HOME IMPROVEMENT GRANT **AGREEMENT**

THIS AGREEMENT, made this May 16 day of and between by Saad Ali Waqas

(hereinafter "OWNER"), and the VILLAGE OF SKOKIE, (hereinafter "VILLAGE") an Illinois municipal corporation located at 5127 Oakton Skokle. Illinois. Street. VILLAGE and OWNER shall jointly be referred to as "Parties".



Doc#: 0514656028

Eugene "Gene" Moore Fee: \$60.00 Cook County Recorder of Deeds Date: 05/26/2005 08:26 AM Pg: 1 of 19

WITNESSETH:

WHEREAS, the VILLAGE operates a Housing Improvements Program (hereinafter "Program") to financially assist love and moderate income Skokie homeowners with various home repairs in order to maintain the quality of their homes and reduce home energy consumption; and

WHEREAS, eligible home improvements for the Program include, but is not limited to, improvements which are visible to the public, improve the neighborhood, and are life/safety issues such as correcting basement flooding, most weatherization work, roof repairs or replacement, tuckpointing, exterior painting, furnace repair or replacement and major structural repairs: and

WHEREAS, normal home maintenance such as interior rainting, carpeting, or kitchen remodeling or other decorating projects are not eligible home incorprovements under the Program; and

WHEREAS, OWNER of the property commonly known as 8300 Christiana in Skokie, Illinois of which legal description is attached hereto, marked exhibit "1" submitted an application to the VILLAGE requesting to participate in the Program, a copy of which is attached hereto, marked Exhibit "2" and hereby made a part of this AGREEMENT; and

WHEREAS, the VILLAGE caused an inspection of the subject premises to verify the need for the requested work and provided the OWNER with an inspection report, a copy of which is attached hereto, marked Exhibit "3" and hereby made a part of this AGREEMENT; and

WHEREAS, the subject premises is a residential property improved with either a singlefamily home, condominium, townhouse, two-flat or cooperative located within the VILLAGE; and

WHEREAS, the VILLAGE has reviewed the aforesaid application and has determined that the OWNER's participation in the Program is in the VILLAGE'S best interest and is in accordance with the objectives of the Program;

NOW, THEREFORE, in consideration of the premises set forth above, and the mutual agreements hereinafter set forth below, it is hereby agreed:

- 1. <u>Representations</u>. The representations set forth in the foregoing recitals are material to this **AGREEMENT** and are hereby incorporated into and made part of this **AGREEMENT** as though they were fully set forth in their entirety in this Section 1.
- 2. <u>Definitions</u>. As used in this **AGREEMENT**, the following definitions shall apply: Inspection Report: A document prepared on behalf of the **VILLAGE** based on an examination of the Subject Premises which specifies home improvement work which is eligible for a Grant under the Program.

Project: All of the home improvement work covered under the Grant from the VILLAGE.

Subject Premises: The property commonly known as <u>8300 Christiana</u> Skokie, Illinois which is the **OWNER's** principal residence.

WORK The undertaking of labor by a contractor approved by the **VILLAGE** to accomplish the home improvements specified in Exhibit "3".

- 3. <u>Issuance of Grant</u>. Pursuant to **OWNER**'s participation in the Program, the **VILLAGE** agrees to provide **OV**/NEP with a grant in an amount not to exceed EIGHT THOUSAND AND NO/100 DOLLARS (\$8,000) ("Grant") to pay for materials and contractor's fees for the Project and related Wcrk.
- 4. <u>Documentation</u>. **OWNER** represents that he or she is the legal title holder to Subject Premises. In further proof thereof **OWNER** has submitted to the **VILLAGE**:
 - a. Title policy or Letter of Opinion from Chicago Title and Trust Company; or
 - b. Torrens Certificate; or
 - c. if legal title is in a Trust, a letter of direction and certification as to the current beneficiary under such Trust Agreement. A copy of the submitted document(s) is/are attached hereto, marked Exhibit "4", collectively, and hereby made a part of this AGREEMENT.
- 5. Financial Eligibility. OWNER represents to the VILLAGE that OWNER's total annual household income does not exceed the very low income limits established by the Federal Government as specified in Exhibit "5" attached hereto and hereby made a part of this AGREEMENT. In further proof thereof OWNER has submitted the follo ving documents to the VILLAGE:
 - a. OWNER's Form 1040 Years 2003 and 2004. marked Exhibit "6".
- 6. Homeowner's Representation. The Grant shall be issued to OWNER by the VILLAGE'S reliance upon all information provided by the OWNER and all representations, exhibits, data and other materials submitted with and in support of OWNER's participation in the Program. Any misinformation or withholding of material information incident thereto shall, at the option of the VILLAGE, give rise to the VILLAGE'S right to terminate this AGREEMENT pursuant to Section 16 of this AGREEMENT.
- 7. <u>Priority of Improvements</u>. The work to be performed shall be conducted in the following priority, subject to the approval of the **VILLAGE**:

