



# UNOFFICIAL COPY

1. Representations. 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. Definitions. 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 8300 Christiana 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. Issuance of Grant. Pursuant to **OWNER's** participation in the Program, the **VILLAGE** agrees to provide **OWNER** 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 Work.
4. Documentation. **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 following 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. Priority of Improvements. The work to be performed shall be conducted in the following priority, subject to the approval of the **VILLAGE**:

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- a. Work required to correct existing code violations;
  - b. Exterior home improvements;
  - c. All other home improvements.
8. Permits. **OWNER** is responsible for securing and paying for all necessary licenses and permits for the Project.
  9. Multiple Bids. **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 waiver 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. Additional Documents. **OWNER** shall supply the **VILLAGE** 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 RECEIPT OF GRANT FUNDS	PERCENTAGE OF 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. **Termination.** 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 **AGREEMENT**.
  - 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 shall 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 all liabilities, 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**.

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- 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, IL 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 or 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**.

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- 24. Severability. 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. Headings. 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. Due Authority. 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 SYOKIE,

OWNER,

By: \_\_\_\_\_

Albert J. Rigoni  
Its Village Manager

By: \_\_\_\_\_

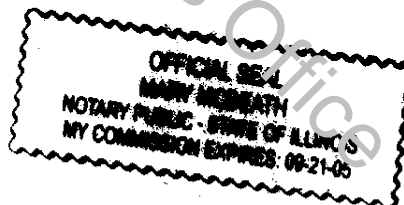
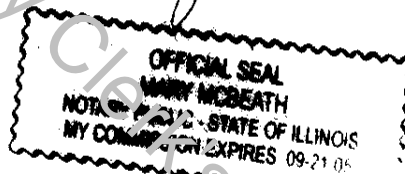
*[Handwritten Signature]*

Subscribed and sworn to before me

this 17th day of May, 2005

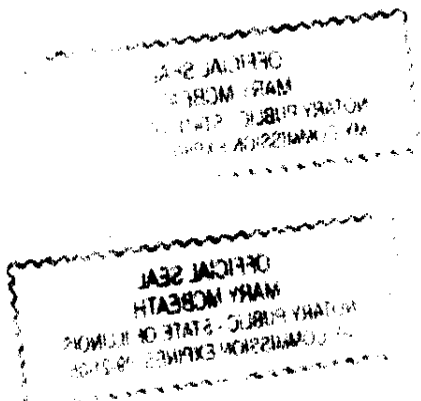
Notary Public

*[Handwritten Signature: Mary McBeath]*



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Property of Cook County Clerk's Office





# PROPERTY INSIGHT, LI

A California Limited Liability Company  
400 S JEFFERSON, CHICAGO, IL 60607

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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 FOLLOWING DESCRIBED REAL ESTATE: LOTS 26 TO 40 INCLUSIVE, TAKEN AS A TRACT (EXCEPT THE NORTH 395.25 FEET THEREOF) IN BLOCK 2 IN NORTH SIDE REALTY CO'S DEMPSTER GOLF COURSE 1ST ADDITION, A SUBDIVISION IN THE NORTHEAST 1/4 OF THE SOUTH EAST 1/4 OF SECTION 23, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 86062461, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PROPERTY of Cook County Clerk's Office



**UNOFFICIAL COPY****HOME IMPROVEMENTS PROGRAM APPLICATION****EXHIBIT 2**

<b>SECTION 1 - Applicant Information</b>			
Name	SAAD ALI WAWAS		
Address	8300 CHRISTIANA		
Home Phone	847-763-1969	Work Telephone	773-561-1898
Unit Type:	<input type="checkbox"/> Single-family Detached <input type="checkbox"/> Townhouse <input checked="" type="checkbox"/> Condominium/Cooperative <input type="checkbox"/> Two-flat		
Occupancy:	<input checked="" type="checkbox"/> Own & Occupy Unit <input type="checkbox"/> Rent & Occupy Unit <input type="checkbox"/> Do Not Occupy Unit		
Number of Persons in the Household		Household Income	
<b>SECTION 2 - Forms to be Submitted</b>			
This application cannot be processed until all of the documents and information listed below are provided. Since all applications will be processed on a first-come first-serve basis, it is extremely important that the 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Village Inspection Report	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Three bids from contractors for improvement work specified in the inspection report	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Proof of home ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Amount of grant or loan request	\$ 1025		
<b>SECTION 3 - Statement of Applicant Understanding</b>			
As an applicant for the Village of Skokie Home Improvement Program, I understand 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.A.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: <u>S.A.W</u>		
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: <u>S.A.W</u>		
It is my responsibility to hire a contractor to complete the improvement work for which the grant or loan is approved.	Initials: <u>S.A.W</u>		

