



## HOME IMPROVEMENT GRANT AGREEMENT

Doc#: 0827756036 Fee: \$68.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 10/03/2008 12:36 PM Pg: 1 of 17

**THIS AGREEMENT**, made on August 27, 2008 by and between Tony Soltani (hereinafter "**OWNER**"), and the VILLAGE OF SKOKIE, (hereinafter "**VILLAGE**") an Illinois municipal corporation located at 5127 Oakton Street, Skokie, Illinois. The **VILLAGE** and **OWNER** shall jointly be referred to as "Parties".

### WITNESSETH:

**WHEREAS**, the **VILLAGE** operates a Housing Improvements Program (hereinafter "Program") to financially assist low 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 painting, carpeting, or kitchen remodeling or other decorating projects are not eligible home improvements under the Program; and

**WHEREAS**, **OWNER** of the property commonly known as 9912 Karlov 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 single-family 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. **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 is commonly known as 9912 Karlov in 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)

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("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** U.S. Federal Income Tax Return Form 1040 Years 2006, 2007.
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**:
  - 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.
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.

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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%
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

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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 Attn: Village Clerk  
Skokie, IL 60077

With copies to: Village Manager  
5127 Oakton Street  
Skokie, IL 60077

Corporation Counsel  
5127 Oakton Street  
Skokie, IL 60077

If to **OWNER:** Tony Scatani  
9912 Karlov  
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 hereof 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. **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.

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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 SKOKIE,

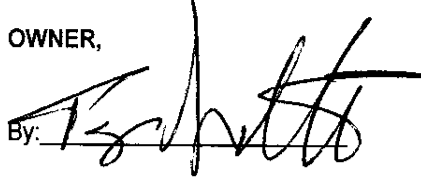
OWNER,

By:



Albert J. Rigoni  
Its Village Manager

By:



Bernice Chan

Subscribed and sworn to before me

this 8 day of Sept., 2008



City of Cook County Clerk's Office

**PROPERTY INSIGHT, LLC.**A California Limited Liability Company  
400 S JEFFERSON, CHICAGO, IL 60607**UNOFFICIAL COPY**

Exhibit 1

**TRACT INDEX SEARCH**

Order No.: 1404 S9645668 SS

Additional Tax Numbers:

## Legal Description:

LOT 3 IN BLOCK 5 IN PARAMOUNT REALTY CORPORATION HIGHLANDS CRAWFORD RIDGE TERMINAL SUBDIVISION, BEING A SUBDIVISION OF LOT 1 (EXCEPT THE EAST 1 ROD THEREOF) AND LOTS 3, 4, 5, 6, 7 AND 8 (EXCEPT THE EAST 1 ROD AND THE WEST 1 ROD THEREOF) IN BERNHARD AND DOETSCH'S SUBDIVISION OF THE NORTH 1/2 OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 10, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

**UNOFFICIAL COPY****HOME IMPROVEMENTS PROGRAM  
APPLICATION**

Exhibit 2

**RECEIVED**

JUL 21 2008

BUILDING DIVISION  
VILLAGE OF SKOKIE

<b>SECTION 1 – Applicant Information</b>	
Name	TONY SOLTANI
Address	9912 KARLOV
Home Phone	847-763-1976
Work Telephone	847-903-7582
Unit Type:	<input checked="" type="checkbox"/> Single-family Detached <input type="checkbox"/> Townhouse <input 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	4
Household Income	\$30,000
<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 of loan request	\$8000
<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: T.S.
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: T.S.
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 any way insure the repayment of my loan.	Initials: T.S.
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: T.S.
It is my responsibility to hire a contractor to complete the improvement work for which the grant or loan is approved.	Initials: T.S.



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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>T.S.</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>T.S.</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>T.S.</u>			
<b>SECTION 4 – Income Disclosure</b>					
Total household income for the last tax year		\$ 32,859			
Total ADJUSTED GROSS INCOME as listed in the applicant's Form 1040/1040A		\$ 30,692			
List each household member over 17 years old who contributed to the household income last year.					
		Name	Income		
		Person A <u>TONY SOLTANI</u>	\$ 30,667		
		Person B <u>HOMIRA SOLTANI</u>	\$ 2,192		
		Person C	\$		
		TOTAL	\$ 32,859		
<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>Self employed TAXI DRIVER</u>	<u>Old navy</u>		
	Address of company, city, state, zip code	<u>9912 KARLOV Shore IL 60076</u>	<u>9700 Skokie Blv. Skokie IL 60076</u>		
	Telephone	<u>847-903-7582</u>	<u>847-329-8506</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	<u>[REDACTED]-6497</u>	<u>[REDACTED]-7701</u>		
	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	CHASE	CHASE	
	Account number	1110022395851	11	
	Present balance	\$ 50	\$ 50	\$
	Annual interest rate	- %	- %	%
Bank Account	Name of bank	BANK AMERICA	Bank America	
	Account number	002872731343	11	
	Present balance	\$ 300	\$ 300	\$
	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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Percent interest ___%	Percent interest ___%	Percent interest ___%	Percent interest ___%