- a. Work required to correct existing code violations;
- b. Exterior home improvements;
- c. All other home improvements.
- 8. <u>Permits.</u> **OWNER** is responsible for securing and paying for all necessary licenses and permits for the Project.
- 9. <u>Multiple Bids</u>. **OWNER** agrees to obtain at least three (3) bids from qualified contractors for each project and work item. **OWNER** shall be required to utilize the Contractor who has submitted the lowest bid, unless otherwise approved by the **VILLAGE**.
- 10. No Prior Agreements. **OWNER** has represented to the **VILLAGE** that no prior agreements have been entered into between the owner and any contractor for the project and work to be performed under this **AGREEMENT**.
- 11. Contracts. OWNER must provide the VILLAGE with a copy of any and all contracts for the Project and Work to be completed. The contracts must be approved in writing by the VILLAGE. No modifications may be made to Village approved contracts without the prior written consent of the VILLAGE.
- 12. Completion of Work. Upon completion of the Project and Work, OWNER shall deliver to the VILLAGE a contractor's waive, of lien and a certificate executed by the contractor or subcontractor, stating that the Project and Work is final and complete and is in compliance with all applicable federal, state and local laws, rules and regulations.
- 13. Payment to Contractors. The Parties agree that payments to the contractors shall not occur until the VILLAGE has inspected the completed Project and Work and provides the OWNER with written approval for payment.
- 14. <u>Additional Documents</u>. **OWNER** shall supply the **VILLACE** with such other materials, documents and papers which the **VILLAGE** may require, from time to time.

15. Homeowner Sale of Subject Property. If the **OWNER** sells the Subject Premises or any interest in it is sold or transferred, within 15 years after receipt of grant funds **OWNER** expressly agrees to pay the **VILLAGE** back for the entire Grant or a portion thereof based on the following schedule:

YEAR FROM	PERCENTAGE OF				
RECEIPT OF GRANT FUNDS	GRANT OWED VILLAGE				
0-5	100%				
6	50%				
7	45%				

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8	40%
9	35%
10	30%
11	25%
12	20%
13	15%
14	10%
15	5%

- 16. <u>Termination</u>. This Agreement may be terminated at the **VILLAGE'S** option by written notice to the **OWNER** upon the occurrence of any one or more of the following events:
 - a. Construction of the Project has not commenced within ninety (90) days of the date of this AGREEMFNT.
 - b. If any statement or representation made by **OWNER** in its application to the **VILLAGE** shall prove untrue in any material respect, or if the **OWNER** shall have withheld any material information incident thereto.

Delay in the exercise of the **VILLAGE'S** right to terminate shall not be construed as a waiver of any such right to terminate with regard to the occurrence of any specific event referred to above, and the **VILLAGE'S** failure to act as to any such event shall not be construed as a waiver of its rights with respect to any subsequent event of default.

- 17. The Village Not a Joint Venturer. The VILLAGE by executing this AGREEMENT or any action taken pursuant hereto or contemplated hereby single not be deemed to be a partner or joint venturer with OWNER or Contractor or any other parties. OWNER indemnifies and holds the VILLAGE harmless from any and an iiabilities, damages, claims, demands, costs and expenses resulting from such a construction of the Parties and their relationship. Any inspection of the Subject Premises or any analysis of the Project made by the VILLAGE is intended solely for the benefit of the VILLAGE and shall not be deemed to create or form the basis of any warranty, representation, covenant, implied promise or liability to the OWNER or its employees or agents, any guest or invitee upon the Subject Premises or any other person.
- 18. Indemnification. The **OWNER** hereby agrees and covenants to forever hold harmless and indemnify the **VILLAGE** its officers, employees and agents, and to save them from and indemnify for all costs, claims, suits, demands, and actions arising during the term of this **AGREEMENT** directly or indirectly from or because of or in any way connected with this **AGREEMENT** that may be made by **OWNER**, its guests, invitees, or any other person, firm, corporation or organization, for property damage or injury. The provisions of this Section 18 shall survive the expiration or termination of this **AGREEMENT**.

- 19. Recording of AGREEMENT. A copy of this AGREEMENT shall be recorded against the Subject Premises at the office of the Cook County Recorder of Deeds.
- 20. Multiple Homeowners. If more than one person has an ownership in the Subject Premises, each person is fully and personally obligated to keep all of the promises made in this AGREEMENT, including the promise to pay the full amount owed.
- 21. Notices. All notices required or to be given pursuant hereto shall be in writing and either delivered personally or by a nationally recognized "over-night" courier service or mailed by United States certified or registered mail, postage prepaid, addressed to Seller and Purchaser as follows:

If to VILLAGE: Village of Skokie

5127 Oakton Street Skokie, II 60077 Attention: Village Clerk

With copies to:

Village Manager 5127 Oakton Street Skokie, IL 60077

Corporation Counsel 5127 Oakton Street Skokie, IL 60077

If to OWNER:

Saad Ali Waqas

8300 Christiana

Skokie, IL 60076

Notices shall be deemed effective and properly delivered and received when and if either;

a. personally delivered;

b. delivered by Federal Express or other overnight courier; or

c. deposited in the U.S. Mail, by registered or certified mail, return receipt requested, postage prepaid.

Either Party may change the names and addresses of the persons to whom notices of copies thereof shall be delivered, by written notice to the VILLAGE or OWNER or Seller, as the case may be, in the manner herein provided for the service of notice.