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<b>SECTION 3 - Statement of Applicant Understanding (Continued)</b>			
I consent to and authorize the Village to enter the improved property for the sole purpose of determining that the improvements contracted for have been completed. The Village's inspection of work will be to certify completion only. No determination will be made by the Village as to the quality or adequacy of material or workmanship.	Initials: <u>S-A-W</u>		
The Village will in no way warrant or guarantee any of the work performed and it is my responsibility to determine the acceptability of all material used and work performed by the contractor.	Initials: <u>S-A-W</u>		
The Village has no responsibility or liability for damages or injury of any kind occurring as a result of my participation in this program.	Initials: <u>S-A-W</u>		
<b>SECTION 4 - Income Disclosure</b>			
Total household income for the last tax year	\$		
Total ADJUSTED GROSS INCOME as listed in the applicant's Form 1040/1040A	\$ <u>23,972</u>		
List each household member over 17 years old who contributed to the household income last year.	Name	Income	
	Person A	\$	
	Person B	\$	
	Person C	\$	
	TOTAL	\$ <u>23,972</u>	
<b>SECTION 5 - Source of Income and Assets</b>			
For each person listed in Section 4 (A, B, C), please provide the following information			
		Person A	Person B
			Person C
<b>Employment</b>	Name of company	<u>REZA RESTAURANT</u>	
	Address of company, city, state, zip code	<u>5255 N CLARK CHICAGO, IL</u>	
	Telephone	<u>773 561 1896</u>	
<b>Public Assistance (ADC, General Assistance, etc.)</b>	Public Aid case number		
	Caseworker name		
	Address of office, city, state, zip code		
	Telephone		
<b>Social Security (Survivor's Benefits, SSI, Retirement, Disability, etc.)</b>	Social Security number		
	Address of office, city, state, zip code		

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SECTION 5 - Source of Income and Assets (Continued)				
		Person A	Person B	Person C
Pension	Name of company			
	Address of office, city, state, zip code			
Other Income Not Covered Above	Source			
	Address of office, city, state, zip code			
	Telephone			
Bank Account	Name of bank	ALBANY BANK		
	Account number	001255037		
	Present balance	\$ 5,000 <sup>00</sup>	\$	\$
	Annual interest rate	— %	%	%
Bank Account	Name of bank			
	Account number			
	Present balance	\$	\$	\$
	Annual interest rate	%	%	%
Bank Account	Name of bank			
	Account number			
	Present balance	\$	\$	\$
	Annual interest rate	%	%	%
Stocks, Bonds, or Other Securities	Name of security			
	Present value			
	Annual dividend or interest paid	\$	\$	\$
Stocks, Bonds, or Other Securities	Name of security			
	Present value			
	Annual dividend or interest paid	\$	\$	\$
Stocks, Bonds, or Other Securities	Name of security			
	Present value			
	Annual dividend or interest paid	\$	\$	\$
Do you own any interest in any real estate other than your home?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Percent interest ___%	Percent interest ___%	Percent interest ___%	Percent interest ___%

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## SECTION 6 - Affidavit of Income and Signature (Notary Required)

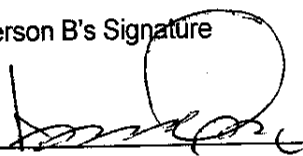
I (We) hereby state that I have read, understand and consent to all of the above conditions and that the information provided is true, complete, and correct to the best of my knowledge and that I have not knowingly made any false statements concerning this application.

I (We) authorize the Village of Skokie to check all of the above information, including financial information and references.