VOSDOCS #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.

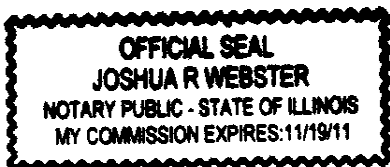
I (We), Tony Soltani, being duly sworn, on oath, deposes and states that my (our) total gross household income for the last tax year was \$ 32,000, and that my (our) total income for this year will not exceed \$ 32,000 based on a current monthly income of \$ 2,000.

Subscribed and sworn before me this 17th day of July, 2008.

Person A's Signature

Person B's Signature

Person C's Signature



NOTARY PUBLIC

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Exhibit 3

PREPARED 8/27/08, 7:00:00  
 PROGRAM CE200L  
 VILLAGE OF SKOKIE  
 CASE HISTORY REPORT  
 CASE NUMBER 08-00001284  
 PAGE 1

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CASE TYPE  
 Property Index Number  
 ADDRESS  
 GRANT-LOAN PROGRAM  
 10-10-403-030-0000  
 9912 KARLOV AVE  
 SKOKIE IL 60076

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DATE ESTABLISHED 7/25/08  
 INSPECTOR JIM DUESENBERG  
 STATUS ACTIVE  
 TENANT NAME  
 TENANT NBR 7/25/08

CASE DATA: CITATION NUMBER #1.....  
 DATE/TIME OF VIOLATION #1.....  
 CITATION NUMBER #2.....  
 DATE/TIME OF VIOLATION #2.....  
 CITATION NUMBER #3.....  
 DATE/TIME OF VIOLATION #3.....  
 TYPE OF USE.....  
 GRANT OR LOAN.....  
 MISCELLANEOUS.....