- 22. Entire Binding Understanding; No Oral Modification. All prior understandings and agreements between the Parties are merged into this AGREEMENT.
- 23. Performance. Time is of the essence in this AGREEMENT.

- 24. <u>Severability</u>. Each provision of this **AGREEMENT** is severable from all other provisions of this **AGREEMENT** and, if one or more of the provisions of this **AGREEMENT** shall be declared invalid, the remaining provisions of this **AGREEMENT** shall nevertheless remain in full force and effect.
- 25. <u>Headings</u>. The headings or titles of the Sections or Paragraphs in this **AGREEMENT** are for convenience only, are not a part of this **AGREEMENT**, and shall not be used as an aid in the construction of any provisions hereof.
- 26. <u>Due Authority.</u> Each Party signing this **AGREEMENT** represents and warrants that they have full right and authority to enter into and perform this **AGREEMENT** in accordance with the terms hereof.

VILLAGE OF SKOKIE.

OWNER,

By: Albert J. Riggni

Its Village Magager

Subscribed and sworn to before inc

this 1776 day of

Notary Public

OFFICIAL SEAL MARKY MCDEATH

MY CONCER CATE OF ILLINOIS

MY COMMODION SOMES OF ALM'S OF 21-05

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Proberty of County Clerk's Office



EXHIBIT 1

TRACT INDEX SEARCH

Additional Tax Numbers:

Order No.: 1404 S9612528 SS

Legal Description:

UNIT NUMBER 8300-1 IN THE 8300-02 NORTH CHRISTIANA CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOW Not DESCRIBED REAL ESTATE: LOTS 26 TO 40 INCLUSIVE, TAKEN AS A TRACT (EXCEPT THE NORTH 395.25 Fight Thereoff) in Block 2 in North side real Ty co's dempster golf course ist addition, a surply sion in the North east 1/4 of the south east 1/4 of section 23, township 41 North, range is, east of the third principal meridian in cook county, illinois, which survey is attached as exhibit in the declaration of condominum recorded as document 86062461, together with its undivided percentage interest in the common elements.



HOME IMPROVEMENTS PR APPLICATION

EXHIBIT 2

SECTION 1 — Applicant Information	
Name (AAD ALI WAQAS	The second se
Address 8300 CHRISTIANA	
Home Phone 347 - 763 - 1969 Work Telephone 773 - 16	L-1898
Unit Type: Single-family Detached Townhouse A Condominium/Cooperate	ive 🛘 Two-flat
Occupancy: Q Cwr & Occupy Unit	upy Unit
Number of Persons in the household Household Income	
SECTION 2 - Forms to be abmitted +	PERMIT
This application cannot be processed until all of the documents and information listed below Since all applications will be processed on a first-come first-serve basis, it is extremely impossible applicant provide the documents and information as quickly as possible.	
Federal Income Tax Form 1040/1040A for all persons over 17 years old who contributed to the household income for the last two years with all forms and schedules.	⊠Yes □ No
Village Inspection Report	⊠Yes □ No
Three bids from contractors for improvement work specified in the inspection report	⊠Yes □ No
Proof of home ownership	⊠Yes □ No
Amount of grant of loan request	\$1025
SECTION 3 – Statement of Applicant Understanding	
As an applicant for the Village of Skokie Home Improvement Program, I under a and that:	
The Village will give me a maximum grant amount of \$8,000 to complete eligible home improvement work if I am certified as a very low-income applicant and funds are available.	Initials: <u>S・n・W</u>
Approval of my application by the Village as a low-income applicant does not assure that I will be eligible for a loan from a lending institution participating in the program.	Initials: <u>S. A.w</u>
The Village will only subsidize the interest rate on a home improvement loan made to me by a local lending institution participating in this program and that I am totally responsible, as the applicant, for repaying the loan to the lending institution. The Village will not in anyway insure the repayment of my loan.	Initials: 3. A.w
The Village will fully subsidize the interest on a four-year loan of up to \$8,000 if I am certified as a low-income participant.	Initials: ราคาเบ
It is my responsibility to hire a contractor to complete the improvement work for which the grant or loan is approved.	Initials: אים

SECTION 3 - Sta	ntement of Applica	at Understanding (Co	ontinued)	
I consent to and a purpose of detern The Village's insp will be made by the				
	Initials: 5 A W			
The Village will in my responsibility performed by the	Initials: 5- x-w			
The Village has roccurring as a re	Initials: S. A-W			
SECTION 4 - In	ome Disclosure			
Total household	income for the last to	ax year		\$
Total ADJUSTED	GROSS INCOME	as listed in the applica	nt's Form 1040/1040A	\$ 23 472
	old member over	<u> </u>	lame	Income
17 years old who household incom	contributed to the ne last year.	Person A		\$
		Parson B		\$
		Per soil C		\$
		TOTAL		\$ 23972
the state of the s	urce of Income and	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Mark Mark	3. 加二·维·罗·雅·亚
For each person	listed in Section 4 (A	A, B, C), please provid	the following information	l .
		Person A	Person B	Person C
	Name of company	REZA RESTAU	1841	,
Employment	Address of company, city, state, zip code	5255 N CLA CHICHED, IL	nek Offi	
	Telephone	173 161 189	8	
	Public Aid case number			
Public Assistance	Caseworker name			6
(ADC, General Assistance, etc.)	Address of office, city, state, zip code			
	Telephone			
Social Security (Survivor's	Social Security number			
Benefits, SSI, Retirement, Disability, etc.)	Address of office, city, state, zip code			