I (We), Saad Ali Waqas, being duly sworn, on oath, deposes and states that my (our) total gross household income for the last tax year was \$ 23,972, and that my (our) total income for this year will not exceed \$ 23,972 based on a current monthly income of \$ 2,000.

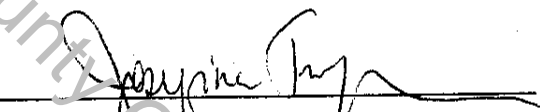
Subscribed and sworn before me this 9<sup>th</sup> day of May, 2005

\_\_\_\_\_  
Person A's Signature

\_\_\_\_\_  
Person B's Signature  


\_\_\_\_\_  
Person C's Signature



  
\_\_\_\_\_  
NOTARY PUBLIC

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EXHIBIT 3



## Village of Skokie

April 8, 2005

### Public Works

9050 Gross Point Road  
Skokie, Illinois 60077

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

### Council-Manager Government

Mayor George Van Dusen  
Clerk Marlene Williams  
Trustees 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

### 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

Resident  
3300 Christiana Ave.  
Unit 2E  
Skokie, Illinois 60076

Dear Resident:

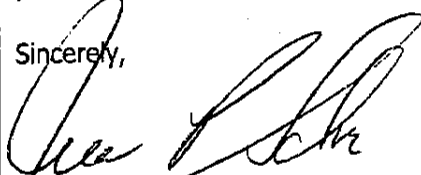
On March 25, 2005, you were notified of a potentially serious sewer problem on a portion of your home sewer service line, which is the responsibility of the homeowner in accordance with the enclosed Village Ordinance. To date, Public Works has not received acknowledgement of any action on your part to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

Because of the possibility of damage to public and private property, liability claims, and health considerations you must begin 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 through Friday, 8:30 a.m. to 5:00 p.m. if you have other questions.

Sincerely,

  
Jean P. Scher  
Water & Sewer Superintendent

JS/bh  
Encl.



# PROPERTY INSIGHT, L

A California Limited Liability Company  
400 S JEFFERSON, CHICAGO, IL 60607

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EXHIBIT 4

## TRACT INDEX SEARCH

VILLAGE OF SKOKIE  
5127 OAKTON  
SKOKIE, ILLINOIS 60077  
TERRY OLIVE

Order No.: 1404 S9612528 SS  
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 (SINGLE)
GRANTEE:	SAAD WAQAS
INSTRUMENT:	WARRANTY DEED
DATE:	10/02/2003
RECORDED:	11/05/2003
REMARKS:	

DOCUMENT/CASE NO.:	0413813011
GRANTOR:	SAAD WAQAS (UNMARRIED)
GRANTEE:	CHICAGO FUNDING, INCORPORATED
INSTRUMENT:	MORTGAGE
DATE:	10/02/2003
RECORDED:	05/17/2004
REMARKS:	\$189,000.00

(CONTINUED)

PROPERTY INSIGHT

By: Erectia [Signature]

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.





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## PROPERTY INSIGHT, LLC.

A California Limited Liability Company

Order No.: 1404 S9612528 ss

## Disclosures (Continued):

DOCUMENT/CASE NO.: 0418005107  
 GRANTOR: SAAD WAQAS (SINGLE)  
 GRANTEE: CHICAGO FUNDING INC  
 INSTRUMENT: MORTGAGE  
 DATE: 05/12/2004  
 RECORDED: 06/28/2004  
 REMARKS: \$192,000.00

DOCUMENT/CASE NO.: 0418005108  
 GRANTOR: CHICAGO FUNDING INC  
 GRANTEE: US BANK NA  
 INSTRUMENT: ASSIGNMENT  
 DATE: 05/12/2004  
 RECORDED: 06/28/2004  
 REMARKS: 0418005107

DOCUMENT/CASE NO.: 0434902324  
 GRANTOR: SAAD WAQAS (SINGLE)  
 GRANTEE: CHASE MANHATTAN MTG CORP  
 INSTRUMENT: MORTGAGE  
 DATE: 12/03/2004  
 RECORDED: 12/14/2004  
 REMARKS: \$175,200.00