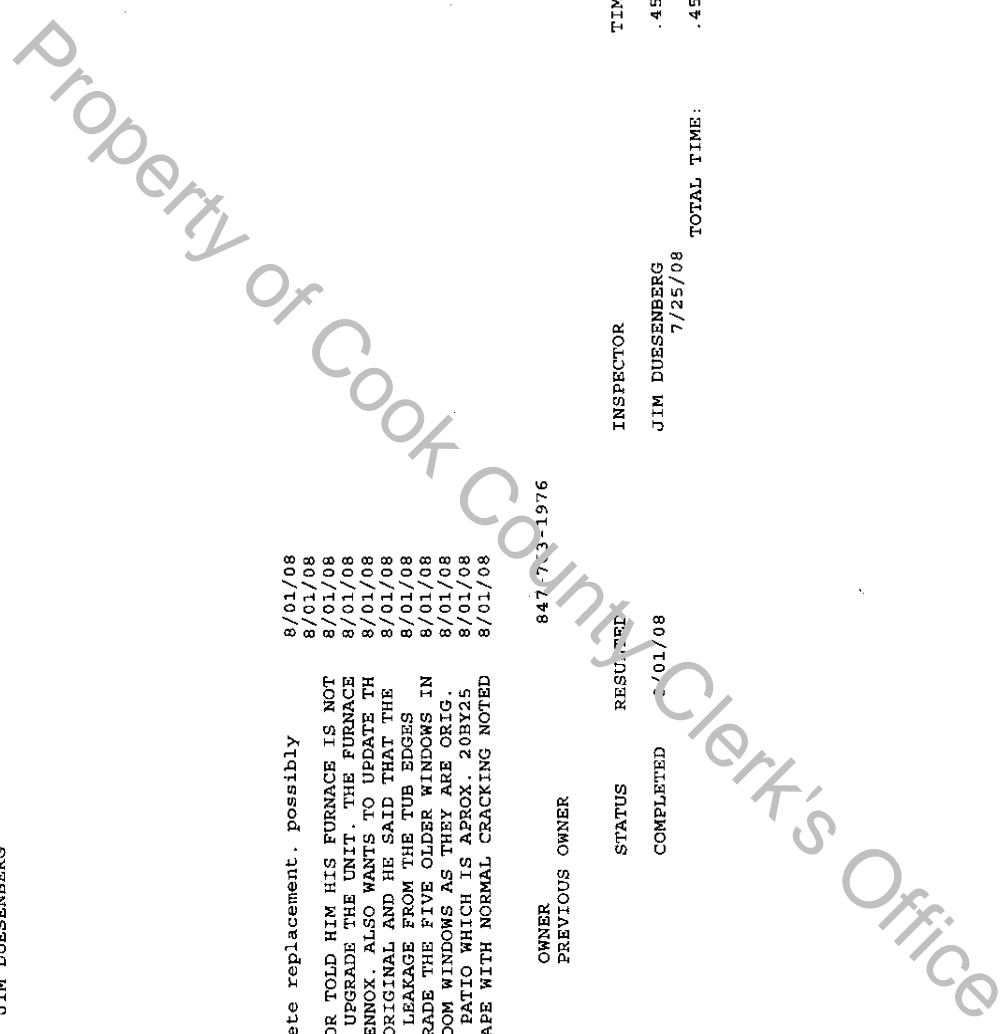
NARRATIVE: looking for new furnace, concrete replacement, possibly windows  
 OWNER STATED HIS HVAC CONTRACTOR TOLD HIM HIS FURNACE IS NOT VERY EFFICIENT SO HE WANTS TO UPGRADE THE UNIT. THE FURNACE HE HAS NOW IS A TEN YEAR OLD LENNOX. ALSO WANTS TO UPDATE THE E TOP FLOOR BATHROOM AS IT IS ORIGINAL AND HE SAID THAT THE FAUCETS LEAK AND THAT THEY GET LEAKAGE FROM THE TUB EDGES TO THE ROOM BELOW. WANTS TO UPGRADE THE FIVE OLDER WINDOWS IN THE BEDROOMS AND THE TWO BATHROOM WINDOWS AS THEY ARE ORLG. WOULD LIKE TO REPLACE THE REAR PATIO WHICH IS APPROX. 20BY25 FEET AND IN RELATIVELY GOOD SHAPE WITH NORMAL CRACKING NOTED

8/01/08  
 8/01/08  
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 8/01/08  
 8/01/08  
 8/01/08

NOTICE NAMES: SOLTANI, TONY  
 ANN FRIEDMAN  
 OWNER  
 PREVIOUS OWNER 847-783-1976

HISTORY: SCHEDULED ACTION  
 8/01/08 INSPECTION  
 RQST TEXT: 9:00

8/01/08  
 COMPLETED  
 STATUS  
 RESULTED  
 INSPECTOR JIM DUESENBERG  
 7/25/08  
 TOTAL TIME: .45



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PROPERTY INSIGHT, LLC.

A California Limited Liability Company

400 S JEFFERSON, CHICAGO, IL 60607

Exhibit 4

(312) 683-8205

TRACT INDEX SEARCH

VILLAGE OF SKOKIE - COMMUNITY DEV  
5172 OAKTON  
2ND FLOOR  
SKOKIE, ILLINOIS 60077  
ATTN: JERRY OLINE

Order No.: 1404 S9645668  
Cover Date: AUGUST 5, 2008  
Ref: 9912 KARLOV  
CJH/CRP

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AUG 25 2008

BUILDING DIVISION  
VILLAGE OF SKOKIE

Legal Description of Land Searched: (See Attached)

Permanent Tax Number (P.I.N.):  
10-10-403-030-0000

Street Address of Land Search (as furnished by Applicant):  
9912 KARLOV  
SKOKIE, ILLINOIS

Grantee(s) in last recorded conveyance:  
TONY SOLTANI

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

DOCUMENT/CASE NO.: 0615605130  
GRANTOR: GHEORGHE SANDULESCU AND MARIANA SANDULESCU (WIFE)  
GRANTEE: TONY SOLTANI  
INSTRUMENT: WARRANTY DEED  
DATE: 04/21/06  
RECORDED: 06/05/06  
REMARKS: ---

DOCUMENT/CASE NO.: 0715533008  
GRANTOR: TONY SOLTANI (MARRIED)  
GRANTEE: MERS (NOMINEE) AMERICAN MORTGAGE NETWORK, INC. (LENDER)  
INSTRUMENT: MORTGAGE  
DATE: 05/23/07  
RECORDED: 06/04/07  
REMARKS: \$326,000.00

PROPERTY INSIGHT

By: C. Penno

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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Exhibit 5

**VILLAGE OF SKOKIE  
HOUSING IMPROVEMENTS PROGRAM  
INCOME LIMITS**

<u>No. of Persons in Household</u>	<b>GRANT</b>	<b>LOAN</b>
	<u>Very Low-Income</u>	Zero (0) Percent Interest <u>Low-Income</u>
1	\$26,400	\$42,200
2	\$30,150	\$48,250
3	\$33,950	\$54,250
4	\$37,770	\$60,300
5	\$40,700	\$65,100
6	\$43,750	\$69,190
7	\$46,750	\$74,750
8	\$49,750	\$79,600

**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 MARCH, 2008**

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Department of the Treasury - Internal Revenue Service

## U.S. Individual Income Tax Return 2007

(99) IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning 2007, ending 20 OMB No. 1545-0074

Name TONY SOLTANI Spouse's Name (if Joint Return) HOMIRA SOLTANI Home Address 9912 KARLOV AVE City, State, and ZIP Code Skokie IL 60076

Your social security number 500-78-6497

Spouse's social security no. 339-94-7701

You must enter your SSN(s) above. Checking a box below will not change your tax or refund.

You  Spouse

### Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions)  You  Spouse

**Filing Status**

1  Single  Head of household (with qualifying person). (See instructions.)

2  Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here.

3  Married filing separately. Enter spouse's SSN above and full name here.

5  Qualifying widow(er) with dependent child (see instructions)

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a

b  Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security no.	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr.)
DANIEL	SOLTANI	[REDACTED]	SON	<input checked="" type="checkbox"/>
POURIYA	SOLTANI	[REDACTED]	SON	<input checked="" type="checkbox"/>

Boxes checked on 6a and 6b: 2

No. of children on 6c who: lived with you: 2

did not live with you due to divorce or separation (see instr.): 0

Dependents on 6c not entered above: 0

Add numbers on lines above: 4

d Total number of exemptions claimed: 4

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 2,192.

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see instructions) 9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ 30,667.

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 b Taxable amount (see inst.) 15b

16a Pensions and annuities 16a b Taxable amount (see inst.) 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 b Taxable amount (see inst.) 20b

21 Other income. List type and amount (see instr.)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income 32,859.

**Adjusted Gross Income**

23 Educator expenses (see instructions) 23

24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 One-half of self-employment tax. Attach Schedule SE 2,167.

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction (see instr.) 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN 31a

32 IRA deduction (see instructions) 32

33 Student loan interest deduction (see instructions) 33

34 Tuition and fees deduction. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903. 35

36 Add lines 23 through 31a and 32 through 35 2,167.

37 Subtract line 36 from line 22. This is your adjusted gross income 30,692.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (2007)

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TONY & HOMIRA SOLTANI

000-78-6497

Page 2

**Standard deduction for -**

- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instr.
- All others: Single or Married filing separately, \$5,350
- Married filing jointly or Qualifying widow(er), \$10,700
- Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)	38	30,692.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before Jan. 2, 1943, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	18,146.
41	Subtract line 40 from line 38	41	12,546.
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet in the instructions	42	13,600.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	
47	Credit for child and dependent care exp. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see instr.). Attach Form 8901 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3400 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	
58	Self-employment tax. Attach Schedule SE	58	4,333.
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	4,333.
64	Federal income tax withheld from Forms W-2 and 1099	64	2.
65	2007 estimated tax pymts and amt applied from 2006 return	65	
66 a	Earned income credit (EIC)	66a	1,918.
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see instr)	67	
68	Additional child tax credit. Attach Form 8812	68	2,000.
69	Amount paid with request for extension to file (see instr)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	3,920.
73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
74 a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> 74a		
b	Routing number XXXXXXXXXXXXXXXXXXXXXXX		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number XXXXXXXXXXXXXXXXXXXXXXX		
75	Amount of line 73 you want applied to your 2008 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions	76	413.
77	Estimated tax penalty (see instructions)	77	

### Other Taxes

### Payments

If you have a qualifying child, attach Schedule EIC.

### Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.

### Amount You Owe

### Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete the following.  No

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

### Sign Here

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

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.

