that is not used in the reservoir is thrown away for fear of contamination.
- Page 4 details my prescription for **Levothyroxine** (Generic). It is written as a 3 month prescription. This medication is for my Hypothyroidism.

These documents are supplied as evidence of my chronic prescriptions and are used to inform you of their uses.

RITE AID PHARMACY

Search

PHARMACY SHOP COUPONS WEEKLY AD PHOTO

LINK FAMILY MEMBERS

You are **currently** enrolled in the Automated Courtesy Refill Program **Find Out More**

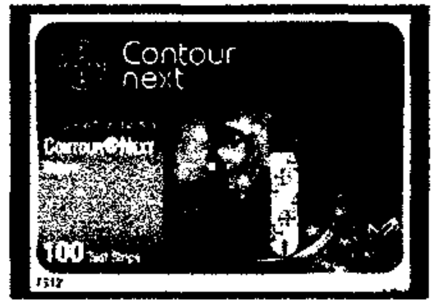
MELISSA LOE

RECENT (4) HISTORY

Select

	Medication Name	Status	Automated Refill Program	Last Filled	Qnty
☐	CONTOUR NEXT TEST...	Eligible for Refill	Not Enrolled	07/15/2020	200
☐	ADMELOG 100 UNIT/...	Eligible for Refill	Not Enrolled	07/13/2020	30
	LEVOTHYROXINE 75 ...		Enrolled	06/04/2020	90

CONTOUR NEXT TEST STRIP



Medication Information

Name: CONTOUR NEXT TEST STRIP

NDC: 00193731221

Prescription Information

Prescription Number: 054351154139

Date Written: 06/01/2020

Last Filled: 07/15/2020

Quantity Dispensed: 200.00

Quantity Remaining: 1000.00

Days Supply: 33

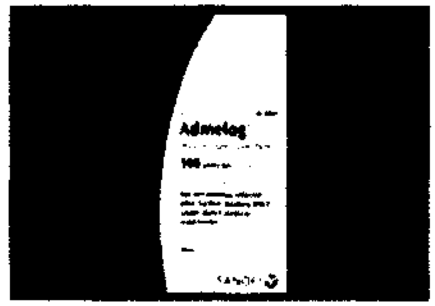
Refills Remaining: Yes

Patient Paid: $0

Directions:

CHECK 4 TO 6 TIMES PER DAY DUE TO TYPE 1 DIABETES ON INSULIN PUMP

ADMELOG 100 UNIT/ML VIAL



Medication Information

Name: ADMELOG 100 UNIT/ML VIAL

NDC: 00024592410

Prescription Information

Prescription Number: 054351154112

Date Written: 06/01/2020

Last Filled: 07/13/2020

Quantity Dispensed: 30.00

Quantity Remaining: 90.00

Days Supply: 42

Refills Remaining: Yes

Patient Paid: $0

Directions:

USE WITH INSULIN PUMP. USE UP TO 70 UNITS PER 24 HOURS

LEVOTHYROXINE 75 MCG TABLET

Medication Information

Name: LEVOTHYROXINE 75 MCG TABLET

NDC: 68180096701

Prescription Information

Prescription Number: 054351154114

Date Written: 06/01/2020

Last Filled: 06/04/2020

Quantity Dispensed: 90.00

Quantity Remaining: 270.00

Days Supply: 90

Refills Remaining: Yes

Patient Paid: $0

Directions:

take 1 tablet by mouth once daily

EXHIBIT 26

This is a 1 page document pulled from my (Melissa Loe) Medtronic account. It depicts the costs of a 3 month supply for 2 components used to make my disposable infusion set/catheter for my insulin pump. Medtronic is the only supplier of these infusion sets - generics are not available. A 3 month supply consists of 40 **MiniMed Quick-set 6mm Cannula/18" tubing** and 40 **MiniMed 3.0ml Reservoirs.** I use 1 of each kind of component to create a disposable infusion set/catheter that is replaced every 3 days accounting for the use of approximately 30 sets every 3 months. The remaining 10 sets are supplied because human error involved in inserting the sets renders some sets useless, some sets come with defects rendering them useless and sometimes upon inserting the catheter you hit internal scar tissue which will not allow for the infusion set to work accurately.

I supplied this document to detail what the cost would be for an uninsured person to purchase these items. I've taken the total for the 3 month supply **($783.20)** and divided it by 3 to show a monthly cost of **$261.07** total for these components. I've used this figure to support the budgets I created depicting my monthly expenses.