DOCUMENT/CASE NO.: 0434902325  
 GRANTOR: SAAD WAQAS  
 GRANTEE: JPMORGAN CHASE BK NA  
 INSTRUMENT: MORTGAGE  
 DATE: 12/04/2004  
 RECORDED: 12/14/2004  
 REMARKS: \$21,900.00

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EXHIBIT 5

## VILLAGE OF SKOKIE

### HOUSING IMPROVEMENTS PROGRAM

#### INCOME LIMITS

<u>No. of Persons in Household</u>	<b>GRANT</b>	<b>LOAN</b> Zero (0) Percent Interest
	<u>Very Low-Income</u>	<u>Low-Income</u>
1	\$26,400	\$40,250
2	\$30,150	\$46,000
3	\$33,950	\$51,750
4	\$37,770	\$57,500
5	\$40,700	\$62,100
6	\$43,750	\$66,700
7	\$46,750	\$71,300
8	\$49,750	\$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 THE CHICAGO, SMSA, EFFECTIVE FY04



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Form 1040

Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return 2004 (99)

EXHIBIT 6

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning 2004, and ending 2004, ending

**Label** L A B E L  
 (See instructions on page 16.)  
 Use the IRS label. Otherwise, please print or type.

**Personal Information**  
 Your first name and initial: SAAD  
 Last name: WAQAS  
 If a joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Home address (number and street). If you have a P.O. box, see page 16. Apt. no.:  
 8300 N CHRISTIANA AVE APT 1E  
 City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.  
 SKOKIE IL 60076

**Spouse's Social Security Number** \_\_\_\_\_

**Important!**  
 You must enter your SSN(s) above.

**Presidential Election Campaign**  
 Note: Checking "Yes" will not change your tax or reduce your refund.  
 Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . . .  
 You: Yes  No  Spouse: Yes  No

**Filing Status**  
 Check only one box.  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here. \_\_\_\_\_  
 4  Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. \_\_\_\_\_  
 5  Qualifying widow(er) with dependent child (see page 17)

**Exemptions**  
 6  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .  
 b  Spouse . . . . .  
 c Dependents:  
 (1) First name: \_\_\_\_\_ (2) Dependent's social security number: \_\_\_\_\_ (3) Dependent's relationship to you: \_\_\_\_\_ (4) Check if qualifying child for child tax credit (see page 18):   
 \* lived with you \* did not live with you due to divorce or separation (see page 18)  
 Dependents on 6c not entered above: \_\_\_\_\_  
 Add numbers on lines above: 1

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 23,972  
 8a Taxable interest. Attach Schedule B if required . . . . .  
 8b Tax-exempt interest. Do not include on line 8a . . . . .  
 9a Ordinary dividends. Attach Schedule B if required . . . . .  
 9b Qualified dividends (see page 20) . . . . .  
 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) . . . . .  
 11 Alimony received . . . . .  
 12 Business income or (loss). Attach Schedule C or C-EZ . . . . .  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  . . . . .  
 14 Other gains or (losses). Attach Form 4797 . . . . .  
 15a IRA distributions . . . . . 15a Taxable amount (see page 22) 15b  
 16a Pensions and annuities . . . . . 16a Taxable amount (see page 22) 16b  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .  
 18 Farm income or (loss). Attach Schedule F . . . . .  
 19 Unemployment compensation . . . . .  
 20a Social security benefits . . . . . 20a Taxable amount (see page 24) 20b  
 21 Other income . . . . .  
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income . . . . . 23,972

**Adjusted Gross Income**  
 23 Educator expenses (see page 26) . . . . .  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .  
 25 IRA deduction (see page 26) . . . . .  
 26 Student loan interest deduction (see page 28) . . . . .  
 27 Tuition and fees deduction (see page 29) . . . . .  
 28 Health savings account deduction. Attach Form 8889 . . . . .  
 29 Moving expenses. Attach Form 3903 . . . . .  
 30 One-half of self-employment tax. Attach Schedule SE . . . . .  
 31 Self-employed health insurance deduction (see page 30) . . . . .  
 32 Self-employed SEP, SIMPLE, and qualified plans . . . . .  
 33 Penalty on early withdrawal of savings . . . . .  
 34a Alimony paid b Recipient's SSN: \_\_\_\_\_  
 35 Add lines 23 through 34a . . . . .  
 36 Subtract line 35 from line 22. This is your adjusted gross income . . . . . 23,972



Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.

Your first name and initial: SAAD WAQAS  
If a joint return, spouse's first name and initial: Last name  
Home address (number & street), if you have a P.O. box, see page 19. Apt. no.: 8300 N CHRISTIANA AVE APT E1  
City, town or post office, state, and ZIP code, if you have a foreign address, see page 19.: SKOKIE IL 60076

Your social security number: 340-92-7974  
Spouse's social security number  
**Important!**  
You must enter your SSN(s) above.

Presidential Election Campaign (See page 19.) Note: Checking "Yes" will not change your tax or reduce your refund.  
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You: Yes [X] No [ ] Spouse: Yes [ ] No [ ]

Filing Status: 1 [X] Single 2 [ ] Married filing jointly (even if only one had income) 3 [ ] Married filing separately. Enter spouse's SSN above and full name here. 4 [ ] Head of household (with qualifying person). (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 [ ] Qualifying widow(er) with dependent child. (See page 20.)

Exemptions: 6 a [X] Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. 6 b [ ] Spouse. 6 c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Check if qualifying child for child tax credit (see page 21) No. of bases checked on 6a and 6b: 1 No. of children on 6c who: \* lived with you \* did not live with you due to divorce or separation (see page 21) Dependents on 6c not entered above: Add numbers on lines above: 1

Income: 7 Wages, salaries, tips, etc. Attach Form(s) W-2: 23,005  
8a Taxable interest. Attach Schedule B if required: 8a  
8b Tax-exempt interest. Do not include on line 8a: 8b  
9a Ordinary dividends. Attach Schedule B if required: 9a  
9b Qualified dividends (see page 23): 9b  
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23): 10  
11 Alimony received: 11  
12 Business income or (loss). Attach Schedule C or C-EZ: 12  
13a Capital gain or (loss). Attach Schedule D if required. If not required, check here: 13a  
13b If box on 13a is checked, enter post-May 5 capital gain distributions: 13b  
14 Other gains or (losses). Attach Form 4797: 14  
15a IRA distributions: 15a b Taxable amount (see page 25): 15b  
16a Pensions and annuities: 16a b Taxable amount (see page 25): 16b  
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: 17  
18 Farm income or (loss). Attach Schedule F: 18  
19 Unemployment compensation: 19  
20a Social security benefits: 20a b Taxable amount (see page 27): 20b  
21 Other income: 21  
22 Add the amounts in the far right column for lines 7 through 21. This is your total income: 23,005

Adjusted Gross Income: 23 Educator expenses (see page 29): 23  
24 IRA deduction (see page 29): 24  
25 Student loan interest deduction (see page 31): 25  
26 Tuition and fees deduction (see page 32): 26  
27 Moving expenses. Attach Form 3903: 27  
28 One-half of self-employment tax. Attach Schedule SE: 28  
29 Self-employed health insurance deduction (see page 33): 29  
30 Self-employed SEP, SIMPLE, and qualified plans: 30  
31 Penalty on early withdrawal of savings: 31  
32a Alimony paid b Recipient's SSN: 32a  
33 Add lines 23 through 32a: 33  
34 Subtract line 33 from line 22. This is your adjusted gross income: 23,005

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Form 1040 (2003)

340-92-7974

Page 2

SAAD WAQAS

Tax and Credits

Standard Deduction for—

• People who checked any box on line 36a or 36b or who can be claimed as a dependent, see page 34.

• All others: Single or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

Form 1040 (2003) main body with lines 35-60. Includes sections for Tax and Credits, Other Taxes, and Payments. Total tax calculated as 1,934.

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See page 56 and fill in 70b, 70c, and 70d.

Amount You Owe

Third Party Designee

Sign Here

Joint return? See page 20. Keep a copy for your records.

Paid Preparer's Use Only

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.

Signature and occupation fields for SAAD WAQAS (WAITER) and spouse. Daytime phone number: 847-763-1969

Preparer's information: AL-MUHASEB, INC., 4609 N. KEDZIE AVE, CHICAGO, IL 60625. Preparer's SSN: P00414574, EIN: 36-4110499, Phone: 773-588-7133