Your signature	Date	Your occupation	Daytime phone number
		TAXI DRIVER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		HOMEMAKER	

### Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	03/15/2008		P00478624
Firm's name (or yours if self-employed), address, and ZIP code	EIN		
TAXCUTTERS INC 2533 W PETERSON AVE Chicago IL 60659-	36-4266200		
	Phone no.	773-728-1500	



# UNOFFICIAL COPY

Form **1040** Department of the Treasury-Internal Revenue Service **2006** (99) IRS Use Only-Do not write or staple in this space. OMB No. 1545-0074

**Label!** (See instructions) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning 2006, ending 20

Name: **TONY SOLTANI**  
 Spouse's Name (if Joint Return): **HOMIRA SOLTANI**  
 Home Address: **9912 KARLOV AVE**  
 City, State, and ZIP Code: **Skokie IL 60076**

Your social security number: **500-78-6497**  
 Spouse's social security no.: **339-94-7701**

You must enter your SSN(s) above. Checking a box below will not change your tax or refund.

CLIENT COPY

**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions)  You  Spouse

**Filing Status**

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 instructions.) 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 instructions)

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a  
 b  Spouse  
 c Dependents:

(1) First name	Last name	(2) Dependent's social security no.	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instr.)
DANIEL	SOLTANI	3287	SON	<input checked="" type="checkbox"/>
POURIYA	SOLTANI	3288	SON	<input checked="" type="checkbox"/>

Boxes checked on 6a and 6b: **2**  
 No. of children on 6c who:  
 - lived with you: **2**  
 - did not live with you due to divorce or separation (see instr.): **0**  
 Dependents on 6c not entered above: **0**  
 Add numbers on lines above: **4**

d Total number of exemptions claimed: **4**

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form (s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see instructions)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	98.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	30,069.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see instr.)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see instr.)	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 instr.)	20b	
21	Other income. List type and amount (see instr.)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	30,167.

**Adjusted Gross Income**

23	Archer MSA deduction. Attach Form 8853	23	
24	Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	2,124.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see instr.)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid <input type="checkbox"/> Recipient's SSN <input type="checkbox"/>	31a	
32	IRA deduction (see instructions)	32	
33	Student loan interest deduction (see instructions)	33	
34	Jury duty pay you gave to your employer	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	2,124.
37	Subtract line 36 from line 22. This is your adjusted gross income	37	28,043.

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1040 (2006)

TONY & HOMIRA SOLTANI

500-78-6497

Page 2

### Tax and Credits

#### Standard Deduction for -

- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instr.
- All others: Single or Married filing separately, \$5,150

- Married filing jointly or Qualifying widow(er), \$10,300

- Head of household, \$7,550

38	Amount from line 37 (adjusted gross income)	38	28,043.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes if: <input type="checkbox"/> Spouse was born before Jan. 2, 1942, <input type="checkbox"/> Blind. checked <input checked="" type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	15,015.
41	Subtract line 40 from line 38	41	13,028.
42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total no. of exemptions claimed on line 6d	42	13,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care exp. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Residential energy credits. Attach Form 5695	52	
53	Child tax credit (see inst.). Attach Form 8901 if required	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
55	Other credits: a <input type="checkbox"/> Form 3300 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	

### Other Taxes

58	Self-employment tax. Attach Schedule SE	58	4,248.
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	4,248.

### Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2006 estimated tax pymts and amt applied from 2005 return	65	
66 a	Earned income credit (EIC)	66a	2,174.
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see inst)	67	
68	Additional child tax credit. Attach Form 8812	68	2,000.
69	Amount paid with request for extension to file (see inst)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	60.
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	4,234.

### Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
74 a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74	
b	Routing number XXXXXXXXXXXXXXXXXXXXXXXX		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number XXXXXXXXXXXXXXXXXXXXXXXX		
75	Amount of line 73 you want applied to your 2007 estimated tax	75	

### Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions	76	14.
77	Estimated tax penalty (see instructions)	77	

### Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete the following.  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.

Your signature: *[Signature]* Date: 2-24-07 Your occupation: TAXI DRIVER Daytime phone number: \_\_\_\_\_

Spouse's signature: *[Signature]* Date: 2-24-07 Spouse's occupation: HOMEMAKER

### Paid

Preparer's signature: \_\_\_\_\_ Date: 02/24/2007 Check if self-employed  Preparer's SSN or PTIN: P00147489

### Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code: TAXCUTTERS INC, 2533 W PETERSON AVE, Chicago IL 60659- EIN: 36-4266200

Phone no. 773-728-1500