Order #: 12419022

Delivered to: 1645 N Alexandria Ave Apt #308 Hollywood, CA 90027

Delivered

MiniMed™ Quick-set™ 6mm Cannula / 18" Tubing (10/box)

Qty: 4

$ 152.90 per item

Product code: MMT-394

Status: Delivered on 10/25/19

Tracking details: 1Z5F606X1219362820

Insurance item

Add to scheduled orders

One-time order

MiniMed™ 3.0mL Reservoir (10/box)

Qty: 4

$ 42.90 per item

Product code: MMT-332A

Status: Delivered on 10/25/19

Tracking details: 1Z5F606X1219362820

Insurance item

Add to scheduled orders

One-time order

Order created on: 10/5/19

Insurance items	$ 783.20
Cash items	$ 0.00
Shipping costs	$ 0.00
Order total	**$ 783.20**

EXHIBIT 26

EXHIBIT 27

This is a **3** page document from Covered California listing the differences between their **"PLATINUM, GOLD, SILVER and BRONZE"** plans in regards to preventative care, Doctor's visits, ER visits and prescription plans.

I've supplied **EXHIBIT 27** as a general overview for the health care levels available by Covered California and to better understand the necessity of the **GOLD** or **PLATINUM** plan over the **SILVER** or **BRONZE** for someone with high necessity of medical and prescription care.

A Plan Level for Every Budget

Most services have a small copay and most are not subject to a deductible.

Platinum

NO DEDUCTIBLES

Higher monthly premium. Lowest copays. Lower monthly premium if you qualify for financial help.

Preventive		+ER	
Free	$15	$150	$5

Gold

NO DEDUCTIBLES

High monthly premium. Lower copays. Lower monthly premium if you qualify for financial help.

Preventive		+ER	
Free	$30	$350	$15

Silver

Moderate to low monthly premium if you qualify based on your income.

Preventive		+ER	
Free	$5 to $40	$50 to $400	$3 to $1

($300 deduc apply

Bronze

Lowest monthly premium. Services have highest copays or deductibles.

Preventive	Doctor visit	ER	Drugs
Free	$65*	40% of bill	$18
	(after $500 deductible)	(after deductible)	

These examples are intended to show the differences between metal tiers. Your actual copays, coinsurance and deductibles could vary and will be displayed when you compare specific plans. Minimum coverage (catastrophic) plans are also available for those who qualify, but are not eligible for financial help.

COPAY is a fixed amount you pay for a service, with the plan covering the remainder.

DEDUCTIBLE is the amount you pay before the plan starts to pay for services. In most plans, the deductible applies only to inpatient services and prescription drugs.

COINSURANCE is a percentage you pay for a service, with the plan covering the remainder.

* Doctor visits for Bronze plans are $65 each for the first three visits. Subsequent visits are full cost until the deductible is met.

Shop and Compare → (https://apply.coveredca.com/lw-shopandcompare/?SIYQ=)

← Back (/see-if-you-qualify-for-financial-help/you-may-qualify/plan-benefits/)

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Quick Help
Contact Us (/find-help/contact)
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Videos to Help You Enroll

Specialty Resources
Enrollment Partners and Agents (/resources)
Newsroom (/newsroom)
American Indians and

Get Notifications
Sign up for email updates to get deadli[...]s and other in[...] information.

PRIVACY POLICY (/PRIVACY)

Coverage Basics (/individuals-and-families/getting-covered/coverage-basics)

Special Circumstances (/individuals-and-families/special-circumstances)

Eligibility and Immigration (/individuals-and-families/getting-covered/immigrants/)

Careers (http://hbex.coveredca.com/jobs/)

(/find-help/videos-to-help-you-enroll)

Contact Your Health Insurance Company (/find-help/health-plans/)

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Enter Email Address

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CoveredCA.com is sponsored by Covered California (http://hbex.coveredca.com/) and the Department of Health Care Services (http://www.dhcs.ca.gov/Pages/default.aspx), which work together to support health insurance shoppers to get the coverage and care that's right for them.

HONEST WORK, FAIR PAY

$10.50	JULY 1, 2016	$10.50	JULY 1, 2017
$12.00	JULY 1, 2017	$12.00	JULY 1, 2018
$13.25	JULY 1, 2018	$13.25	JULY 1, 2019
$14.25	JULY 1, 2019	$14.25	JULY 1, 2020
$15.00	JULY 1, 2020	$15.00	JULY 1, 2021

IN UNINCORPORATED AREAS OF LOS ANGELES COUNTY

LOS ANGELES COUNTY
CONSUMER &
BUSINESS AFFAIRS

CONNECT WITH US

@LACoSmallBiz
@LACountyDCBA
@LACoConsumidor
(Siguenos en Español)

EXHIBIT 28

EXHIBIT 29

This is a **19** page printout from **Covered California** (California State Health Insurance Marketplace) detailing the cost for an individual making **$35,000** to purchase insurance from the Marketplace as of **7/24/2020.**

- Pages 1-2 are classifications used to determine my eligibility for State subsidies for health insurance given that I make **$35,000** per year.
- Pages 3-4 are classifications used to narrow down which insurance plans would best meet my needs given the medical services I expect to use in a year. I have chosen **"HIGH USE"** given my current medical conditions and needs.
- Pages 5-6 are classifications used to best describe the prescription drug use I would most likely need during a year. I have chosen "**VERY HIGH USE**" because of my known, chronic prescription drug needs.
- Pages 7-9 are a list of **PLATINUM** level insurance plans. (The most comprehensive coverage offered through the marketplace.) There are 6 plans offered.
- Pages 10-12 are a list of **GOLD** level insurance plans. There are 6 plans offered.
- Pages 13-15 are a list of **SILVER** level insurance plans. There are 6 plans offered.
- Pages 16-19 are a list of **BRONZE** level insurance plans. There are 8 plans offered.

I've submitted **EXHIBIT 29** as evidence of expected future monthly expenses for health insurance. (This is a required and necessary expense) Given the severity of my medical conditions and my frequent need for labs, prescriptions and clinic visits it is my experience that the **PLATINUM** is the most ideal plan based on coverage, copays and deductibles. I have taken the most expensive **PLATINUM** plan (**Blue Shield $720.08)** and averaged it with the least expensive **PLATINUM** plan offered **(Molina Healthcare $328.33)** to come up with a median cost of **$524.20** as a monthly expense for me to purchase **PLATINUM** health insurance. The difference in the two plans are access to Doctors, Clinics, Specialists and Hospitals. (**Blue Shield** being the best choice) The **GOLD** plan would be less ideal (higher copays and deductibles) but I have taken the most expensive **GOLD** plan (**Blue Shield $470.24**) and averaged it with the least expensive **GOLD** plan (**Molina Healthcare $259.97)** to come up with the median cost of **$365.11** as a monthly expense for me to purchase **GOLD** health insurance. The **SILVER** and **BRONZE** insurance would not make financial sense based on my known and necessary prescriptions and medical durables due to high deductibles and copays.

Español Need Help?

My Options

Here is what you told us:

Zip code:

90027

Total household income:

$35000

Household members:

1

Age of Head of Household:

46 years

Needs Coverage? **Pregnant?** **Blind or Disabled?**

Based on what you told us, here is what you may qualify for:

We've grouped your household members based on each person's potential eligibility.

Covered California Programs

Click 'Preview' to view the available health plans through Covered California.

HouseholdMember	Potential Eligibility
Person 1 (46)	Lower Monthly Premium

More Information (http://www.coveredca.com/individuals-and-families/getting-covered/health-care-costs/)

Preview Plans

These results are only an estimate. You will need to complete an application.

Back

Apply Now

◂Back to Shop and Compare

Tell us about your health care needs

Your answers are used to find the best plan option for you: (2/3)

Choose the category that best describes the medical service use you expect for the next year.
For families, choose the category that best fits the person who probably will need the most medical services next year.

LOW USE: 1 doctor visit and 2 lab tests each year; preventive visits and care too

MEDIUM USE: 4-5 doctor visits, lab tests and one or more small treatments done in doctor's office; often the care is for an ongoing health problem.

HIGH USE: surgery or other treatment in an outpatient center; 6 or more doctor visits, lab tests, x-rays and an imaging scan.

VERY HIGH USE: a hospital stay and treatment in an outpatient center; 6 or more doctor visits with lab tests, x-rays and an imaging scan.

◂Back Next▸

Español Need Help? Log In

◂ Back to Shop and Compare

Tell us about your health care needs

Your answers are used to find the best plan option for you: (3/3)

Choose the category that best describes the prescription drug use you expect for the next year.
For families, choose the category that best fits the person who probably will need the most medications next year.

LOW USE: 2-3 prescriptions during the year for unexpected, brief illness.

MEDIUM USE: 1-2 prescriptions each month for a health problem.

HIGH USE: 3 prescriptions each month for health problems; often higher cost medications.

VERY HIGH USE: 4 or more prescriptions each month for health problems OR very high cost medications.

◂ Back View Plans

Español Need Help? Log In

Estimated Monthly Savings $178.70/month For 1 Member in zipcode 90027.

Coverage could start as early as 07/25/2020.

FILTERS APPLIED **Platinum**

SORT BY

Total Expense Estimate

Monthly Premium (low to high)

FILTER BY

PLAN TYPE

HMO

EPO

PPO

PLAN FEATURES

Health Savings Account (HSA)
Qualified HSA used with a High Deductible Health Plan

METAL TIER

Platinum
highest premiums, lowest out-of-pocket costs

Gold
higher premiums, lower out-of-

LA Care Health Plan

PLATINUM HMO

$337.35
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $15
Generic Drugs	You pay $5
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★☆☆

COMPARE DETAILS ADD

Molina Healthcare

PLATINUM HMO

$328.33
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $15
Generic Drugs	You pay $5
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆

COMPARE DETAILS ADD

Kaiser Permanente

PLATINUM HMO

$423.27
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $15
Generic Drugs	You pay $5
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★★★

COMPARE DETAILS ADD

Health Net

PLATINUM HMO

$434.30
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $15
Generic Drugs	You pay $5
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆

COMPARE DETAILS ADD

Health Net	blue
PLATINUM PPO	PLATINUM HMO
$696.33 monthly premium after $178.70 monthly savings	$720.08 monthly premium after $178.70 monthly savings

	Health Net PLATINUM PPO	blue PLATINUM HMO
Primary Care Visits	You pay $15	You pay $15
Generic Drugs	You pay $5	You pay $5
Yearly Deductible	$0 / $0 (May Not Apply)	$0 / $0 (May Not Apply)
Total Expense Estimate	Higher	Higher
Quality Rating	Quality Rating in Future	★★★☆☆

COMPARE DETAILS ADD COMPARE DETAILS ADD

Benefits Summary Disclaimer: This is a summary of commonly used benefits and the applicable copayments, coinsurance, and deductibles. Before making a plan selection, please download and review the plan's Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) found on the Plan Details page for complete information on benefits and exclusions.

Quality Rating Disclaimer: The overall Quality Ratings are calculated by Covered California using data the plans provided to the federal government in 2018.

Español Need Help? Log In

Estimated Monthly Savings $178.70/month For 1 Member in zipcode 90027.

Coverage could start as early as 07/25/2020.

FILTERS APPLIED **Gold**

SORT BY

Total Expense Estimate

Monthly Premium (low to high)

FILTER BY

PLAN TYPE

HMO

EPO

PPO

PLAN FEATURES

Health Savings Account (HSA)
Qualified HSA used with a High Deductible Health Plan

METAL TIER

Platinum
highest premiums, lowest out-of-pocket costs

Gold
higher premiums, lower out-of-

L.A. Care HEALTH PLAN

GOLD HMO

$271.75
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★☆☆

COMPARE DETAILS ADD

MOLINA HEALTHCARE

GOLD HMO

$259.97
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆

COMPARE DETAILS ADD

oscar

GOLD EPO

$305.49
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★☆☆☆

COMPARE DETAILS ADD

Health Net

GOLD HMO

$332.34
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★☆☆☆

COMPARE DETAILS ADD

KAISER PERMANENTE		blue	
GOLD HMO		**GOLD HMO**	
$368.61 monthly premium **after $178.70 monthly savings**		$470.24 monthly premium **after $178.70 monthly savings**	
Primary Care Visits	You pay $30	Primary Care Visits	You pay $30
Generic Drugs	You pay $15	Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)	Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Average	Total Expense Estimate	Higher
Quality Rating	★★★★★	Quality Rating	★★★☆☆
COMPARE DETAILS ADD		COMPARE DETAILS ADD	

Benefits Summary Disclaimer: This is a summary of commonly used benefits and the applicable copayments, coinsurance, and deductibles. Before making a plan selection, please download and review the plan's Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) found on the Plan Details page for complete information on benefits and exclusions.

Quality Rating Disclaimer: The overall Quality Ratings are calculated by Covered California using *data the plans provided to the federal government in 2018.*

Español Need Help? Log In

Estimated Monthly Savings $178.70/month For 1 Member in zipcode 90027.

Coverage could start as early as 07/25/2020.

FILTERS APPLIED **Silver**

SORT BY

Total Expense Estimate

Monthly Premium (low to high)

FILTER BY

PLAN TYPE

HMO

EPO

PPO

PLAN FEATURES

Health Savings Account (HSA)
Qualified HSA used with a High Deductible Health Plan

METAL TIER

Platinum
highest premiums, lowest out-of-pocket costs

Gold
higher premiums, lower out-of-

oscar

SILVER EPO

$246.57
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $40
Generic Drugs	You pay $16
Yearly Deductible	$4000 / $300 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆

COMPARE DETAILS ADD

MOLINA HEALTHCARE

SILVER HMO

$246.89
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $40
Generic Drugs	You pay $16
Yearly Deductible	$4000 / $300 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★☆☆☆

COMPARE DETAILS ADD

Health Net

SILVER HMO

$250.76
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $40
Generic Drugs	You pay $16
Yearly Deductible	$4000 / $300 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★☆☆☆

COMPARE DETAILS ADD

L.A. Care HEALTH PLAN

SILVER HMO

$257.00
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $40
Generic Drugs	You pay $16
Yearly Deductible	$4000 / $300 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★★☆☆

COMPARE DETAILS ADD

	blue	Health Net
	SILVER HMO	**SILVER PPO**
	$352.17 monthly premium **after $178.70 monthly savings**	$397.03 monthly premium **after $178.70 monthly savings**
Primary Care Visits	You pay $40	You pay $40
Generic Drugs	You pay $16	You pay $16
Yearly Deductible	$4000 / $300 (May Not Apply)	$4000 / $300 (May Not Apply)
Total Expense Estimate	Higher	Higher
Quality Rating	★★★☆☆	Quality Rating in Future

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Español Need Help? Log In

Estimated Monthly Savings $178.70/month For 1 Member in zipcode 90027.

Coverage could start as early as 07/25/2020.

FILTERS APPLIED **Bronze**

SORT BY

Total Expense Estimate

Monthly Premium (low to high)

FILTER BY

PLAN TYPE

- HMO
- EPO
- PPO

PLAN FEATURES

Health Savings Account (HSA)
Qualified HSA used with a High Deductible Health Plan

METAL TIER

Platinum
highest premiums, lowest out-of-pocket costs

Gold
higher premiums, lower out-of-

KAISER PERMANENTE

[illegible]

BRONZE HSA HMO

$172.40
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay 0%
Generic Drugs	You pay 0%
Yearly Deductible	$6900 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★★★

COMPARE DETAILS ADD

oscar

[illegible]

BRONZE EPO

$140.86
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $65
Generic Drugs	You pay $18
Yearly Deductible	$6300 / $500 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆

COMPARE DETAILS ADD

Health Net

[illegible]

BRONZE HSA PPO

$222.78
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay 0%
Generic Drugs	You pay 0%
Yearly Deductible	$6900 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	Quality Rating in Future

COMPARE DETAILS ADD

L.A. Care HEALTH PLAN

[illegible]

BRONZE HMO

$158.40
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $65
Generic Drugs	You pay $18
Yearly Deductible	$6300 / $500 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★☆☆

COMPARE DETAILS ADD

KAISER PERMANENTE

BRONZE HMO

$190.48
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $65
Generic Drugs	You pay $18
Yearly Deductible	$6300 / $500 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★★★★

COMPARE DETAILS ADD

MOLINA HEALTHCARE

BRONZE HMO

$208.91
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $65
Generic Drugs	You pay $18
Yearly Deductible	$6300 / $500 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★☆☆☆

COMPARE DETAILS ADD

Anthem BlueCross

BRONZE HMO

$215.58
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay $65
Generic Drugs	You pay $18
Yearly Deductible	$6300 / $500 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	

COMPARE DETAILS ADD

blue

BRONZE HSA PPO

$293.73
monthly premium
after $178.70 monthly savings

Primary Care Visits	You pay 0%
Generic Drugs	You pay 0%
Yearly Deductible	$6900 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★★☆☆

COMPARE DETAILS ADD

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