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SECTION 5.-Source of Income and Assets (Continued) Person B Person C Person A Name of company Pension Address of office, city, state, zip code Source -Other Income Address of office, Not Covered city, state, zip Above code Telephone ALBANY BANK Name of bank Account number Bank Account \$ \$ Present palance % % Annual interest rate Name of bank Account number Bank Account \$ \$ Present balance \$ % % % Annual interest rate Name of bank Account number Bank Account \$ \$ Present balance \$ % Annual interest % rate Name of security Stocks, Bonds, Present value or Other \$ Securities Annual dividend \$ or interest paid Name of security Stocks, Bonds, Present value or Other \$ Securities Annual dividend or interest paid Name of security Stocks, Bonds, Present value or Other \$ \$ \$ Securities Annual dividend or interest paid □ Yes □ No ⊠ No ☐ Yes □ No ☐ Yes Do you own any interest in any real estate other than your home? Percent interest Percent interest Percent interest

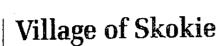
#177887 v1 - Home Improvements Program Application

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SECTION 6 - Affidavit of Income and Signature (Notary Required)
I (We) hereby state that I have read, understand and consent to all of the above conditions and that the information provided is true, complete, and correct to the best of my knowledge and that I have not knowingly made any false statements concerning this application.
I (We) authorize the Village of Skokie to check all of the above information, including financial information and references.
I (We), Saad Ali Wagas , being duly sworn, on oath, deposes and
states that my (our) total gross household income for the last tax year was \$ 23972 , and that
my (our) total income for this year will not exceed \$ 23,972 based on a current monthly
income of \$ 2000
Subscribed and swom before me this 914 day of, 20_05
Person A's Signature
Person B's Signature "OFFICIAL SEAL" JOSEFINA TEYLAN Notary Public, State of Illinois My Commission Expires Sept. 9, 2006
Person C's Signature
Danunia Ins
NOTARY PUBLIC
7,6
O _K
T'S ONE

EXHIBIT 3



April 8, 2005



Public Works

9050 Gross Point Road Skokie, Illinois 60077

Phone (847) 933-8271 Fax (847) 673-9389 www.skokie.ora SkokieVision Municipal Cable

Council-Manager Government

Mayor Clerk Trustees George Van Dusen Marlene Williams Michele L. Bromberg

Michael A. Gelder Frank G. McCabe Donald P. Perille Randall E. Roberts Edie Sue Sutker

Manager Albert J. Rigoni

Counsel J. Patrick Hanley

Resident

3300 Christiana Ave.

Unit 2E

Skakia, Illinois 60076

Dear Residenc:

On March 25, 2005 you were notified of a potentially serious sewer problem on a portion of your home sewer service line, which is the responsibility of the homeowner in accordance with the enclosed Village Ordinance. To date, Public Works has not received acknowledgement of any action on your part to repair the sewer.

Because of the possibility of damage to public and private property, liability claims, and health considerations you must be jin corrective action immediately.

If no corrective action is taken on your part within five days from the date of this letter, water supply to your residence will be terminated.

Please contact me at (847) 933-8277 Monday inrough Friday, 8:30 a.m. to 5:00 p.m. if lert's Office you have other questions.

Sincerely

Awards and Distinctions All America City Finalist

American Public Works Association (APWA) Accreditation

Commission on Accreditation for Law Enforcement Agencies (CALEA) Commission on Fire Accreditation International (CFAI)

Fitch IBCA AAA Financial

Bond Rating

Governor's Hometown Award

Government Finance Officers Association Budget Award

Government Finance Officers Association Certificate of Achievement for Excellence in Financial Reporting

Insurance Services Office (ISO) Class One Fire Department

State of Illinois Certified Health Department

Tree City U.S.A. Distinction

Water & Sewer Superintendent

JS/bh Encl.

TRACT INDEX SEARCH

VILLAGE OF SKOKIE

5127 OAKTON

SKOKIE, ILLINOIS 60077

TERRY OLINE

Order No.: 1404 S9612528

Cover Date: APRIL 25, 2005 Ref: 8300 CHRISTIANA APT 1E

JCW/EU

Legal Description of Land Searched: (See Attached)

Permanent Tax Number (P.I.N.):

10-23-404-086-1001

Street Address of Land Search (as furnished by Applicant):

8300 CHRISTIANA APT 1E

SKOKIE, ILLINOIS

Grantee(s) in last recorded conveyance: SAAD WAQAS

In accordance with the application, a search of tract indices discloses the following Items.

