Request for Fee Waiver

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-912
OMB No. 1615-0116
Expires: 03/31/2027

For USCIS Use Only	**Application Receipted At** (Select **only one** box)	
	☐ **USCIS Field Office**	☐ **USCIS Service Center**
	☐ Fee Waiver Approved ☐ Fee Waiver Denied	☐ Fee Waiver Approved ☐ Fee Waiver Denied
	Date:_____ Date:_____	Date:_____ Date:_____

► **START HERE - Type or print in black ink.**

If you need extra space to complete any section of this request or if you would like to provide additional information about your circumstances, use the space provided in Part 10. Additional Information. Complete and submit as many copies of Part 10., as necessary, with your request.

Part 1. Basis for Your Request (Each basis is further explained in the **Specific Instructions** section of the Form I-912 Instructions)

Select at least one basis or more for which you may qualify and provide supporting documentation for any basis you select. You only need to qualify and provide documentation for one basis for U.S. Citizenship and Immigration Services (USCIS) to grant your fee waiver. If you choose, you may select more than one basis. You must provide supporting documentation for each basis you want considered.

1. A. ☒ I am, my spouse is, or the head of household living in my household is currently receiving a means-tested benefit. (Complete **Parts 2. - 4.** and **Parts 7. - 9.**)

B. ☐ My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3.**, **Part 5.**, and **Parts 7. - 9.**)

C. ☐ I have a financial hardship. (Complete **Parts 2. -3.** and **Parts 6. - 9.**)

2. What is your current immigrant or nonimmigrant status?

Asylee

Part 2. Information About You (Requestor)

Provide information about yourself if you are the person requesting a fee waiver for a petition or application that you are filing for yourself. If you are the parent or legal guardian filing on behalf of a child or person with a developmental or mental impairment, provide information about the child or person for whom you are filing this form.

1. ☐ Check here if you are a parent or legal guardian filing on behalf of the person seeking the fee waiver.

2. Full Name

Family Name (Last Name)	Given Name (First Name)	Middle Name
CAETANO ALMEIDA DOS SANTOS	Roberta	

3. Other Names Used (if any)

List all other names you have used, including nicknames, aliases, and maiden name.

Family Name (Last Name)	Given Name (First Name)	Middle Name
CAETANO ALMEIDA DOS SANTOS FUGIOKA	Roberta	N/A
N/A	N/A	N/A

4. Alien Registration Number (A-Number) (if any)
► A- 216289300

5. USCIS Online Account Number (if any)
► N/A

Part 2. Information About You (Requestor) (continued)

6. Date of Birth (mm/dd/yyyy)

04/20/1980

7. U.S. Social Security Number (if any)

► 707 983 521

8. Marital Status

☐ Single, Never Married ☐ Married ☒ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Separated

☐ Other (Explain)

Part 3. Applications and Petitions for Which You Are Requesting a Fee Waiver

1. In the table below, add the form numbers of the applications and petitions for which you are requesting a fee waiver.

Applications or Petitions for You and Your Family Members

Full Name	A-Number (if any)	Date of Birth	Relationship to You	Forms Being Filed
Roberta Caetano Almeida dos Santos	A-216289300	04/20/1980	Self	I-485, I-601
Yasmin Ayume Caetano Fugioka	A-216289301	30/10/2003	Child	I-485, I-601
Felipe Yuji Caetano Fugioka	A-216289302	08/28/2007	Child	I-485, I-601
Lucca Caetano	A-216289303	05/30/2016	Child	I-485, I-601
		Total Number of Forms (including self)		8

Part 4. Means-Tested Benefits

If you selected **Item Number 1.A.** in **Part 1.**, complete this section.

1. If you, your spouse, or the head of household (including parent if the child is under 21 years of age) living with you is receiving any means-tested benefits, list the information in the table below and attach supporting documentation. If you are the parent or legal guardian filing on behalf of a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this form if they are receiving a means-tested benefit.

Means-Tested Benefit Recipients

Full Name of Person Receiving the Benefit	Relationship to You	Name of Agency Awarding Benefit	Type of Benefit	Date Benefit was Awarded	Date Benefit Expires (or must be renewed)
Roberta Caetano Almeida dos Santos	Self	Medi-cal	Health	12/29/2023	
Yasmin Ayume Caetano Fugioka	Daughter	Medi-cal	Health	2019	
Felipe Yuji Caetano Fugioka	Son	Medi-cal	Health	2019	
Lucca Caetano	Son	Medi-cal	Health	07/23/2021	

Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines

Provide information about your adjusted gross income. See Instructions for more details.

If you selected **Item Number 1.B.** in **Part 1.**, complete this section.

Your Employment Status

1. Employment Status

☐ Employed (full-time, part-time, seasonal, self-employed) ☐ Unemployed or Not Employed ☐ Retired ☐ Other (Explain) N/A

2. If you are currently unemployed, are you currently receiving unemployment benefits? ☐ Yes ☐ No

A. Date you became unemployed (mm/dd/yyyy) N/A

3. What is your total household size N/A

4. What is the total number of household members earning income including yourself N/A

5. Name of head of household (if not you): N/A

Your Annual Household Income

Provide information about your adjusted gross income and the adjusted gross income of all family members counted as part of your household. You must list all amounts in U.S. dollars.

6. Your Annual Adjusted Gross Income $ N/A

7. Annual Adjusted Gross Income of All Family Members

Provide the annual adjusted gross income of all family members counted as part of your household. (Do not include the amount provided in **Item Number 6.**) $ N/A

8. Total Adjusted Gross Household Income (add the amounts from **Item Numbers 6.** and **7.**) $ N/A

9. Has anything changed since the date you filed your Federal tax returns or is there any difference in your circumstances from the information on your petition? (For example, your marital status, income, or number of dependents as related to documents provided.) ☐ Yes ☐ No

If you answered "Yes" **to Item Number 9.**, provide an explanation below. Provide documentation if available. You may also use this space to provide any additional information about your circumstances that you would like USCIS to consider.

N/A

Part 6. Financial Hardship

If you selected **Item Number 1.C.** in **Part 1.**, complete this section.

1. You may also use this space to provide any additional information about your circumstances that you would like U.S. Citizenship and Immigration Services (USCIS) to consider. If you or any family members have a situation that has caused you to incur expenses, debts, or loss of income, describe the situation in the box below. Specify the amounts of the expenses, debts, and income losses in as much detail as possible. This may include homelessness, major medical debt for yourself or a family member, and natural disasters declaration posted to **www.uscis.gov**.

I was granted asylum in the United States after suffering severe persecution from my ex-husband in my home country, including financial exploitation. This has greatly compromised my financial resources and my ability to support my household, especially since I am now the sole provider for a family of four.

We currently receive Medi-Cal benefits because my younger son has been diagnosed with Autism Spectrum Disorder, and I cannot afford his medical treatments without assistance. Additionally, as his primary caregiver, I am unable to work full-time, which limits my earning potential and financial stability.

2. If you have cash or assets that you can quickly convert to cash, list those in the table below. For example, bank accounts, stocks, or bonds. (Do not include retirement accounts.)

Assets	
Type of Asset	**Value** (U.S. Dollars)
Total Value of Assets	

3. Total Monthly Expenses and Liabilities $ N/A

Provide the total monthly amount of your expenses and liabilities. You must add all of the expense and liability amounts and type or print the total amount in the space provided. Type or print "0" in the total box if there are none. Select the types of expenses or liabilities you have each month and provide evidence of monthly payments, where possible.

- ☐ Rent and/or Mortgage
- ☐ Food
- ☐ Utilities
- ☐ Child and/or Elder Care
- ☐ Insurance
- ☐ Loans and/or Credit Cards
- ☐ Car Payment
- ☐ Commuting Costs
- ☐ Medical Expenses
- ☐ School Expenses
- ☐ Other

N/A

N/A

N/A

N/A

Part 7. Requestor's Statement, Contact Information, Certification, and Signature

The person whose information is provided in **Part 2.** may sign on behalf of the entire household. If the person listed in **Part 2.** is under 14 years of age, a parent or legal guardian may sign on their behalf.

NOTE: Read the **Penalties** section of the Form I-912 Instructions before completing this part.

Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

A. ☐ I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.

B. ☒ The interpreter named in **Part 8.** read to me every question and instruction on this request and my answer to every question in [Portuguese], a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer (if applicable)

☒ At my request, the preparer named in **Part 9.**, [Otavio Haverroth Silva], prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number
4155327966

4. Requestor's Mobile Telephone Number (if any)
4155327966

5. Requestor's Email Address (if any)
beta_yasmin@hotmail.com

Requestor's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.

I certify that the information provided by the requestor in **Part 7.** applies to the household members identified in **Part 3.**

WARNING: If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-912, USCIS will deny your fee waiver request and may deny any other immigration benefit. In addition, you may face severe penalties provided by law and may be subject to criminal prosecution.

Requestor's Signature

6. Requestor's Signature
Roberta Caetano Almeida dos Santos

Date of Signature (mm/dd/yyyy)
05/01/2026

NOTE TO ALL REQUESTORS: If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

Part 8. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name): INACIO PENNA MELLO

Interpreter's Given Name (First Name): Andre Vinicius

2. Interpreter's Business or Organization Name (if any): HS Law Corp

Interpreter's Mailing Address

(USPS ZIP Code Lookup)

3. Street Number and Name: Po Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number:

City or Town: San Diego

State: CA

ZIP Code: 92169

Province: N/A

Postal Code: N/A

Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: 4154252508

5. Interpreter's Mobile Telephone Number (if any): 4154252508

6. Interpreter's Email Address (if any): andre@yousalaw.com

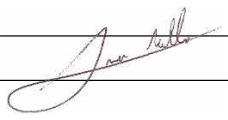
Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and Portuguese, which is the same language specified in **Part 7.**, **Item B.** in **Item Number 1.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature



Date of Signature (mm/dd/yyyy): 05/01/2026

Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer for (if applicable).

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name (if any)
HS Law Corp

Preparer's Mailing Address

3. Street Number and Name
PO Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town
San Diego

State
CA

ZIP Code
92169

Province
N/A

Postal Code
N/A

Country
USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5102419336

5. Preparer's Mobile Telephone Number (if any)
5102419336

6. Preparer's Email Address (if any)
otavio@yousalaw.com

Preparer's Statement

7. **A.** ☐ I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.

B. ☒ I am an attorney or accredited representative and my representation of the requestor in this case ☒ extends ☐ does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this request.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature



Date of Signature (mm/dd/yyyy)
05/01/2026

Part 10. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers.

1. Family Name (Last Name): CAETANO ALMEIDA DOS SANTOS | Given Name (First Name): Roberta | Middle Name: N/A

2. A-Number (if any) ► A- 216289300

3. **A.** Page Number _____ **B.** Part Number _____ **C.** Item Number _____

D. N/A

4. **A.** Page Number _____ **B.** Part Number _____ **C.** Item Number _____

D. N/A

5. **A.** Page Number _____ **B.** Part Number _____ **C.** Item Number _____

D. N/A

6. **A.** Page Number _____ **B.** Part Number _____ **C.** Item Number _____

D. N/A

USCIS
Attn: NFB
P.O. Box 21281
Phoenix, AZ 85036-1281

RE: Form I-485, Application to Register Permanent Residence or Adjust Status

Applicant: Roberta Caetano Almeida dos Santos	**A 216 289 300**
Beneficiaries: Yasmin Ayume Caetano Fugioka	**A 216 289 301**
Felipe Yuji Caetano Fugioka	**A 216 289 302**
Lucca Caetano	**A 216 289 303**

Dear Officer,

We are submitting the enclosed Form I-485 package for the Principal Applicant, Roberta Caetano Almeida dos Santos, and her dependents Yasmin Ayume Caetano Fugioka, Felipe Yuji Caetano Fugioka and Lucca Caetano. The applicants are seeking an Adjustment of Status based on their asylum approval dated January 16, 2025, pursuant to Section 209(b) of the INA.

To support this application, the following documents are attached

Forms:

1. Signed Forms G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
2. Signed Forms I-912, Request for Fee Waiver;
3. Signed Forms I-485, Application to Register Permanent Residence or Adjust Status;
4. Signed Forms I-602, Application by Refugee for Waiver of Inadmissibility Grounds;
5. Signed Forms I-693, Report of Immigration Medical Examination and Vaccination Record.

And the following documents:

I. Exhibit 1 - Roberta Caetano Almeida dos Santos' Identification Documents:
- A. Roberta Caetano Almeida dos Santos' Birth Certificate with English Translation;
- B. Roberta Caetano Almeida dos Santos' Valid Passport;
- C. Roberta Caetano Almeida dos Santos' Previous Passport.

II. Exhibit 2 - Yasmin Ayume Caetano Fugioka's Identification Documents:
- A. Yasmin Ayume Caetano Fugioka's Birth Certificate with English Translation;
- B. Yasmin Ayume Caetano Fugioka's Valid Passport;
- C. Yasmin Ayume Caetano Fugioka's Previous Passport.

III. Exhibit 3 - Felipe Yuji Caetano Fugioka's Identification Documents:
- A. Felipe Yuji Caetano Fugioka's Birth Certificate with English Translation;

B. Felipe Yuji Caetano Fugioka's Previous Passport.

IV. Exhibit 4 - Lucca Caetano's Identification Documents:

A. Lucca Caetano's Birth Certificate with English Translation;

B. Lucca Caetano's Previous Passport.

V. Exhibit 5 - Evidence of Dissolution of Prior Marriage

A. Roberta Caetano Almeida dos Santos and Fernando Massao Fugioka Rodrigues' Marriage/Divorce Certificate with English Translation

VI. Exhibit 6 - Evidence of 1 year of physical presence in the United States after the grant of asylum status

A. Roberta Caetano Almeida dos Santos' Bank Statements from January/2025 to December/2025;

B. Yasmin Ayume Caetano Fugioka's Lease Agreement;

C. Felipe Ayume Caetano Fugioka's School Transcripts from 2022 to 2026;

D. Lucca Caetano's School Transcripts from 2025 to 2026.

VII. Exhibit 7 - Evidence of Current Means-Tested Benefits Eligibility

A. Roberta Caetano Almeida dos Santos' Verification of Benefits;

B. Proof Of Medical Assistance Card.

VIII. Exhibit 8 - Order Granting Asylum

A. Order Granting Asylum

Thank you very much for your attention and consideration.

Sincerely,



_____ 05/06/2026

Otavio Haverroth Silva (SBN: 343486)
Attorney at Law

510-241-9336

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA

3.e. ZIP Code (*USPS ZIP Code Lookup*): 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-485, I-912, I-601

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N/A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name): CAETANO ALMEIDA DOS SANTOS

6.b. Given Name (First Name): Roberta

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N/A

9. Client's Alien Registration Number (A-Number) (if any)

► A- 2 1 6 2 8 9 3 0 0

Client's Contact Information

10. Daytime Telephone Number

4155327966

11. Mobile Telephone Number (if any)

4155327966

12. Email Address (if any)

beta_yasmin@hotmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☑ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

Roberta Caitano Almeida dos Santos

2.b. Date of Signature (mm/dd/yyyy) 04/16/2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 04/16/2026

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): CAETANO ALMEIDA DOS SANTOS

1.b. Given Name (First Name): Roberta

1.c. Middle Name: N/A

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d. N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

Application to Register Permanent Residence or Adjust Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only

Preference Category:	**Receipt**	**Action Block**
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

☐ INA 209(a) ☐ INA 245(m)
☐ INA 209(b) ☐ INA 249
☐ INA 245(a) ☐ Sec. 13, Act of 9/11/57
☐ INA 245(i) ☐ Cuban Adjustment Act
☐ INA 245(j) ☐ Other _____

To be completed by an Attorney or Accredited Representative (if any).

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	0074926254388

► **START HERE - Type or print in black ink.** A-Number ► **A-** 216289300

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information**.

Part 1. Information About You (Person applying for lawful permanent residence)

1. Your Current Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
CAETANO ALMEIDA DOS SANTOS	Roberta	N/A

2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
CAETANO ALMEIDA DOS SANTOS FUGIOKA	Roberta	N/A
N/A	N/A	N/A

3. Date of Birth (mm/dd/yyyy) 04/20/1980

Have you ever used any other date of birth? ☐ Yes ☒ No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

N/A

N/A

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

4. Do you have an Alien Registration Number (A-Number)? ☒ Yes ☐ No

If you answered "Yes," provide your A-Number.

A-Number (if any) ► A- 216289300

5. Have you ever used, or been assigned, any other A-Number? ☐ Yes ☒ No

If you answered "Yes," provide the A-Numbers.

N/A

N/A

6. Sex ☐ Male ☒ Female

7. Place of Birth

City or Town of Birth: Goias

Country of Birth: Brazil

8. Country of Citizenship or Nationality: Brazil

9. USCIS Online Account Number (if any)

► N/A

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival: N/A

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): N/A

Country that Issued this Passport or Travel Document: N/A

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): N/A

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): N/A

Place and Date of Last Arrival into the United States

City or Town: El Paso

State: TX

Date of Last Arrival (mm/dd/yyyy): 10/30/2017

11. When I last arrived in the United States:

☐ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student):

N/A

☐ I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):

N/A

☒ I came into the United States without admission or parole.

☐ Other:

N/A

A-Number ► A- 216289300

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

12. If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name): N/A

Given Name (First Name): N/A

Form I-94 Arrival/Departure Record Number ► N/A

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: N/A

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): N/A

13. Was your last arrival the first time you were physically present in the United States? ☒ Yes ☐ No

14. What is your current immigration status (if it has changed since your last arrival)? Asylum

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: N/A

16. Have you ever been issued an "alien crewman" visa? ☐ Yes ☒ No

17. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? ☐ Yes ☒ No

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any): Roberta Caetano Almeida dos Santos

Street Number and Name: 620 Veterans Blvd

Apt. Ste. Flr. Number: ☐ ☐ ☐ Unit 221

City or Town: Redwood City

State: CA

ZIP Code: 94063

Date You First Resided at This Address (mm/dd/yyyy): 12/2024

Is this your current mailing address? ☐ Yes ☒ No

If you answered "No," provide your current mailing address.

Current Mailing Address (Safe or Alternate Mailing Address, if applicable)

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name: PO Box 90487

Apt. Ste. Flr. Number: ☐ ☐ ☐ N/A

City or Town: San Diego

State: CA

ZIP Code: 92169

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Have you resided at your current address for at least 5 years? ☐ Yes ☒ No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

Prior Address

In Care Of Name (if any)

Roberta Caetano Almeida dos Santos

Street Number and Name: 1441 Beach Park Blvd | Apt. Ste. Flr. ☒ Apt ☐ Ste ☐ Flr | Number: 211

City or Town: Foster City | State: CA | ZIP Code: 94404

Province: N/A | Postal Code: N/A | Country: USA

Dates of Residence

From (mm/dd/yyyy): 02/2023 To (mm/dd/yyyy): 11/2024

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name: Rua 29 85A - Quadra 16 | Apt. Ste. Flr. ☐ Apt ☒ Ste ☐ Flr | Number: 6

City or Town: Goiania | State: Goias | ZIP Code: N/A

Province: N/A | Postal Code: 74015050 | Country: Brazil

Dates of Residence

From (mm/dd/yyyy): 01/02/2017 To (mm/dd/yyyy): 09/03/2017

19. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☒ Yes ☐ No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ► 707983521

Do you want the SSA to issue you a Social Security card? ☐ Yes ☒ No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. ☐ Yes ☐ No

Part 2. Application Type or Filing Category

1. Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No

2. Receipt Number of Underlying Petition (if any): N/A

Priority Date from Underlying Petition (if any) (mm/dd/yyyy): N/A

I am filing this Form I-485 as a (select **only one** box):

☒ Principal Applicant

☐ Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

Family Name (Last Name): CAETANO ALMEIDA DOS SANTOS

Given Name (First Name): Roberta

Middle Name (if applicable): N/A

Principal Applicant's A-Number (if any) ► A- 216289300

Principal Applicant's Date of Birth (mm/dd/yyyy): 04/20/1980

I am applying based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

3.a. Family-based

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

☐ Spouse of a U.S. Citizen.

☐ Unmarried child under 21 years of age of a U.S. citizen.

☐ Parent of a U.S. citizen (if the citizen is at least 21 years of age).

☐ Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).

☐ Widow or widower of a U.S. citizen.

☐ Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

☐ Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.

☐ Married son or daughter of a U.S. citizen.

☐ Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

☐ Spouse of a lawful permanent resident.

☐ Unmarried child under 21 years of age of a lawful permanent resident.

☐ Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

☐ VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

☐ Alien Investor, Form I-526 or Form I-526E

Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

☐ Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)

☐ A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)

☐ A Skilled Worker (requiring at least 2 years of specialized training or experience)

☐ Any Other Worker (requiring less than 2 years of training or experience)

☐ An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

☐ N/A (I am adjusting on the basis of a Form I-140 self-petition)

☐ No

☐ Yes

If you answered "Yes," is this relative your (select **only one** box):

☐ Father ☐ Mother ☐ Child ☐ Adult Son ☐ Adult Daughter ☐ Brother ☐ Sister

☐ None of These

Is the relative above a:

☐ U.S. Citizen ☐ U.S. National ☐ Lawful Permanent Resident ☐ None of These

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

☐ Certain Afghan or Iraqi National, Form I-360 or Form DS-157

☐ Certain International Broadcaster, Form I-360

☐ Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360

☐ Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

☐ Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

☒ Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy). 01/16/2025

☐ Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

3.e. Human Trafficking Victim or Crime Victim

☐ Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

☐ Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

☐ Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ Lautenberg Parolees

☐ Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

☐ Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

☐ Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

3.g. Additional Options

☐ Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number:

☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

☐ Individual Born in the United States Under Diplomatic Status

☐ S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

☐ Other Eligibility

4. If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? ☐ Yes ☐ No

5. Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? ☐ Yes ☐ No

NOTE: For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.

Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

1.a. ☐ I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)

1.b. ☐ I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.

1.c. ☐ I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.

1.d. ☐ I am applying as a VAWA self-petitioner.

1.e. ☐ None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.

1.f. ☒ None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? ☐ Yes ☒ No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

2. Location of U.S. Embassy or U.S. Consulate

City or Town: N/A

Country: N/A

3. Decision (for example, approved, refused, denied, withdrawn): N/A

4. Date of Decision (mm/dd/yyyy): N/A

5. Have you previously applied for permanent residence while in the United States? ☐ Yes ☒ No

6. Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? ☐ Yes ☒ No

Employment and Educational History

7. Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information**.

Employer or School (current or most recent): Self-employed

Name of Employer, Company, or School: N/A

Your Occupation (if unemployed or retired, so state): Owner - House Cleaning

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: 620 Veterans Blvd | Apt. Ste. Flr.: ☒ Apt ☐ Ste ☐ Flr | Number: 221

City or Town: Redwood City | State: CA | ZIP Code: 94063

Province: N/A | Postal Code: N/A | Country: USA

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 02/03/2018 | To (mm/dd/yyyy): Present

If unemployed or retired, source of financial support: N/A

8. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School: Sacarro | Your Occupation (if unemployed or retired, so state): Salesperson

Address of Employer, Company, or School

Street Number and Name: Rua 90 625 | Apt. Ste. Flr.: ☐ Apt ☐ Ste ☐ Flr | Number: Setor Sul

City or Town: Goiania | State: Goias | ZIP Code: 74093020

Province: N/A | Postal Code: N/A | Country: Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 02/02/2014 | To (mm/dd/yyyy): 04/03/2017

If unemployed or retired, source of financial support: N/A

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name): CAETANO DOS SANTOS SOBRINHO | Given Name (First Name): Jose | Middle Name (if applicable): N/A

2. Parent 1's Name at Birth (if different than above)

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name (if applicable): N/A

3. Date of Birth (mm/dd/yyyy): 11/10/1941

Part 5. Information About Your Parents (continued)

4. Country of Birth
Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
ALMEIDA DOS SANTOS	Eliene	N/A

6. Parent 2's Name at Birth (if different than above)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

7. Date of Birth (mm/dd/yyyy) 06/27/1945

8. Country of Birth
Brazil

Part 6. Information About Your Marital History

1. What is your current marital status?

☐ Single, Never Married ☐ Married ☒ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? ☐ N/A ☐ Yes ☐ No

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)? 1

Information About Your Current Marriage (including if you are legally separated)

4. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

5. Current Spouse's A-Number (if any)
► A- N/A

6. Current Spouse's Date of Birth (mm/dd/yyyy) N/A

7. Current Spouse's Country of Birth
N/A

8. Current Spouse's Current Physical Address

Street Number and Name: N/A
Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: N/A
State: N/A
ZIP Code: N/A

Province: N/A
Postal Code: N/A
Country: N/A

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

Date of Marriage to Current Spouse (mm/dd/yyyy): N/A

10. Is your current spouse applying with you? ☐ Yes ☒ No

Information About Prior Marriages (if any)

11. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name): MASSAIO FUGIOKA RODRIGUES

Given Name (First Name): Fernando

Middle Name (if applicable): N/A

12. Prior Spouse's Date of Birth (mm/dd/yyyy): 11/06/1978

13. Prior Spouse's Country of Birth: Brazil

14. Prior Spouse's Country of Citizenship or Nationality: Brazil

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy): 02/14/2003

16. Place of Marriage to Prior Spouse

City or Town: Goiania

State or Province: Goias

Country: Brazil

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: Goiania

State or Province: Goias

Country: Brazil

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy): 04/03/2014

18. How Marriage Ended with Prior Spouse (select one):

☐ Annulled ☒ Divorced ☐ Spouse Deceased ☐ Other (Explain):

Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

3

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information**.

2. Child 1

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
AYUME CAETANO FUGIOKA	Yasmin	N/A

A-Number (if any) ► A- 2 1 6 2 8 9 3 0 1 Date of Birth (mm/dd/yyyy) 10/30/2003

Country of Birth

Brazil

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Biological Child

Is this child also applying now on a separate Form I-485? ☒ Yes ☐ No

3. Child 2

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
YUJI CAETANO FUGIOKA	Felipe	N/A

A-Number (if any) ► A- 2 1 6 2 8 9 3 0 2 Date of Birth (mm/dd/yyyy) 08/28/2007

Country of Birth

Japan

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Biological Child

Is this child also applying now on a separate Form I-485? ☒ Yes ☐ No

Part 8. Biographic Information

1. Ethnicity (Select **only one** box)

☒ Hispanic or Latino ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 5 Inches 4 **4.** Weight Pounds 1 4 2

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☐ Black ☒ Blond ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9.** If you answer "Yes" to any questions **(or if you answer "No," but are unsure of your answer)**, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization

N/A

3. City or Town

N/A

State or Province

N/A

Country

N/A

4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

N/A

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

N/A

5. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) N/A To (mm/dd/yyyy) N/A

Organization 2

6. Name of Organization

N/A

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town

N/A

State or Province

N/A

Country

N/A

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

N/A

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

N/A

9. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) N/A To (mm/dd/yyyy) N/A

10.	Have you **EVER** been denied admission to the United States?	☒ Yes	☐ No
11.	Have you **EVER** been denied a visa to the United States?	☒ Yes	☐ No
12.	Have you **EVER** worked in the United States without authorization?	☒ Yes	☐ No
13.	Have you **EVER** violated the terms or conditions of your nonimmigrant status?	☐ Yes	☒ No
14.	Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings?	☒ Yes	☐ No
15.	Have you **EVER** been issued a final order of exclusion, deportation, or removal?	☐ Yes	☒ No
16.	Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated?	☐ Yes	☒ No
17.	Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time?	☐ Yes	☒ No
18.	Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation?	☒ Yes	☐ No
19.	Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement?	☐ Yes	☒ No
20.	If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement?	☐ Yes	☐ No
21.	If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you?	☐ Yes	☐ No

Criminal Acts and Violations

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

22.	Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States?	☐ Yes	☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? ☐ Yes ☒ No

24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☐ Yes ☒ No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☒ No

26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No

27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☒ No

28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? ☐ Yes ☒ No

29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? ☐ Yes ☒ No

30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? ☐ Yes ☒ No

31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No

32. Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No

33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No

34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No

35.a. Have you **EVER** served as a foreign government official? ☐ Yes ☒ No

35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☒ No

36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No

39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No

40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☒ No

41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

Security and Related

Do you intend to:

42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No

42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No

42.d. Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

43.a. Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No

43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No

43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No

43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.?** ☐ Yes ☒ No

43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information**.

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No

49. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information**.

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

53.c. Killing, or trying to kill, any person? ☐ Yes ☒ No

53.d. Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds,** ***Public Charge*** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- ☐ VAWA Self-Petitioner (Form I-360)
- ☐ Special Immigrant Juvenile (Form I-360)
- ☐ Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- ☒ Asylee (Form I-589 or Form I-730)
- ☐ Refugee (Form I-590 or Form I-730)
- ☐ Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- ☐ Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- ☐ Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- ☐ Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- ☐ Cuban Adjustment Act
- ☐ Cuban Adjustment Act for Battered Spouses and Children
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- ☐ Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- ☐ A Lautenberg Parolee
- ☐ National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- ☐ Continuous Residence in the United States Since Before January 1, 1972 (“Registry”)
- ☐ Amerasian Homecoming Act
- ☐ Polish or Hungarian Parolee
- ☐ Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- ☐ American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- ☐ Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)

☐ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66**.

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.,** go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

57. What is the size of your household? N/A

58. Indicate your annual household income.

☐ $0-27,000 ☐ $27,001-52,000 ☐ $52,001-85,000 ☐ $85,001-141,000 ☐ Over $141,000

59. Identify the total value of your household assets.

☐ $0-18,400 ☐ $18,401-136,000 ☐ $136,001-321,400 ☐ $321,401-707,100 ☐ Over $707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).

☐ $0 ☐ $1-10,100 ☐ $10,101-57,700 ☐ $57,701-186,800 ☐ Over $186,800

61. What is the highest degree or grade of school you have completed?

☐ Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

N/A

☐ High school diploma, GED, or alternative credential ☐ 1 or more years of college credit, no degree

☐ Associate's degree ☒ Bachelor's degree ☐ Master's degree ☐ Professional degree (JD, MD, DMD, etc.)

☐ Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications
N/A

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? ☐ Yes ☒ No

64. Have you ever received long-term institutionalization at government expense? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No

66. If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No

Illegal Entries and Other Immigration Violations

67. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☒ No

NOTE: If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

68. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No

69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No

70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No

71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☒ No

72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No

73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No

75. Have you **EVER** entered the United States without being inspected and admitted or paroled? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

76. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information**.

77. If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? ☐ Yes ☒ No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

78.a. Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No

78.b. Having been deported, excluded, or removed from the United States? ☐ Yes ☒ No

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER:**

84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No

84.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

Part 10. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number: 4155327966

2. Applicant's Mobile Telephone Number (if any): 4155327966

3. Applicant's Email Address (if any): beta_yasmin@hotmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature: Loreta Caetano Almeida dos Santos

Date of Signature (mm/dd/yyyy): 04/16/2026

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name): INACIO PENNA MELLO

Interpreter's Given Name (First Name): Andre Vinicius

2. Interpreter's Business or Organization Name: HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number: 4154252508

4. Interpreter's Mobile Telephone Number (if any): 4154252508

5. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and Portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy): 04/16/2026

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

4. Preparer's Mobile Telephone Number (if any)
5102419336

5. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)
04/17/2026

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** _____ **through** _____, are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** _____ **through** _____ are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
CAETANO ALMEIDA DOS SANTOS	Roberta	

2.

Page Number	Part Number	Item Number
4	1	18

Other Addresses:

3 - 1200 East Hillsdale Blvd #217, Foster City CA 94404
From date: 01/2021 To Date: 01/2023

3.

Page Number	Part Number	Item Number
12	7	2

Lucca Caetano - A216289303

DOB: 05/30/2016 - Brazil
Biological Child

This child is also applying now on a separate form I-485

4.

Page Number	Part Number	Item Number
14	9	10

In October 30, 2017, I entered the United States through the southern border and was placed in removal proceedings. I later applied for defensive asylum and my asylum application was approved on January 16, 2025.

5.

Page Number	Part Number	Item Number
14	9	11

A B-2 Tourist Visa Application was denied at the U.S. Consulate in Brazil in 2014.

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): CAETANO ALMEIDA DOS SANTOS | Given Name (First Name): Roberta | Middle Name (if applicable):

2. Page Number: 14 | Part Number: 9 | Item Number: 12

I have worked in the USA withouth autorization before receiving my employment authorization due to necessity.

3. Page Number: 14 | Part Number: 9 | Item Number: 14

I was placed in removal proceedings after entering the United States in October 30, 2017. I applied for defensive asylum before the Immigration Court, and asylum was granted on January 16, 2025.

4. Page Number: 14 | Part Number: 9 | Item Number: 18

I applied for defensive asylum in Immigration Court. My asylum application was approved on January 16, 2025.

5. Page Number: 21 | Part Number: 9 | Item Number: 79

I entered the United States without inspection in October 30, 2017 and was later placed in removal proceedings. I subsequently applied for defensive asylum, which was approved on January 16, 2025.

Application by Refugee for Waiver of Inadmissibility Grounds

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-602
OMB No. 1615-0069
Expires 03/31/2027

For USCIS Use Only		
Initial Receipt	**Resubmitted**	**Action Block**
Relocated	**Received/Sent**	

Benefits Category:

- ☐ Refugee status under INA 207
- ☐ Adjustment of status as a refugee/asylee under INA 209

Inadmissible Under

- ☐ INA 212(a)(1)
- ☐ INA 212(a)(2)
- ☐ INA 212(a)(3)
- ☐ INA 212(a)(6)
- ☐ INA 212(a)(8)
- ☐ INA 212(a)(9)
- ☐ INA 212(a)(10)
- ☐ Other: _____

To be completed by an Attorney or Accredited Representative (if any).	☒ **Select this box if Form G-28 or Form G-28I is attached.**	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	007492625438

► **START HERE - Type or print in black ink.**

Part 1. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)
CAETANO ALMEIDA DOS SANTOS

1.b. Given Name (First Name)
Roberta

1.c. Middle Name
N/A

Place of Birth

2.a. City or Town of Birth
Goiânia

2.b. State or Province of Birth
Goiás

2.c. Country of Birth
Brazil

Mailing Address *(USPS ZIP Code Lookup)*

3.a. In Care Of Name (if any)
Otavio Haverroth Silva

3.b. Street Number and Name
Po Box 90487

3.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.d. City or Town
San Diego

3.e. State CA **3.f.** ZIP Code 94563

3.g. Province
N/A

3.h. Postal Code
N/A

3.i. Country
USA

4. Is your current mailing address the same as your physical address?
☐ Yes ☒ No

If you answered "No" to **Item Number 4.**, provide your physical address in **Item Numbers 5.a. - 5.h.**

Part 1. Information About You (continued)

Physical Address

5.a. Street Number and Name: 620 Veterans Blvd

5.b. [X] Apt. [ ] Ste. [ ] Flr. 221

5.c. City or Town: Redwood City

5.d. State: CA **5.e.** ZIP Code: 94063

5.f. Province: N/A

5.g. Postal Code: N/A

5.h. Country: USA

Other Information

6. Alien Registration Number (A-Number) (if any)

► A- 216289300

7. USCIS Online Account Number (if any)

► N/A

8. Date of Birth (mm/dd/yyyy): 04/20/1980

9. Country of Citizenship or Nationality: Brazil

10. Current Status

- [ ] I am a principal refugee applicant currently outside the United States.
- [ ] I am a derivative refugee applicant outside the United States.
- [ ] I am a derivative refugee applicant inside the United States.
- [ ] I am a refugee currently present in the United States seeking adjustment of status.
- [X] I am an asylee currently present in the United States seeking adjustment of status.

Part 2. Reasons for Inadmissibility

Select all of the following grounds that you believe apply to you, according to what you were told or to the best of your knowledge.

Read the Form I-602 Instructions carefully. If you are seeking a waiver because you are seeking an exemption from the vaccination requirements or because you have a physical or mental disorder with associated harmful behavior, or drug abuse or addiction, you must attach the information requested in the Instructions.

NOTE: The Immigration and Nationality Act (INA) sections 212(a)(4), 212(a)(5), and 212(a)(7)(A) **do not** apply to refugees under INA section 207 or refugees or asylees seeking to adjust their status to lawful permanent resident under INA section 209.

I believe or I was told that I am inadmissible because (select **all** grounds that you believe apply to you):

1. [ ] I have a communicable disease of public health significance. See INA section 212(a)(1)(A)(i). (The Form I-602 Instructions has a list of communicable diseases of public health significance.)

2. [ ] I seek an exemption from the vaccination requirement because vaccinations are against my religious beliefs or moral convictions. See INA section 212(a)(1)(A)(ii).

3. [ ] I have or had a physical or mental disorder and behavior (or history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of myself or others. See INA section 212(a)(1)(A)(iii).

4. [ ] I am a drug abuser or drug addict as described in U.S. Department of Health and Human Services (HHS) regulations. See INA section 212(a)(1)(A)(iv); 42 CFR 32.

5. [ ] I have been convicted of or admitted to the essential elements of a crime of moral turpitude (other than a purely political offense). See INA section 212(a)(2)(A)(i)(I).

6. [ ] I have been convicted of or admitted to the essential elements of a violation of (or I have attempted or conspired to violate) any controlled substance law or regulation of a U.S. state, the United States, or a foreign country. See INA section 212(a)(2)(A)(i)(II).

7. [ ] I have been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more. See INA section 212(a)(2)(B).

8. [ ] I have engaged in prostitution in the past 10 years or am coming to the United States to engage in prostitution. See INA section 212(a)(2)(D)(i).

Part 2. Reasons for Inadmissibility (continued)

9. ☐ I directly or indirectly procure or import (or attempt to procure or import) prostitutes or persons for the purpose of prostitution (including receiving any proceeds or money from prostitution), or I have done so in the past 10 years.
See INA section 212(a)(2)(D)(ii).

10. ☐ I came to the United States or I am coming to the United States to engage in any other commercialized vice, such as illegal gambling, prostitution, bootlegging, narcotics, or the sale of child pornography. See INA section 212(a)(2)(D)(iii).

11. ☐ I have exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a serious criminal offense in the United States.
See INA section 212(a)(2)(E).

12. ☐ I have been involved in human trafficking activity inside or outside the United States, or I am the spouse, son, or daughter of a person involved in human trafficking activity and have obtained some benefit from that activity within the last five years.
See INA section 212(a)(2)(H).

13. ☐ I engage, have engaged, or intend to engage in a money laundering offense as described in 18 U.S.C. section 1956 or 1957. See INA section 212(a)(2)(I).

14. ☐ I am or I have been a member of or affiliated with the Communist or any other totalitarian party (or subdivision or affiliate of the party), domestic or foreign. See INA section 212(a)(3)(D).

15. ☐ I have used or recruited child soldiers in violation of 18 U.S.C. section 2442.
See INA section 212(a)(3)(G).

16. ☒ I am present in the United States without being admitted or paroled. See INA section 212(a)(6)(A).

17. ☐ I did not attend or did not remain at a removal proceeding to determine my inadmissibility or deportability. See INA section 212(a)(6)(B).

18. ☐ I have sought to obtain an immigration benefit by fraud or by concealing or misrepresenting a material fact. See INA section 212(a)(6)(C)(i).

19. ☐ I falsely claimed to be a U.S. citizen. See INA section 212(a)(6)(C)(ii).

20. ☐ I have been a stowaway on a vessel or aircraft arriving in the United States.
See INA section 212(a)(6)(D).

21. ☐ I have knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or try to enter the United States illegally (alien smuggling).
See INA section 212(a)(6)(E)(i).

22. ☐ I am subject to a civil penalty because I was the subject of a final order for violation of INA section 274C (document fraud).
See INA section 212(a)(6)(F).

23. ☐ I violated a term or condition of my student visa status. See INA sections 212(a)(6)(G) and 214(l).

24. ☐ I am permanently ineligible for U.S. citizenship because I evaded military service.
See INA sections 212(a)(8)(A) and 101(a)(19).

25. ☐ I departed from or remained outside the United States to avoid or evade training or service in the armed forces in a time of war or national emergency. See INA section 212(a)(8)(B).

26. ☐ I was previously removed from the United States.
See INA section 212(a)(9)(A).

27. ☐ I am subject to the 3-year bar to admissibility because I was unlawfully present in the United States for more than 180 days before departing the United States. See INA section 212(a)(9)(B)(i)(I) .

28. ☐ I am subject to the 10-year bar to admissibility because I was unlawfully present in the United States for one year or more before departing the United States. See INA section 212(a)(9)(B)(i)(II).

29. ☐ I have been ordered removed or I have been unlawfully present in the United States for more than one year in the aggregate, and I subsequently reentered or attempted to reenter without being admitted. See INA section 212(a)(9)(C).

30. ☐ I have practiced polygamy since I entered the United States or I intend to practice polygamy in the United States. See INA section 212(a)(10)(A).

31. ☐ I am accompanying another person who is inadmissible after being certified to be helpless under INA section 232(c) and I am inadmissible because that other person requires my protection or guardianship. See INA section 212(a)(10)(B).

32. ☐ I have been involved in detaining, retaining, or withholding a U.S. citizen child outside the United States from a person who has been granted custody of the child, or I am the spouse, parent, sibling, or agent of someone who has detained, retained, or withheld such a child. See INA section 212(a)(10)(C).

33. ☐ I voted in violation of a Federal, state, or local constitutional provision, statute, ordinance, or regulation. See INA section 212(a)(10)(D).

34. ☐ I am a former citizen of the United States who renounced my citizenship to avoid paying taxes in the United States. See INA section 212(a)(10)(E).

35. ☐ Other (specify):

Part 2. Reasons for Inadmissibility (continued)

Your Inadmissibility Statement

In the space provided in **Item Number 36.**, provide a statement and full explanation of the acts, convictions, and/or medical conditions that you believe or you were told make you inadmissible.

Your statement must indicate when you engaged in the acts that you believe make you inadmissible, the date of all convictions, or the date of any medical diagnosis. You **must** provide this information even if the information is also in the documents that you submit with your application.

If you need extra space to complete your statement, use the space provided in **Part 8. Additional Information** or attach a separate letter. If you include a separate letter, indicate in **Item Number 36.** below that you are attaching a letter.

36. See Additional Information

37. I request a waiver of the grounds of inadmissibility listed above for the following reasons (select all applicable boxes and provide an explanation in **Item Number 38.**):

- ☒ For Humanitarian Reasons
- ☐ To Assure Family Unity
- ☐ In the Public Interest

In the space provided in **Item Number 38.**, provide an explanation for why you are requesting a waiver on the grounds indicated in **Item Number 37.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

38. See Additional Information

In the space provided in **Item Number 39.**, include a statement explaining why you believe your application should be approved as a matter of discretion, with the favorable factors outweighing the unfavorable factors in your case. For more information on discretion, see the Form I-602 Instructions. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

39. See Additional Information

Part 3. Applicant Who Have or Had a Physical or Mental Disorder and Behavior Associated with the Disorder

Complete **Item Numbers 1.a. - 8.b.** if you have or had a physical or mental disorder and behavior associated with the disorder that has posed or may pose a threat to the property, safety, or welfare of yourself or others.

Statement by Applicant

In the United States, I will:

Go directly to the physician or health facility named in the **Physician's or Health Facility's Statement**; present copies of diagnostic tests used in the medical examination to prove the diagnosis; submit to counseling and any examinations, treatment, and medical regimen that may be required; and remain under prescribed treatment or observation, whether on inpatient or outpatient basis, until I am discharged.

Applicant's Signature

1.a. Applicant's Signature

1.b. Date of Signature (mm/dd/yyyy)

Physician's or Health Facility's Statement

NOTE: This section must be completed and signed by a private physician or representative of a public or private health facility where the applicant will receive treatment in the United States.

I agree to supply any treatment or observation necessary to properly manage the applicant's physical or mental health condition.

I represent a/an (select the appropriate box and provide the complete name and address of the facility):

2.a. ☐ Local Health Department Outpatient Clinic

2.b. ☐ Other Public or Private Health Facility

2.c. ☐ Private Practice

Part 3. Applicants Who Have or Had a Physical or Mental Disorder and Behavior Associated with the Disorder (continued)

Physician's or Health Facility's Physical Address

3. Name of Facility
N/A

4.a. Street Number and Name N/A

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town N/A

4.d. State **4.e.** ZIP Code N/A

4.f. Province N/A

4.g. Postal Code N/A

4.h. Country
N/A

Physician's Contact Information

5. Daytime Telephone Number
N/A

6. Email Address (if any)
N/A

Physician's Signature

7.a. Physician's Family Name (Last Name)
N/A

7.b. Physician's Given Name (First Name)
N/A

8.a. Physician's Signature

8.b. Date of Signature (mm/dd/yyyy) N/A

Part 4. Applicant with a Class A Tuberculosis Condition (As Defined by HHS Regulations)

Complete **Item Numbers 1.a. - 15.** if you have a Class A Tuberculosis condition (as defined by HHS regulations).

Statement by Applicant

In the United States, I will:

Go directly to the health department named in the **Local (City or County) Health Department's Statement**; present all X-rays used in the visa medical examination to prove the diagnosis; submit to any examinations, treatment, isolation, and medical regimen that may be required; and remain under the prescribed treatment or observation, whether on an inpatient or outpatient basis, until I am discharged.

Applicant's Signature

1.a. Applicant's Signature

1.b. Date of Signature (mm/dd/yyyy)

Local (City or County) Health Department's Statement

NOTE: This statement must be completed by the physician at the local health department in the area where the applicant plans to reside.

I agree to supply any treatment or observation necessary to properly manage and provide continued care of the applicant's tuberculosis condition.

Within 30 days of the applicant reporting for care, I agree to submit a summary of my initial evaluation of the applicant's condition, indicate the presumptive diagnosis, and provide test results and plans for the applicant's future care to the state health department official named in the **State Health Department Official's Endorsement** section and to the Division of Global Migration and Quarantine (E03), Centers for Disease Control and Prevention (CDC), Atlanta, Georgia 30333.

I also agree to report the applicant if he or she has not reported within 30 days after receiving notice from the Division of Global Migration and Quarantine, CDC.

I represent (select the appropriate box and provide the complete name, address, contact information, and signature of the health department):

2.a. ☐ City Health Department

2.b. ☐ County Health Department

Part 4. Applicants with a Class A Tuberculosis Condition (As Defined by HHS Regulations) (continued)

Local (City or County) Health Department's Name and Physical Address

3. Name of Local (City or County) Health Department
N/A

4.a. Street Number and Name N/A

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town N/A

4.d. State **4.e.** ZIP Code N/A

Physician's Contact Information

5. Daytime Telephone Number
N/A

6. Email Address (if any)
N/A

Physician's Signature

7.a. Physician's Family Name (Last Name)
N/A

7.b. Physician's Given Name (First Name)
N/A

8.a. Physician's Signature
N/A

8.b. Date of Signature (mm/dd/yyyy) N/A

Arrangement for Medical Care by the Applicant or His or Her Sponsor

Arrange for medical care (of the applicant) and have the appropriate health departments complete **Local (City or County) Health Department's Statement** and **State Health Department Official's Endorsement** sections.

Provide the following information.

Address where you (the sponsor) or the applicant plan to reside in the United States.

9.a. Street Number and Name N/A

9.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

9.c. City or Town N/A

9.d. State **9.e.** ZIP Code N/A

State Health Department Official's Endorsement

NOTE: The state health department official in the area where the applicant plans to reside should complete this statement.

By signing this endorsement, I recognize that the local health department that completed the **Local (City or County) Health Department's Statement** section will provide care and treatment of the applicant's Tuberculosis condition, and that the local health department is within my jurisdiction. This endorsement also signifies recognition that the applicant will be residing within my state's health jurisdiction.

State Health Department Official's Signature

10.a. State Health Department Official's Family Name (Last Name)
N/A

10.b. State Health Department Official's Physician's Given Name (First Name)
N/A

11.a. Signature of State Health Department Official

11.b. Date of Signature (mm/dd/yyyy) N/A

Part 4. Applicants with a Class A Tuberculosis Condition (As Defined by HHS Regulations) (continued)

State Health Department Official's Name and Physical Address

12. Name of State Health Department

N/A

13.a. Street Number and Name: N/A

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: N/A

13.d. State **13.e.** ZIP Code: N/A

State Health Department Official's Contact Information

14. Daytime Telephone Number

N/A

15. Email Address (if any)

N/A

Part 5. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

4155327966

2. Applicant's Mobile Telephone Number (if any)

4155327966

3. Applicant's Email Address (if any)

beta_yasmin@hotmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 6.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature

➡

Date of Signature (mm/dd/yyyy)

Part 6. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

Interpreter's Given Name (First Name)

Andre Vinicius

2. Interpreter's Business or Organization Name

HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4154252508

4. Interpreter's Mobile Telephone Number (if any)

4154252508

5. Interpreter's Email Address (if any)

andre@yousalaw.com

Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and Portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

4. Preparer's Mobile Telephone Number (if any)

5102419336

5. Preparer's Email Address (if any)

otavio@yousalaw.com

Preparer's Certification

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 8. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

CAETANO ALMEIDA DOS SANTOS

1.b. Given Name (First Name)

Roberta

1.c. Middle Name

N/A

2. A-Number (if any) ►A- 216289300

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

4 | 2 | 36

3.d.

On or about October 30, 2017, I entered the United States through the border at El Paso with my children, Yasmin Ayume Caetano Fugioka, Felipe Yuji Caetano Fugioka, and Lucca Caetano. At that time, we did not have a valid immigrant visa, reentry permit border crossing card, or any other valid entry document.

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4 | 2 | 38

4.d.

I respectfully request a waiver of inadmissibility for humanitarian reasons. At the time I entered the United States, I was fleeing a life-threatening situation involving my former husband, who had threatened to kill me. I feared for my life and the safety of my children, and I had no safe alternative but to leave my home country.
My decision to enter the United States through the border was made out of urgent necessity to protect myself and my children from serious harm. Returning to my home country would place me at risk of further violence and would expose my children to the same dangerous environment we fled.

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

4 | 2 | 39

5.d.

I respectfully request that my application be approved as a matter of discretion. The favorable factors in my case outweigh any negative factors. These include my efforts to escape a life-threatening situation, my responsibility as a parent, and my commitment to protecting my children from harm.
While I acknowledge my manner of entry and lack of lawful status, these actions were taken under extreme circumstances and out of fear for my life.

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

4 | 2 | 39

6.d.

Since my arrival, I have focused on building a safe and stable life for my family and have maintained good moral character.

On January 16, 2025, my asylum application was approved, confirming the credibility of my fear and the danger I faced in my home country. This approval reflects the humanitarian basis of my case and the risks associated with my return.
Given these circumstances, I respectfully ask that discretion be exercised in my favor.

7.a. Page Number **7.b.** Part Number **7.c.** Item Number

7.d.

N/A

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA

3.e. ZIP Code (*USPS ZIP Code Lookup*): 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-485, I-601

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N/A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name): AYUME CAETANO FUGIOKA

6.b. Given Name (First Name): Yasmin

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N/A

9. Client's Alien Registration Number (A-Number) (if any)

► A- 216289301

Client's Contact Information

10. Daytime Telephone Number

4155327966

11. Mobile Telephone Number (if any)

4155327966

12. Email Address (if any)

beta_yasmin@hotmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. [X] I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. [X] I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. [ ] I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ Yasmin Ayume Caetano Sugiona

2.b. Date of Signature (mm/dd/yyyy) 04/16/2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 04/16/2026

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): AYUME CAETANO FUGIOKA

1.b. Given Name (First Name): Yasmin

1.c. Middle Name: N/A

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d. N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

Application to Register Permanent Residence or Adjust Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only

Preference Category:	**Receipt**	**Action Block**
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

☐ INA 209(a) ☐ INA 245(m)
☐ INA 209(b) ☐ INA 249
☐ INA 245(a) ☐ Sec. 13, Act of 9/11/57
☐ INA 245(i) ☐ Cuban Adjustment Act
☐ INA 245(j) ☐ Other _____

To be completed by an Attorney or Accredited Representative (if any).

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	007492625438

► **START HERE - Type or print in black ink.** A-Number ► **A-** 216289301

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information**.

Part 1. Information About You (Person applying for lawful permanent residence)

1. Your Current Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
AYUME CAETANO FUGIOKA	YASMIN	N/A

2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
N/A	N/A	N/A

3. Date of Birth (mm/dd/yyyy) 10/30/2003

Have you ever used any other date of birth? ☐ Yes ☒ No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

N/A
N/A

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

4. Do you have an Alien Registration Number (A-Number)? ☒ Yes ☐ No

If you answered "Yes," provide your A-Number.

A-Number (if any) ► A- 216289301

5. Have you ever used, or been assigned, any other A-Number? ☐ Yes ☒ No

If you answered "Yes," provide the A-Numbers.

N/A

N/A

6. Sex ☐ Male ☒ Female

7. Place of Birth

City or Town of Birth: Goiania

Country of Birth: Brazil

8. Country of Citizenship or Nationality: Brazil

9. USCIS Online Account Number (if any)

► N/A

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival: N/A

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): N/A

Country that Issued this Passport or Travel Document: N/A

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): N/A

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): N/A

Place and Date of Last Arrival into the United States

City or Town: El Paso

State: TX

Date of Last Arrival (mm/dd/yyyy): 10/30/2017

11. When I last arrived in the United States:

☐ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student):

☐ I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):

☒ I came into the United States without admission or parole.

☐ Other:

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

12. If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name): N/A

Given Name (First Name): N/A

Form I-94 Arrival/Departure Record Number ► N / A

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: N/A

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): N/A

13. Was your last arrival the first time you were physically present in the United States? ☒ Yes ☐ No

14. What is your current immigration status (if it has changed since your last arrival)? Asylee

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: N/A

16. Have you ever been issued an "alien crewman" visa? ☐ Yes ☒ No

17. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? ☐ Yes ☒ No

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any): Yasmin Ayume Caetano Fugioka

Street Number and Name: 2601 Hilltop Dr

Apt. ☒ Ste. ☐ Flr. ☐ Number:

City or Town: Richmond

State: CA

ZIP Code: 94806

Date You First Resided at This Address (mm/dd/yyyy): 02/01/2025

Is this your current mailing address? ☐ Yes ☒ No

If you answered "No," provide your current mailing address.

Current Mailing Address (Safe or Alternate Mailing Address, if applicable)

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name: PO Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number:

City or Town: San Diego

State: CA

ZIP Code: 92169

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Have you resided at your current address for at least 5 years? ☐ Yes ☒ No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

Prior Address

In Care Of Name (if any)

Yasmin Ayume Caetano Fugioka

Street Number and Name: 5312 Drive Avilla Way | Apt. Ste. Flr.: ☒ ☐ ☐ | Number: B

City or Town: El Sobrante | State: | ZIP Code:

Province: N/A | Postal Code: N/A | Country: USA

Dates of Residence

From (mm/dd/yyyy): 02/01/2024 To (mm/dd/yyyy): 02/01/2025

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name: Rua 29 85A - Quadra 16 | Apt. Ste. Flr.: ☐ ☒ ☐ | Number: 6

City or Town: Goiania | State: | ZIP Code: N/A

Province: Goias | Postal Code: 74015050 | Country: Brazil

Dates of Residence

From (mm/dd/yyyy): 01/02/2017 To (mm/dd/yyyy): 09/03/2017

19. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☒ Yes ☐ No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ► 859430129

Do you want the SSA to issue you a Social Security card? ☐ Yes ☒ No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. ☐ Yes ☐ No

Part 2. Application Type or Filing Category

1. Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No

2. Receipt Number of Underlying Petition (if any): N/A

Priority Date from Underlying Petition (if any) (mm/dd/yyyy): N/A

I am filing this Form I-485 as a (select **only one** box):

☐ Principal Applicant

☒ Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

Family Name (Last Name): CAETANO ALMEIDA DOS SANTOS

Given Name (First Name): Roberta

Middle Name (if applicable):

Principal Applicant's A-Number (if any) ► A- 216289300

Principal Applicant's Date of Birth (mm/dd/yyyy): 04/20/1980

I am applying based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

3.a. Family-based

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

☐ Spouse of a U.S. Citizen.

☐ Unmarried child under 21 years of age of a U.S. citizen.

☐ Parent of a U.S. citizen (if the citizen is at least 21 years of age).

☐ Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).

☐ Widow or widower of a U.S. citizen.

☐ Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

☐ Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.

☐ Married son or daughter of a U.S. citizen.

☐ Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

☐ Spouse of a lawful permanent resident.

☐ Unmarried child under 21 years of age of a lawful permanent resident.

☐ Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

☐ VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

☐ Alien Investor, Form I-526 or Form I-526E

Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

☐ Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)

☐ A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)

☐ A Skilled Worker (requiring at least 2 years of specialized training or experience)

☐ Any Other Worker (requiring less than 2 years of training or experience)

☐ An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

☐ N/A (I am adjusting on the basis of a Form I-140 self-petition)

☐ No

☐ Yes

If you answered "Yes," is this relative your (select **only one** box):

☐ Father ☐ Mother ☐ Child ☐ Adult Son ☐ Adult Daughter ☐ Brother ☐ Sister

☐ None of These

Is the relative above a:

☐ U.S. Citizen ☐ U.S. National ☐ Lawful Permanent Resident ☐ None of These

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

☐ Certain Afghan or Iraqi National, Form I-360 or Form DS-157

☐ Certain International Broadcaster, Form I-360

☐ Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360

☐ Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

☐ Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

☒ Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy). 01/16/2025

☐ Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

3.e. Human Trafficking Victim or Crime Victim

☐ Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

☐ Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

☐ Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ Lautenberg Parolees

☐ Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

☐ Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

☐ Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

3.g. Additional Options

☐ Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number:

☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

☐ Individual Born in the United States Under Diplomatic Status

☐ S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

☐ Other Eligibility

4. If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? ☐ Yes ☐ No

5. Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? ☐ Yes ☐ No

NOTE: For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.

Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

1.a. ☐ I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)

1.b. ☐ I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.

1.c. ☐ I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.

1.d. ☐ I am applying as a VAWA self-petitioner.

1.e. ☐ None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.

1.f. ☒ None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? ☐ Yes ☒ No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

2. Location of U.S. Embassy or U.S. Consulate

City or Town: **N/A**

Country: **N/A**

3. Decision (for example, approved, refused, denied, withdrawn): **N/A**

4. Date of Decision (mm/dd/yyyy): **N/A**

5. Have you previously applied for permanent residence while in the United States? ☐ Yes ☒ No

6. Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? ☐ Yes ☒ No

Employment and Educational History

7. Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information**.

Employer or School (current or most recent): **SELF-EMPLOYED**

Name of Employer, Company, or School:

Your Occupation (if unemployed or retired, so state):

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: N/A | Apt. Ste. Flr. ☐ ☐ ☐ | Number:

City or Town: San Pablo | State: CA | ZIP Code:

Province: N/A | Postal Code: N/A | Country: USA

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 11/2022 | To (mm/dd/yyyy): PRESENT

If unemployed or retired, source of financial support: N/A

8. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School: Delta School | Your Occupation (if unemployed or retired, so state): Student

Address of Employer, Company, or School

Street Number and Name: Rua 14 - Jardim Goias | Apt. Ste. Flr. ☐ ☐ ☐ | Number:

City or Town: Goiania | State: CA | ZIP Code: N/A

Province: Goias | Postal Code: 74810180 | Country: Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 01/01/2013 | To (mm/dd/yyyy): 10/10/2017

If unemployed or retired, source of financial support: Mother Support

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name): MASSAO FUGIOKA RODRIGUES | Given Name (First Name): Fernando | Middle Name (if applicable): N/A

2. Parent 1's Name at Birth (if different than above)

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name (if applicable): N/A

3. Date of Birth (mm/dd/yyyy): 11/06/1978

Part 5. Information About Your Parents (continued)

4. Country of Birth

BRAZIL

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
CAETANO ALMEIDA DOS SANTOS	Roberta	N/A

6. Parent 2's Name at Birth (if different than above)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

7. Date of Birth (mm/dd/yyyy) 04/20/1980

8. Country of Birth

BRAZIL

Part 6. Information About Your Marital History

1. What is your current marital status?

☒ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? ☐ N/A ☐ Yes ☐ No

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)? 0

Information About Your Current Marriage (including if you are legally separated)

4. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

5. Current Spouse's A-Number (if any) ► A- N/A

6. Current Spouse's Date of Birth (mm/dd/yyyy) N/A

7. Current Spouse's Country of Birth

N/A

8. Current Spouse's Current Physical Address

Street Number and Name: N/A — Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town: N/A — State — ZIP Code

Province: N/A — Postal Code: N/A — Country: N/A

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

Date of Marriage to Current Spouse (mm/dd/yyyy): N/A

10. Is your current spouse applying with you? ☐ Yes ☐ No

Information About Prior Marriages (if any)

11. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

12. Prior Spouse's Date of Birth (mm/dd/yyyy): N/A

13. Prior Spouse's Country of Birth: N/A

14. Prior Spouse's Country of Citizenship or Nationality: N/A

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy): N/A

16. Place of Marriage to Prior Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy): N/A

18. How Marriage Ended with Prior Spouse (select one):

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (Explain):

Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

N/A

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information**.

2. Child 1

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) N/A

Country of Birth

N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

3. Child 2

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) N/A

Country of Birth

N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

Part 8. Biographic Information

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 5 Inches 1 **4.** Weight Pounds 127

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☐ Black ☐ Blond ☒ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9.** If you answer "Yes" to any questions **(or if you answer "No," but are unsure of your answer)**, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization

N/A

3. City or Town

N/A

State or Province

N/A

Country

N/A

4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

N/A

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

N/A

5. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) N/A To (mm/dd/yyyy) N/A

Organization 2

6. Name of Organization

N/A

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town: N/A

State or Province: N/A

Country: N/A

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

N/A

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

N/A

9. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) N/A To (mm/dd/yyyy) N/A

10.	Have you **EVER** been denied admission to the United States?	☒ Yes	☐ No
11.	Have you **EVER** been denied a visa to the United States?	☒ Yes	☐ No
12.	Have you **EVER** worked in the United States without authorization?	☒ Yes	☐ No
13.	Have you **EVER** violated the terms or conditions of your nonimmigrant status?	☐ Yes	☒ No
14.	Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings?	☒ Yes	☐ No
15.	Have you **EVER** been issued a final order of exclusion, deportation, or removal?	☐ Yes	☒ No
16.	Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated?	☐ Yes	☒ No
17.	Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time?	☐ Yes	☒ No
18.	Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation?	☒ Yes	☐ No
19.	Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement?	☐ Yes	☒ No
20.	If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement?	☐ Yes	☒ No
21.	If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you?	☐ Yes	☒ No

Criminal Acts and Violations

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

22.	Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States?	☐ Yes	☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? ☐ Yes ☒ No

24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☐ Yes ☒ No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☒ No

26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No

27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☒ No

28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? ☐ Yes ☒ No

29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? ☐ Yes ☒ No

30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? ☐ Yes ☒ No

31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No

32. Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No

33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No

34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No

35.a. Have you **EVER** served as a foreign government official? ☐ Yes ☒ No

35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☒ No

36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No

39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No

40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☒ No

41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

Security and Related

Do you intend to:

42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No

42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No

42.d. Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

43.a. Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No

43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No

43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No

43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.?** ☐ Yes ☒ No

43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information**.

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No

49. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information**.

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

53.c. Killing, or trying to kill, any person? ☐ Yes ☒ No

53.d. Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds,** ***Public Charge*** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- ☐ VAWA Self-Petitioner (Form I-360)
- ☐ Special Immigrant Juvenile (Form I-360)
- ☐ Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- ☐ Asylee (Form I-589 or Form I-730)
- ☐ Refugee (Form I-590 or Form I-730)
- ☐ Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- ☐ Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- ☐ Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- ☐ Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- ☐ Cuban Adjustment Act
- ☐ Cuban Adjustment Act for Battered Spouses and Children
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- ☐ Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- ☐ A Lautenberg Parolee
- ☐ National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- ☐ Continuous Residence in the United States Since Before January 1, 1972 (“Registry”)
- ☐ Amerasian Homecoming Act
- ☐ Polish or Hungarian Parolee
- ☐ Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- ☐ American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- ☐ Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)

☒ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66**.

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.,** go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

57. What is the size of your household? N/A

58. Indicate your annual household income.

☐ $0-27,000 ☐ $27,001-52,000 ☐ $52,001-85,000 ☐ $85,001-141,000 ☐ Over $141,000

59. Identify the total value of your household assets.

☐ $0-18,400 ☐ $18,401-136,000 ☐ $136,001-321,400 ☐ $321,401-707,100 ☐ Over $707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).

☐ $0 ☐ $1-10,100 ☐ $10,101-57,700 ☐ $57,701-186,800 ☐ Over $186,800

61. What is the highest degree or grade of school you have completed?

☐ Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

☐ High school diploma, GED, or alternative credential ☐ 1 or more years of college credit, no degree

☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree ☐ Professional degree (JD, MD, DMD, etc.)

☐ Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications
N/A

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? ☐ Yes ☒ No

64. Have you ever received long-term institutionalization at government expense? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No

66. If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No

Illegal Entries and Other Immigration Violations

67. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☒ No

NOTE: If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

68. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No

69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No

70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No

71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☒ No

72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No

73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No

75. Have you **EVER** entered the United States without being inspected and admitted or paroled? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

76. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information**.

77. If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? ☐ Yes ☒ No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

78.a. Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No

78.b. Having been deported, excluded, or removed from the United States? ☐ Yes ☒ No

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER:**

84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No

84.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

Part 10. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number: 415574831
2. Applicant's Mobile Telephone Number (if any): 415574831
3. Applicant's Email Address (if any): yfugioka@gmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature ➡ Yasmin Ayume Caetano Fugioka — Date of Signature (mm/dd/yyyy): 04/16/2026

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name): INACIO PENNA MELLO — Interpreter's Given Name (First Name): Andre Vinicius
2. Interpreter's Business or Organization Name: HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number: 4154252508
4. Interpreter's Mobile Telephone Number (if any): 4154252508
5. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and Portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature — Date of Signature (mm/dd/yyyy): 04/16/2026

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

4. Preparer's Mobile Telephone Number (if any)
5102419336

5. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)
04/16/2026

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** _____ **through** _____, are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** _____ **through** _____ are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): AYUME CAETANO FUGIOKA | Given Name (First Name): Yasmin | Middle Name (if applicable):

2. Page Number: 4 | Part Number: 1 | Item Number: 18

Other Addresses:

3 - 6260 Hillside Dr. - El Sobrante, CA 94803 USA (From:02/01/2023 To: 02/01/2024);
4 - 1200 East Hillsdale Blvd Apt 217 - Foster City, CA 94404 USA (From:02/01/2022 To:02/01/2023);
5 - 1441 Beach Park Blvd #207 - Foster City, CA 94404 USA (From: 10/30/2017 To: 05/20/2020).

3. Page Number: 9 | Part Number: 4 | Item Number: 7

Other Employments:

2 - Assistant Manager at Foot Locker - 394 E Sailer Dr - San Mateo, CA 94403 USA (From: 01/2022 To: 11/2022).

3 - Chasier at Mcdonalds - 1101 Triton Dr - Foster City, CA 94404 USA (From: 01/2021 To: 12/2021).

4. Page Number: 14 | Part Number: 9 | Item Number: 10

I entered the United States through the southern border in October 30, 2017 and was placed in removal proceedings as a derivative beneficiary on my mother's case

5. Page Number: 14 | Part Number: 9 | Item Number: 11

A B-2 Tourist Visa Application was denied at the U.S. Consulate in Brazil in 2014.

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): AYUME CAETANO FUGIOKA | Given Name (First Name): Yasmin | Middle Name (if applicable):

2. Page Number: 14 | Part Number: 9 | Item Number: 12

I have worked in the USA withouth autorization before receiving my employment authorization due to necessity.

3. Page Number: 14 | Part Number: 9 | Item Number: 14

I was placed in removal proceedings as a derivative beneficiary in my mother' s immigration case. Derivative asylum status was granted on January 16, 2025

4. Page Number: 14 | Part Number: 9 | Item Number: 18

I received derivative asylum status through my mother' s asylum case, which was approved on January 16, 2025.

5. Page Number: 21 | Part Number: 9 | Item Number: 76

I entered the United States without inspection in October 30, 2017 as a minor child accompanying my mother in her asylum case. Derivative asylum status was later granted on January 16, 2025

Application by Refugee for Waiver of Inadmissibility Grounds

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-602
OMB No. 1615-0069
Expires 03/31/2027

For USCIS Use Only		
Initial Receipt	**Resubmitted**	**Action Block**
Relocated	**Received/Sent**	

Benefits Category:

- ☐ Refugee status under INA 207
- ☐ Adjustment of status as a refugee/asylee under INA 209

Inadmissible Under

- ☐ INA 212(a)(1)
- ☐ INA 212(a)(2)
- ☐ INA 212(a)(3)
- ☐ INA 212(a)(6)
- ☐ INA 212(a)(8)
- ☐ INA 212(a)(9)
- ☐ INA 212(a)(10)
- ☐ Other: _____

To be completed by an Attorney or Accredited Representative (if any).	☒ **Select this box if Form G-28 or Form G-28I is attached.**	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	007492625438

► **START HERE - Type or print in black ink.**

Part 1. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)
AYUME CAETANO FUGIOKA

1.b. Given Name (First Name)
Yasmin

1.c. Middle Name
N/A

Place of Birth

2.a. City or Town of Birth
Goiania

2.b. State or Province of Birth
Goias

2.c. Country of Birth
Brazil

Mailing Address *(USPS ZIP Code Lookup)*

3.a. In Care Of Name (if any)
Otavio Haverroth Silva

3.b. Street Number and Name
PO Box 90487

3.c. ☐ Apt. ☐ Ste. ☐ Flr.
N/A

3.d. City or Town
San Diego

3.e. State
CA

3.f. ZIP Code
92169

3.g. Province
N/A

3.h. Postal Code
N/A

3.i. Country
USA

4. Is your current mailing address the same as your physical address?
☐ Yes ☒ No

If you answered "No" to **Item Number 4.**, provide your physical address in **Item Numbers 5.a. - 5.h.**

Part 1. Information About You (continued)

Physical Address

5.a. Street Number and Name: 2601 Hilltop Dr

5.b. ☒ Apt. ☐ Ste. ☐ Flr. 138

5.c. City or Town: San Pablo

5.d. State: CA **5.e.** ZIP Code: 94806

5.f. Province: N/A

5.g. Postal Code: N/A

5.h. Country: USA

Other Information

6. Alien Registration Number (A-Number) (if any)

► A- 216289301

7. USCIS Online Account Number (if any)

► N/A

8. Date of Birth (mm/dd/yyyy): 10/30/2003

9. Country of Citizenship or Nationality: Brazil

10. Current Status

- ☐ I am a principal refugee applicant currently outside the United States.
- ☐ I am a derivative refugee applicant outside the United States.
- ☐ I am a derivative refugee applicant inside the United States.
- ☐ I am a refugee currently present in the United States seeking adjustment of status.
- ☒ I am an asylee currently present in the United States seeking adjustment of status.

Part 2. Reasons for Inadmissibility

Select all of the following grounds that you believe apply to you, according to what you were told or to the best of your knowledge.

Read the Form I-602 Instructions carefully. If you are seeking a waiver because you are seeking an exemption from the vaccination requirements or because you have a physical or mental disorder with associated harmful behavior, or drug abuse or addiction, you must attach the information requested in the Instructions.

NOTE: The Immigration and Nationality Act (INA) sections 212(a)(4), 212(a)(5), and 212(a)(7)(A) **do not** apply to refugees under INA section 207 or refugees or asylees seeking to adjust their status to lawful permanent resident under INA section 209.

I believe or I was told that I am inadmissible because (select **all** grounds that you believe apply to you):

1. ☐ I have a communicable disease of public health significance. See INA section 212(a)(1)(A)(i). (The Form I-602 Instructions has a list of communicable diseases of public health significance.)

2. ☐ I seek an exemption from the vaccination requirement because vaccinations are against my religious beliefs or moral convictions. See INA section 212(a)(1)(A)(ii).

3. ☐ I have or had a physical or mental disorder and behavior (or history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of myself or others. See INA section 212(a)(1)(A)(iii).

4. ☐ I am a drug abuser or drug addict as described in U.S. Department of Health and Human Services (HHS) regulations. See INA section 212(a)(1)(A)(iv); 42 CFR 32.

5. ☐ I have been convicted of or admitted to the essential elements of a crime of moral turpitude (other than a purely political offense). See INA section 212(a)(2)(A)(i)(I).

6. ☐ I have been convicted of or admitted to the essential elements of a violation of (or I have attempted or conspired to violate) any controlled substance law or regulation of a U.S. state, the United States, or a foreign country. See INA section 212(a)(2)(A)(i)(II).

7. ☐ I have been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more. See INA section 212(a)(2)(B).

8. ☐ I have engaged in prostitution in the past 10 years or am coming to the United States to engage in prostitution. See INA section 212(a)(2)(D)(i).

Part 2. Reasons for Inadmissibility (continued)

9. ☐ I directly or indirectly procure or import (or attempt to procure or import) prostitutes or persons for the purpose of prostitution (including receiving any proceeds or money from prostitution), or I have done so in the past 10 years.
See INA section 212(a)(2)(D)(ii).

10. ☐ I came to the United States or I am coming to the United States to engage in any other commercialized vice, such as illegal gambling, prostitution, bootlegging, narcotics, or the sale of child pornography. See INA section 212(a)(2)(D)(iii).

11. ☐ I have exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a serious criminal offense in the United States.
See INA section 212(a)(2)(E).

12. ☐ I have been involved in human trafficking activity inside or outside the United States, or I am the spouse, son, or daughter of a person involved in human trafficking activity and have obtained some benefit from that activity within the last five years.
See INA section 212(a)(2)(H).

13. ☐ I engage, have engaged, or intend to engage in a money laundering offense as described in 18 U.S.C. section 1956 or 1957. See INA section 212(a)(2)(I).

14. ☐ I am or I have been a member of or affiliated with the Communist or any other totalitarian party (or subdivision or affiliate of the party), domestic or foreign. See INA section 212(a)(3)(D).

15. ☐ I have used or recruited child soldiers in violation of 18 U.S.C. section 2442.
See INA section 212(a)(3)(G).

16. ☒ I am present in the United States without being admitted or paroled. See INA section 212(a)(6)(A).

17. ☐ I did not attend or did not remain at a removal proceeding to determine my inadmissibility or deportability. See INA section 212(a)(6)(B).

18. ☐ I have sought to obtain an immigration benefit by fraud or by concealing or misrepresenting a material fact. See INA section 212(a)(6)(C)(i).

19. ☐ I falsely claimed to be a U.S. citizen. See INA section 212(a)(6)(C)(ii).

20. ☐ I have been a stowaway on a vessel or aircraft arriving in the United States.
See INA section 212(a)(6)(D).

21. ☐ I have knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or try to enter the United States illegally (alien smuggling).
See INA section 212(a)(6)(E)(i).

22. ☐ I am subject to a civil penalty because I was the subject of a final order for violation of INA section 274C (document fraud).
See INA section 212(a)(6)(F).

23. ☐ I violated a term or condition of my student visa status. See INA sections 212(a)(6)(G) and 214(l).

24. ☐ I am permanently ineligible for U.S. citizenship because I evaded military service.
See INA sections 212(a)(8)(A) and 101(a)(19).

25. ☐ I departed from or remained outside the United States to avoid or evade training or service in the armed forces in a time of war or national emergency. See INA section 212(a)(8)(B).

26. ☐ I was previously removed from the United States.
See INA section 212(a)(9)(A).

27. ☐ I am subject to the 3-year bar to admissibility because I was unlawfully present in the United States for more than 180 days before departing the United States. See INA section 212(a)(9)(B)(i)(I) .

28. ☐ I am subject to the 10-year bar to admissibility because I was unlawfully present in the United States for one year or more before departing the United States. See INA section 212(a)(9)(B)(i)(II).

29. ☐ I have been ordered removed or I have been unlawfully present in the United States for more than one year in the aggregate, and I subsequently reentered or attempted to reenter without being admitted. See INA section 212(a)(9)(C).

30. ☐ I have practiced polygamy since I entered the United States or I intend to practice polygamy in the United States. See INA section 212(a)(10)(A).

31. ☐ I am accompanying another person who is inadmissible after being certified to be helpless under INA section 232(c) and I am inadmissible because that other person requires my protection or guardianship. See INA section 212(a)(10)(B).

32. ☐ I have been involved in detaining, retaining, or withholding a U.S. citizen child outside the United States from a person who has been granted custody of the child, or I am the spouse, parent, sibling, or agent of someone who has detained, retained, or withheld such a child. See INA section 212(a)(10)(C).

33. ☐ I voted in violation of a Federal, state, or local constitutional provision, statute, ordinance, or regulation. See INA section 212(a)(10)(D).

34. ☐ I am a former citizen of the United States who renounced my citizenship to avoid paying taxes in the United States. See INA section 212(a)(10)(E).

35. ☐ Other (specify):

Part 2. Reasons for Inadmissibility (continued)

Your Inadmissibility Statement

In the space provided in **Item Number 36.**, provide a statement and full explanation of the acts, convictions, and/or medical conditions that you believe or you were told make you inadmissible.

Your statement must indicate when you engaged in the acts that you believe make you inadmissible, the date of all convictions, or the date of any medical diagnosis. You **must** provide this information even if the information is also in the documents that you submit with your application.

If you need extra space to complete your statement, use the space provided in **Part 8. Additional Information** or attach a separate letter. If you include a separate letter, indicate in **Item Number 36.** below that you are attaching a letter.

36. See Additional Information

37. I request a waiver of the grounds of inadmissibility listed above for the following reasons (select all applicable boxes and provide an explanation in **Item Number 38.**):

- [X] For Humanitarian Reasons
- [ ] To Assure Family Unity
- [ ] In the Public Interest

In the space provided in **Item Number 38.**, provide an explanation for why you are requesting a waiver on the grounds indicated in **Item Number 37.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

38. See Additional Information

In the space provided in **Item Number 39.**, include a statement explaining why you believe your application should be approved as a matter of discretion, with the favorable factors outweighing the unfavorable factors in your case. For more information on discretion, see the Form I-602 Instructions. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

39. See Additional Information

Part 3. Applicant Who Have or Had a Physical or Mental Disorder and Behavior Associated with the Disorder

Complete **Item Numbers 1.a. - 8.b.** if you have or had a physical or mental disorder and behavior associated with the disorder that has posed or may pose a threat to the property, safety, or welfare of yourself or others.

Statement by Applicant

In the United States, I will:

Go directly to the physician or health facility named in the **Physician's or Health Facility's Statement**; present copies of diagnostic tests used in the medical examination to prove the diagnosis; submit to counseling and any examinations, treatment, and medical regimen that may be required; and remain under prescribed treatment or observation, whether on inpatient or outpatient basis, until I am discharged.

Applicant's Signature

1.a. Applicant's Signature

1.b. Date of Signature (mm/dd/yyyy) 04/24/2026

Physician's or Health Facility's Statement

NOTE: This section must be completed and signed by a private physician or representative of a public or private health facility where the applicant will receive treatment in the United States.

I agree to supply any treatment or observation necessary to properly manage the applicant's physical or mental health condition.

I represent a/an (select the appropriate box and provide the complete name and address of the facility):

2.a. [ ] Local Health Department Outpatient Clinic

N/A

2.b. [ ] Other Public or Private Health Facility

2.c. [ ] Private Practice

Part 3. Applicants Who Have or Had a Physical or Mental Disorder and Behavior Associated with the Disorder (continued)

Physician's or Health Facility's Physical Address

3. Name of Facility
N/A

4.a. Street Number and Name N/A

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town N/A

4.d. State N/A **4.e.** ZIP Code N/A

4.f. Province N/A

4.g. Postal Code N/A

4.h. Country
N/A

Physician's Contact Information

5. Daytime Telephone Number
N/A

6. Email Address (if any)
N/A

Physician's Signature

7.a. Physician's Family Name (Last Name)
N/A

7.b. Physician's Given Name (First Name)
N/A

8.a. Physician's Signature
N/A

8.b. Date of Signature (mm/dd/yyyy) N/A

Part 4. Applicant with a Class A Tuberculosis Condition (As Defined by HHS Regulations)

Complete **Item Numbers 1.a. - 15.** if you have a Class A Tuberculosis condition (as defined by HHS regulations).

Statement by Applicant

In the United States, I will:

Go directly to the health department named in the **Local (City or County) Health Department's Statement**; present all X-rays used in the visa medical examination to prove the diagnosis; submit to any examinations, treatment, isolation, and medical regimen that may be required; and remain under the prescribed treatment or observation, whether on an inpatient or outpatient basis, until I am discharged.

Applicant's Signature

1.a. Applicant's Signature
N/A

1.b. Date of Signature (mm/dd/yyyy)

Local (City or County) Health Department's Statement

NOTE: This statement must be completed by the physician at the local health department in the area where the applicant plans to reside.

I agree to supply any treatment or observation necessary to properly manage and provide continued care of the applicant's tuberculosis condition.

Within 30 days of the applicant reporting for care, I agree to submit a summary of my initial evaluation of the applicant's condition, indicate the presumptive diagnosis, and provide test results and plans for the applicant's future care to the state health department official named in the **State Health Department Official's Endorsement** section and to the Division of Global Migration and Quarantine (E03), Centers for Disease Control and Prevention (CDC), Atlanta, Georgia 30333.

I also agree to report the applicant if he or she has not reported within 30 days after receiving notice from the Division of Global Migration and Quarantine, CDC.

I represent (select the appropriate box and provide the complete name, address, contact information, and signature of the health department):

2.a. ☐ City Health Department

2.b. ☐ County Health Department

Part 4. Applicants with a Class A Tuberculosis Condition (As Defined by HHS Regulations) (continued)

Local (City or County) Health Department's Name and Physical Address

3. Name of Local (City or County) Health Department
N/A

4.a. Street Number and Name N/A

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town N/A

4.d. State N/A **4.e.** ZIP Code N/A

Physician's Contact Information

5. Daytime Telephone Number
N/A

6. Email Address (if any)
N/A

Physician's Signature

7.a. Physician's Family Name (Last Name)
N/A

7.b. Physician's Given Name (First Name)
N/A

8.a. Physician's Signature
N/A

8.b. Date of Signature (mm/dd/yyyy) N/A

Arrangement for Medical Care by the Applicant or His or Her Sponsor

Arrange for medical care (of the applicant) and have the appropriate health departments complete **Local (City or County) Health Department's Statement** and **State Health Department Official's Endorsement** sections.

Provide the following information.

Address where you (the sponsor) or the applicant plan to reside in the United States.

9.a. Street Number and Name N/A

9.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

9.c. City or Town N/A

9.d. State N/A **9.e.** ZIP Code N/A

State Health Department Official's Endorsement

NOTE: The state health department official in the area where the applicant plans to reside should complete this statement.

By signing this endorsement, I recognize that the local health department that completed the **Local (City or County) Health Department's Statement** section will provide care and treatment of the applicant's Tuberculosis condition, and that the local health department is within my jurisdiction. This endorsement also signifies recognition that the applicant will be residing within my state's health jurisdiction.

State Health Department Official's Signature

10.a. State Health Department Official's Family Name (Last Name)
N/A

10.b. State Health Department Official's Physician's Given Name (First Name)
N/A

11.a. Signature of State Health Department Official
N/A

11.b. Date of Signature (mm/dd/yyyy) N/A

Part 4. Applicants with a Class A Tuberculosis Condition (As Defined by HHS Regulations) (continued)

State Health Department Official's Name and Physical Address

12. Name of State Health Department
N/A

13.a. Street Number and Name N/A

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town N/A

13.d. State N/A 13.e. ZIP Code N/A

State Health Department Official's Contact Information

14. Daytime Telephone Number
N/A

15. Email Address (if any)
N/A

Part 5. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number
4155748317

2. