

**Summary Report    Income Report    Income Discrepancy Report**

**Wage and Benefit Report for Household of [REDACTED]**

**#14**

**Contract Number** [REDACTED]      **Subsidy Type** Section 8  
**Project:** [REDACTED]      **Project Number**  
**Next Re-certification Date:** 12/01/2009      **Form 50059 as of:** 06/16/2009  
**Address:** [REDACTED]  
**Most Recent Type of Action:** IR-Interim Recertification      **Effective Date:** 06/01/2009

**Head of Household:** [REDACTED]  
**Social Security Number:** \*\*\*-\*\*-9089      **Date of Birth:** XX/XX/1936

**Household Member:** [REDACTED]      **SSN:** \*\*\*-\*\*-9089  
**Date of Birth:** XX/XX/1936      **Relationship:** Head of Household

**Employment Information**  
 EIV received no Employment (W4) data.

**Wages**

Pay Period	Amount	FEIN	Employer Name and Address	Date Received by EIV
Q2 of 2007	\$682.00	77-0526887	* OUTBACK STEAKHOUSE 1250 PROSPECT ST STE 305, LA JOLLA CA 92037-3618	01/18/2008
Q1 of 2007	\$603.00	20-1108805	* GLADSTONE S LONG BEACH 110 W OCEAN BLVD STE 800, LONG BEACH CA 90802-4630	01/18/2008
Q4 of 2006	\$730.00	02-0748649	* GEORGES GREEK CAFE LB LLC 318 PINE AVE, LONG BEACH CA 90802-2326	01/18/2008
Q4 of 2006	\$339.00	72-1608138	GEORGES GREEK CAFE BS LLC 5316 E 2ND ST, LONG BEACH CA 90803-5324	01/18/2008
Q3 of 2006	\$3,936.00	72-1608138	GEORGES GREEK CAFE BS LLC 5316 E 2ND ST, LONG BEACH CA 90803-5324	01/18/2008
Q3 of 2006	\$84.00	02-0748649	GEORGES GREEK CAFE LB LLC 318 PINE AVE, LONG BEACH CA 90802-2326	01/18/2008
Q2 of 2006	\$3,480.00	72-1608138	GEORGES GREEK CAFE BS LLC 5316 E 2ND ST, LONG BEACH CA 90803	01/18/2008
Q2 of 2006	\$141.00	02-0748649	GEORGES GREEK CAFE LB LLC 318 PINE AVE, LONG BEACH CA 90802	01/18/2008
Q1 of 2006	\$1,834.00	72-1608138	GEORGES GREEK CAFE BS LLC 5316 E 2ND ST, LONG BEACH CA 90803	01/18/2008
Q1 of 2006	\$1,498.00	02-0748649	GEORGES GREEK CAFE LB LLC 318 PINE AVE, LONG BEACH CA 90802	01/18/2008
Q4 of 2005	\$3,316.00	02-0748649	GEORGES GREEK CAFE LB LLC 318 PINE AVE, LONG BEACH CA 90802	01/18/2008

*\* 3rd party verified residents never employed at these businesses*

**Unemployment Benefits**

EIV received no benefit data.

**Social Security Benefits**

**Verification Data**

Payment Status Code: C - Current payment status (except railroad payment)  
 Date of Current Entitlement: 7/1999  
 Net Monthly Benefit if Payable: \$201.00  
 Payee Name and Address: [REDACTED]

**Benefit History**

Date	Gross Benefit	
12/2008	\$201.00	Benefits paid
12/2007	\$190.00	Benefits paid
12/2006	\$186.00	Benefits paid
12/2005	\$180.00	Benefits paid
12/2004	\$173.00	Benefits paid
12/2003	\$168.00	Benefits paid
6/2003	\$165.00	Benefits paid
5/2003	\$164.70	Benefits paid

**Lump Sum**

Date	Amount
06/01/2009	\$0.00

Date Received by EIV: 09/02/2009

**Dual Entitlement**

EIV received no benefit data.

**Medicare Data**

**Verification Data**

Payee Name and Address: [REDACTED]

	Hospital Insurance:	Premium	Buy-in	Buy-in Start	Buy-in Stop
	\$0.00	N	Not Available	Not Available	
	Supp. Med. Insurance:	\$96.40	Y	07/01/2003	Not Available

Date Received by EIV: 09/02/2009

**Supplemental Security Income Benefits**

**Verification Data**

Payment Status Code: C01 - Current Pay  
 Alien Indicator: C  
 SSI Monthly Assistance Amount (Current): \$493.00  
 State Supplement Amount (Current): \$0.00  
 Payee Name and Address: [REDACTED]

**Payment History of Net Benefits Paid**

Date	Federal Amount	State Amount	Type of Payment
06/01/2009	\$493.00	\$0.00	Recurring Payment
05/10/2009	\$250.00	\$0.00	Lump Sum Payment
01/01/2009	\$493.00	\$0.00	Recurring Payment
08/01/2008	\$467.00	\$0.00	Recurring Payment

Date Received by EIV: 09/02/2009

**Disability**

Disability: No On-set Date:  
 Date Received by EIV: 09/02/2009

Report Date: 09/17/2009

\* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

**Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.**

Report Generated By - MV2XXX REGINA R BELL



# RUSH

08-02.EI

To: Dut Back Steakhouse  
1750 Prospect St. Ste 305  
Lawton OK 73507-3418

Return To:



Phone: (858) 456-2703  
Fax: (858) 456-1302

Phone: ( ) -  
Fax: ( ) -

The person named below has applied for housing assistance under a Federally regulated program. Federal regulations require the housing owner to verify all information that is used in determining the person's eligibility or level of benefits. We ask your prompt cooperation in providing the following information and returning it to the property listed at the top of the page to assure timely processing of the application for housing. The applicant/tenant has consented to the release of this information as shown below.

**Applicant/Resident:**

You do not have to sign this form if either the requesting organization or the organization supplying this information is left blank. I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 3 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Resident Name (print): [Redacted] Social Security #: [Redacted] Unit #: [Redacted]  
Signature: [Redacted] Date: 9, 4, 08 Date of Birth: 12, 29, 36

**To be completed by Authorized Personnel**

(Please do not leave any blank spaces. If not applicable use n/a)

- Presently Employed:  Yes  No
- Employed since: 1/
- Current Wages/Salary: \$ This employee will never worked for us.  
(check one)  hourly  weekly  bi-weekly  semi-monthly  monthly  yearly  other: \_\_\_\_\_
- Number of hours worked per week: \_\_\_\_\_
- Year to Date Earnings: \$ \_\_\_\_\_
- Overtime Rate per hour: \$ \_\_\_\_\_
- Number of Overtime hours per week: \_\_\_\_\_
- Shift Differential Rate per hour: \$ \_\_\_\_\_
- Number of Shift Differential hours per week: \_\_\_\_\_
- Commissions, bonuses, tips, other: \$ \_\_\_\_\_
- Description: \_\_\_\_\_
- List any anticipated change in the employee's rate of pay within the next 12 months: \$ \_\_\_\_\_
- Effective Date: 1/
- If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Melanie C. Miller, HR Administrator  
Name (print) & Title  
Melanie C. Miller  
Signature

(858) 456-2703  
Phone  
9, 4, 08  
Date

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a civil penalty and fined not more than \$3,000. Any applicant or participant affected by negligent disclosures of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for releasing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

# EXED



**RUSH** 02.E1

To: Celadstone S. Long Beach  
110 W Ocean Blvd Ste 800  
Long Beach, CA

Return To: 

Phone: 562 435 7107  
Fax: 562 435 7108

Phone: ( ) - ( ) - ( )  
Fax: ( ) - ( ) - ( )

The person named below has applied for housing assistance under a Federally regulated program. Federal regulations require the housing owner to verify all information that is used in determining the person's eligibility or level of benefits. We ask your prompt cooperation in providing the following information and returning it to the property listed at the top of the page to assure timely processing of the application for housing. The applicant/tenant has consented to the release of this information as shown below.

**Applicant/Resident:**

You do not have to sign this form if either the requesting organization or the organization supplying this information is left blank. I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Resident Name (print):  Social Security #:  Unit #:   
Signature:  Date: 9/4/08 Date of Birth: 12/29/36

**To be completed by Authorized Personnel** (Please do not leave any blank spaces. If not applicable use n/a)

- Presently Employed:  Yes  No
- Employed since:            /            /
- Current Wages/Salary: \$             
(check one)  hourly  weekly  bi-weekly  semi-monthly  monthly  yearly  other:
- Number of hours worked per week:
- Year to Date Earnings: \$
- Overtime Rate per hour: \$            Number of Overtime hours per week:
- Shift Differential Rate per hour: \$            Number of Shift Differential hours per week:
- Commissions, bonuses, tips, other: \$            Description:             
(check one)  hourly  weekly  bi-weekly  semi-monthly  monthly  yearly  other:
- List any anticipated change in the employee's rate of pay within the next 12 months: \$             
Effective Date:            /            /
- If the employee's work is seasonal or sporadic, please indicate the layoff period(s):

N/A

[Signature]  
Name (Print) & Title: John Avare - Office Manager

Phone: 562 435 7707  
9, 5, 08  
Date

\* This person was NEVER employed by Gladstone's Long Beach

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosure or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



**FXED**  
9/4/08

Sep 04 2008 11:21AM

p. 2

# RUSH

08-02.61

To: Georges Creek Cafe  
2210 E 25th St.  
Long Beach CA 90802

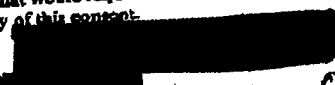



Return To: 

Phone: 562-437-1184  
 Fax: 562-355-5881

Phone: ( ) \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_

The person named below has applied for housing assistance under a Federally regulated program. Federal regulations require the housing owner to verify all information that is used in determining the person's eligibility or level of benefits. We ask your prompt cooperation in providing the following information and returning it to the property listed at the top of the page to assure timely processing of the application for housing. The applicant/tenant has consented to the release of this information as shown below.

**Applicant/Resident:**  
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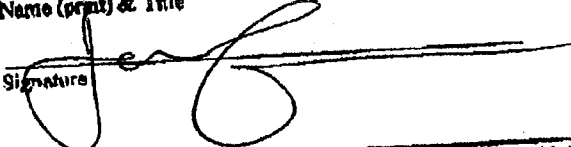
Applicant/Resident Name (print):  Social Security #:  Unit #:   
 Date: 09.04.08 Date of Birth: 12.29.36  
 Signature: 

**To be completed by Authorized Personnel** (Please do not leave any blank spaces. If not applicable use n/a)  
 NEVER EMPLOYED BY US.

- Presently Employed:  Yes  No
- Employed since: \_\_\_\_\_
- Current Wages/Salary: \$ \_\_\_\_\_  
 (check one)  hourly  weekly  bi-weekly  semi-monthly  monthly  yearly  other: \_\_\_\_\_
- Year to Date Earnings: \$ \_\_\_\_\_
- Number of hours worked per week: \_\_\_\_\_  
 Number of Overtime hours per week: \_\_\_\_\_
- Overtime Rate per hour: \$ \_\_\_\_\_  
 Number of Shift Differential hours per week: \_\_\_\_\_
- Shift Differential Rate per hour: \$ \_\_\_\_\_  
 Description: \_\_\_\_\_
- Commissions, bonuses, tips, other: \$ \_\_\_\_\_  
 (check one)  hourly  weekly  bi-weekly  semi-monthly  monthly  yearly  other: \_\_\_\_\_
- List any anticipated change in the employee's rate of pay within the next 12 months: \$ \_\_\_\_\_  
 Effective Date: \_\_\_\_\_
- If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

JAMES FRONK MANAGER  
 Name (print) & Title

562-437-1184  
 Phone  
09.04.08  
 Date

  
 Signature

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