DOCUMENT/CASE NO ::

0330914297

GRANTOR:

RENET MURAD ((INGLE)

GRANTEE:

SAAD WAQAS

INSTRUMENT:

WARRANTY DEED 10/02/2003

DATE: RECORDED:

11/05/2003

REMARKS:

DOCUMENT/CASE NO.:

0413813011

GRANTOR:

SAAD WAQAS (UNMARRIED)

GRANTEE:

Dir Clork's Office CHICAGO FUNDING, INCORPORATED

INSTRUMENT:

MORTGAGE

DATE:

10/02/2003

RECORDED:

05/17/2004

REMARKS:

\$189,000.00

(CONTINUED)

PROPERTY INSIGHT

SEE ATTACHED FOR TERMS AND CONDITIONS OF SEARCH AND EXPLANATION OF ABBREVIATIONS This is not a title insurance policy, guarantee, or opinion of title and should not be relied upon as such. TRIND



Order No.: 1404 59612528

Disclosures (Continued):

DOCUMENT/CASE NO .:

0418005107

GRANTOR:

SAAD WAQUAS (SINGLE)

GRANTEE:

CHICAGO FUNDING INC

INSTRUMENT:

MORTGAGE

DATE:

05/12/2004

RECORDED: REMARKS:

06/28/2004

\$192,000.00

DOCUMENT/CASE NO.:

0418005108

GRANTOR:

CHICAGO FUNDING INC

GRANTEE: INSTRUMENT:

US BANK NA

ASSIGNMENT

DATE:

05/12/2004

RECORDED:

06/28/2004

REMARKS:

0418005107

DOCUMENT/CASE NO .:

0434502324

GRANTOR:

SAAD WAR (SINGLE)

GRANTEE:

CHASE MANP TIAN MIG CORP

INSTRUMENT:

MORTGAGE

DATE:

12/03/2004

RECORDED:

12/14/2004

REMARKS:

\$175,200.00

DOCUMENT/CASE NO.:

0434902325

GRANTOR:

SAAD WAQAS

GRANTEE:

The Clark's Office JPMORGAN CHASE BK NA

INSTRUMENT:

Mortgage

DATE: RECORDED:

12/04/2004

REMARKS:

12/14/2004

\$21,900.00

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EXHIBIT 5

VILLAGE OF SKOKIE

HOUSING IMPROVEMENTS PROGRAM

INCOME LIMITS

D _C	GRANT	LOAN Zero (0) Percent Interest
No. of Persons in Household	Very Low-Income	Low-Income
1 2 3 4 5 6 7 8	\$26,400 \$30,150 \$33,950 \$37,770 \$40,700 \$43,750 \$46,750 \$49,750	\$40,250 \$46,000 \$51,750 \$57,500 \$62,100 \$66,700 \$71,300 \$75,900

NOTE:

HOUSEHOLD INCOME IS THE TOTAL INCOME OF ALL

HOUSEHOLD MEMBERS EIGHTEEN (18) YEARS OR OLDER

WHO CONTRIBUTE TO THE HOUSEHOLD.

SOURCE:

HUD SECTION 8 PROGRAM INCOME LIMITS FOR 7 HF

CHICAGO, SMSA, EFFECTIVE FY04

7735886864

EXHIBIT 6 U.S. Individual Income Tax Return Form 1040 2004, and ing For the year Jan. 1-Dec. 31, 2004, or other tex year b Label Your first name and initial WAQAS (See SAAD instructions If a joint return, spouse's first name and initial on page 16.) Use the INS Apt no. important! Home additions (number and street). If you have a P.O. box, see page 16, Otherwise, You must enter 8300 N CHRISTIANA AVE APT 1E please print City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. your SSN(s) above OF TYPO. 60076 SKOKIE Shouse Presidential You Note. Checking "Yes" will not change your tax or reduce your retund. **Election Campaign** Yes No Do you, or your spouse if filing a joint return, want \$3 to go to this fund? Yes X No (See page 16.) Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter X Single the qualifying person is this child's name here. Filina Married filing jointly (even if only one had income) 2 **Status** Married filing separately, Enter spouse's \$5% above and full Qualifying widow(er) with dependent child (see page 17 Check only one box. name here. 6 - (X) Yourself. If someone can claim you as a dependent, do not check box 8a on če sral 6b Exemptions on Sc who: b spo iss (4) Chack It qualifying child for child tax cradit (see pg 16) yar • Ifved with you (3) Dependent's relationship to (2) Dependent's did not five w a Depensens: encial security numb YOU t name (1) First name If more than four page 18. lines above Wages, salaries, tips, etc. Attac 1 For. h(s) W-2 23,972 Incomé **ta** Attach Form(s) Tax-exempt interest. Do not include on an An W-2 here. Also 95 Ordinary dividends. Attach Schedule B if required attach Forms 9a 9**b** W-2G and Taxable refunds, credits, or offsets of state and local inci me taxes (see page 20). . . . 1098-R If tax 10 10 was withheld. 11 11 12 Business income or (loss). Attach Schedule C or C-EZ If you did not 12 Capital gain or (loss). Attach Schedule D II required. If not required check here ▶ 13 get a W-2 13 see page 19. 14 *....* 14 15b b Taxi ale a nount (see page 22) IRA distributions 15a Enclose, but do 15a b Taxault ar nount (see page 22) 16b not attach, any Pensions and annuities . . 16a 16a Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach schedule E . . . payment. Also, 17 17 please use Form 1040-V. Farm income or (loss). Attach Schedule F 18 18 Unemployment compensation . 19 20b b Taxable amount (see ou ye 24) Social security benefits . . | 20a 20a 21 Other income. 23,972 Add the amounts in the far right column for lines 7 through 21. This is your total income. Û, 22 23 23 Certain business expenses of reservists, performing artists, and 24 Adjusted 24 fee-basis government officials. Attach Form 2106 or 2106 • EZ . . Gross Income 25 Student loan interest deduction (see page 28) 26 27 Health savings account deduction. Attach Form 8889 28 Moving expenses. Attach Form 3903 29 29 One-half of self-employment tax. Attach Schedule SE . . . 30 30 Self-employed health insurance deduction (see page 30) . . 31 31 Self-employed SEP, SIMPLE, and qualified plans 32 32 33 Penalty on early withdrawal of savings 73 34a Alimony paid to Recipient's SSN▶ 344 Add ilnes 23 through 34a 35 23,972 Subtract line 35 from line 22. This is your adjusted gross income . .

7735886864 UNOFFICIAL COPY 340-92-7974 Page 2

orm 1040 (2004	NGAB	D WAOAS	32	23,972
OLW 1040 (SOO	37	Amount from the factorited pross income!	37	23,312
fax and	38a	attante e TVAN were born before January 2, 1940, Bend. 1 total butter		
Credits	792	and the best before January 2, 1940. Blind, "checkes > 444		
	ı .	- 35D L		
Standard Deduction	Ь	If your spouse itemizes on a separate return by our standard deduction (see left margin) Hemized deductions (from Schedule A) or your standard deduction (see left margin)	39	15,976
for—	39	Subtract line 39 from line 37	40	7,996
• People who	40	Subtract line 39 from line 37 If fine 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on		
checked any	41	If fine 37 is \$107,025 or less, multiply \$3,100 by the local flowned 37	41	3,100
box on line 38s or 38b or		line 5d. If line 37 is over \$107,025, see the worksheet on page 33	42	4,896
38a or 38b or who can be claimed as a	42	Texable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0 Texable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0	43	488
decendant.	43	wenter and the control of the contro	44	
see page 31.	44	Allow the minimum tay (see page 35). Attach Form 6251		488
- Ali others:	45	A del throw 42 and 46	45	400
Single or	46	Foreign tax credit. Attach Form 1116 if required		
Married Hing separately.	'-	Credit for child and dependent cere expenses, Altach Form 2441 47		
\$4,850	47	Redit for the elderly or the disabled. Attach Schedule R 48		•
Married filing	44	Sucation credits. Attach Form 8863		
jointly or	45	Sucation credits. Attach Form 6903	1001	
Qualifying	50	Patrement savings communions credit. Attach 1 On 1 2000	1	
widow(#r), \$9,700	51	Child for credit issee page 3//		
Head of	52	Ador on redit. Attach Form 8635	-	
household,	53	Cearlife Iron: 18 Point 0350	-	
\$7,150	54	Other credits: Chruk applicable box(es): a Form 3800		
		Specify Specify	_333333	
	55	Add lines 46 through 50 These are your total gredits	55	400
	56	and the person of the St. C. I line St. le more than line 45, 2010	56	488
	57	G. W. amplement few Arech Schmidte SE	57	
Other		Social security and Medicare tox on tip income not reported to employer. Attach Form 4137	58	
Taxes	58	Additional tax on IRAs, other qualified stirement plans, etc. Attach Form 5329 if required	59	
	59	Additional tax on IMAS, birrer qualities of safetime partial Advance earned income credit payme as f or, Form(s) W-2	60	
	60	Advance earned income creak payma as 7 of 10 mgs, 75 = 2	61	
	61	Household employment taxes. Attach Sche jule H	62	488
	62	Add lines 56 through 61. This is your total tax	333333	
Payments	63	Federal Income tax Withrield from Forms 47-2 at	-	
FAYINGLINS	— 64	2004 estimated tax payments and amount applied from 2003 is urn	-	
If you have a	65	Earned income credit (EIC)	-100	
child, attach	Г	Nontemable combat pay election > 65b		
Schedule El	66	Evenes exclusive and tier 1 RRTA tak withhald (see page 54) 65	_	
		Additional child tax credit. Attach Form 8812		
	68	Amount paid with request for extension to file (see page 54)		
	69	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	2,275
	70	If the 70 is more than tine 62, subtract time 62 from tine 70. This is the amount you overpaid.	71	1,787
Refund	71	If the 70 is more than the 62, supplied to hold	72a	1,787
Direct deposit	, 72	Armount of line 71 you want resulting to your		
See page 54	` ▶	b Routing number A A A A A A A A A A A A A A A A A A A		
and fill in 72b	, •	d Accord Spines 152 152 152 152 153 153 153 153 153 153 153 153 153 153		
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 estimated tax > 73		L.
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	2000	
You Owe	75	Estimated tax penalty (see page 55)		ste the blowing. No
	De	you want to allow another person to discuss this return with the IRS (see page 56)?	Comple	HS I'M L'NIOMHIR.
Third Part	v	Personal Idi		" [<u>[]</u> [] [] []
Designee	. 7 .7	adebw a daedt.amotin ▶773~588-7133number(P)		▶ 1 1 2 0 0
Sign			to the bo	est of my knowledge and
	be	der ponalties of perjury, I declare that I have examined this return and accompanying explanate and statemento Ref, they am true, carrect, and complete, Declaration of preparer (other than taxpayer) is based on all information of	WINCH PR	•
Here		our eignature Date Your occupation		Daytime phone number
Joint return?		WAITER		
See page 17. Keep a copy	` \ -	couse's significan. If a joint return, both must sign. Date Spouse's occupation		847-763-196
for your	- 5F	Some 2 Sidustinus Lt a Inter Crais : moon shows a		
records.		Date	Pr	eparer's SSN or PTIN
Paid		eparer's Check in Check in	\sqcap	P00363678
Preparer's	e –		<u></u>	-4110499
Use Only	173	IM'S MANO (OT ALT-MUNASES; INC.	<u>`</u>	
Asc amil		Ideas and 7/2 code	IONE SO.	773-588-7133
		CHICAGO IL 60625	marie, eggs	Form 1040 (2004)

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om 1040		bnent of the Treasury - Internal Re		turn	2003		IRS Use On		ite or staple in this :	
DEN LONG	For the	year Jan. 1-De E. 11.2 Ct. pr of	4 <u>186 </u> y(<mark>2. 5.8</mark> 89)(M	, 20 3	, andlig	$\mathbf{P}\mathbf{Y}$, 20	OMB, No. 154 of security number	3-00/4
abel ر ج	our first nem	e and initial		halle			•		-92-7974	
ne A	SAAD			WAQAS					social security must	DEF
page 18.) E 11	a joint retu	n. spouse's first name and initial		PSS (1) in us				3,0		
so the IRS		se (number & street), If you have a l	O box. see page	19.			Apt. no.	A	Important!	A
bei. H H Iharwise. E	lome addras	s (number & street), it you have a r	ידים גל ישראלי.	ਸ ਾ				1 — \	You must enter	
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residential		Nata Charleson "Yes" will	not change yo	ur tax or reduc	e your refe	und.		You	Spouse	
lection Campa See page 19.)	ign 🕨	Do you, or your spouse if	filing a joint re	turn, want \$3 to	o go to this	s rung?	<u>, , , , </u>	Yes X		No
4	X Single			4 _		pusehold (with ing person is a		rson), (See pl your depend	ige 29.) 17 ent, enter	
riling 2	Married	I filing jointly (even if only one	had income)		this child's	name here.				
status 3	Married	Ming separately. Enter apouse's \$1	SN above and full	-	1-	امماسمان	محمد طعم	dant child	(See page 20.)	
therk only has been them				5	Qualityin	g widow(er)	his or her to	V TINE		
emptions	6 a	X Yourself. If your parent (c	r someone els	e) can claim yo	u as a dep	sengent on	rars-calling an	^ .	No, of bates checked on to and the	1
:Xelisbuous		return, do not c	heck box ta .						No. of children on 6c who:	
	(1)	Spouse		(Z) Depend		(3) Depart	tent's	Check If	A Hund with you	
		Dependents:		social security	number	relations!	of at	Check if alifying child ir child tax dit taxe pg21	dig not live with you due to divorce	
	(1) First nan	Last name		1		· · · · · · · · · · · · · · · · · · ·			or separation (see page 21)	
f more than five		-/								
dependents, see paga 2 t.		——(V) ——							Dependents on 6c not extered stave	
		 X 								
						-			Add numbers on lipus	١,
		Total number of exen ptic ns	claimed			• • • • •		• • • • • •	Npove -	
	7	Wages, seleries, tips, etc. At	tach Form(s) W	1-2				- ,	23	005
income			\bigcirc			<u>-</u>		- Ba	451	000
	8a	Taxable interest Attach Sch	ledi 🗦 🕃 🤄 ledn	ired	8b				<u>.</u>	
Attach	. •	Tax-exampt interest. Do no	it includs to in	# 88		 		9a		
Forms W-2 and W-2G here.	0 9g	Ordinary dividends. Attach	Schedule = 4	aduired	. 95	i				
Also attach	, b	Qualified dividends (see page Taxable refunds, credits, or	ge 43) · · · · · · · · · · · · · · · · · · ·	an loca inco		see page 23	·)	10		
Form(s) 1099~	• •	Alimony received	Oligaria de Seata					11		
withheld.	11	Business income or (loss).	Anach Schedul	le C or C-27				12		
	12 13a	Capital gain or (loss). Attach	Schedule D if	required. If its	craquired.	check here	▶ [13a		
	194	IN 49-1	not "May 5 capital (200 fuditizib ale:		·		. 1888		
If you did not	14	Other gains or (losses). Att	ach Form 4797					14		
get a W-2, see page 22.	15a	IRA distributions	15a		ו פן	STE SIGN 'S	riut (ane babe	(A) (30)		
	16w	Pensions and annuities	†£a			a, able 1.00			 	
Enclose, but do not attach, any		Rental real estate, royalties,	partnerships, \$	s corporations,	trusts, etc	. Altac'ı St	hedule E .	17		
payment. Also,	18	Farm income or (loss). Atta	ich Schedule F				7			
please use Form 1040-V.	19	Unemployment compensati	ian	,	 1 •	axable amo	1 199 (a za su sa	27) 205		
	20a	Social security benefits	202		'	GYONE WILL	2. 11 (2.0)			
	21	Other income.						() ₂₁		
		Add the amounts in the far	right column fo	r lines 7 throug	in 21. This	is your tate	income .	. > (2.5)		,005
	22	Educator expenses (see pa	ne 29)		23		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Adjusted	23 24	IRA deduction (see page 2	9)		24					
Gross	24 25	Student loan interest deduc	ction (see page	31)	25				C	
Income	26	Tuition and fees deduction	(see page 32)		26					
	27	Moving expenses. Attach I	Form 3903		27				3	
	-28	One-half of self-employme	ent tax. Attach S	Schedule SE	28					
	29	Self-employed health insul	rance deduction	n (see page 33) 25					
	30	Self-employed SEP, SIMP	LE, and qualifie	d plans	38				1	
	31	Penalty on early withdrawa	of savings		31			— [till		
	32a	Allmony paid > Recipient's	SSNP					-	1	
		Add lines 23 through 32a							}	
	33	Add lines 23 through 32a Subtract line 33 from line 2		adjusted eros	e income	,	, , , , , ,	. > 34	23	,005
	34	andtract flue 33 trotti flue 4	e ina ia juul			FCA			Form 1	040 (200

Form 1040 (2003)

Page 2 340-92-7974 Form 1040 (2003) 23.005 35 SAAD WAQAS Amount from line 34 (adjusted gross income) Blind. 1 Total boxes You were born before January 2, 1939, Tax and Check (Blind checked > 36a Spouse was born before January 2, 1939, Credits If you are married filing separately and your spouse itemizes deductions, or Standard Deduction 4,750 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 37 tar-18.255 Subtract line 37 from line 35 People who checked any T. 37 If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on 38 box on line 36a or 36b or who can be claimed as a 3,050 line 6d. If line 35 is over \$104,625, see the worksheet on page 35 39 39 15,205 Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0- . . 40 dependent, see page 34. 1,934 Tax (see page 36). Check if any tax is from a Form(s) 8814 b Form 4972 41 40 42 · All others: 41 Afternative minimum tax (see page 38). Attach Form 6251 . . . 934 Single or Married filing separately, 43 42 Add lines 41 and 42 Foreign tax credit. Attach Form 1116 # required 44 \$4,750 Credit for child and dependent care expenses. Attach Form 2441 45 Married filing C) Idit for the elderly or the disabled. Attach Schedule R 46 jointly of Qualifying widow(er), \$9.500 46 47 Eflucation credits. Attach Form 8863 47 Re ren ent savings contributions credit. Attach Form 8880 . . . 48 48 49 Child 'ax credit (see page 40) Head of household, 49 50 Adoption (100 t. Attach Form 8839 . . 50 \$7,000 51 Form 8859 a Form 8396 Credits from: 51 Form 3800 a | Other cradits. Cherik applicable box(es): 52 52 b Form 8501 c Specify Add lines 44 through St. Throp are your total credits . . . 53 1,934 53 Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-54 54 55 Social security and Medicare tax of the income not reported to employer. Attach form 4197 55 56 **Other** Tax on qualified plans, including IRAs, and out in tax-favored accounts, Attach Form 5325 if required 56 57 Taxes 57 5.6 Advance earned income credit payments from Form(s) W-2 ... 58 59 Household employment taxes. Attach Sch. dule 1,934 59 60 Add lines 54 through 58. This is your total tax (. . .) . RÔ 2,245 Federal income tax withheld from Forms W-2 and 1995 . . 61 Payments 61 2003 estimated tax payments and amount applied from 2002 return. 52 62 If you have a 63 qualifying child, attach 63 64 Excents social security and tier 1 RRTA tax withhold (see page 55) 64 Schedule EIC Additional child tax credit. Attach Form 8812 85 Amount paid with request for extension to file (see page 56) . . 66 Other payments from a Form 2439 b Form 4136 c Form 8885 67 2.245 67 68 311 88 if line 68 is more than line 50, subtract line 80 from line 59. This is the amount you overpaid 69 311 702 Amount of line 69 you want refunded to you Refund XXXXXXXXXX >c Type: Checking Sa tings Direct deposit? Routing number See page 56 and fill in 70b. Account number ▶ | 71 Amount of line B9 you want applied to your 2004 entirement ter 70c. and 70d Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57 The Control 72 Amount Estimated (ax penalty (see page 58) You Owe Do you want to allow another person to discuss this return with the IR\$ (see page 58)? Yes. Complete ! e following. Third Party Personal identification Designes's name number (PIN) Designee Under paralles 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, Occidention of preparer (other than taxphysir) is based on all information of which preparer has any knowledge. Sign Daytime phone number Here Your accupation Date Your algnature Joint return? WAITER See page 20. 847-763-1969 Spouse's occupation Spouse's signature, if a joint return, both must sign. Date Кеер а сору for your Preparer's SSN or PTIN records Date Check If P00414574 self-employed Preparer's **Paid** 36-4110499 EIN Preparer's INC AL-MUHASEB, firm's name (or KEDZIE AVE Use Only 4609 N. Phone no. 773-588-7133 eddress, and 21P code 60625 CHICAGO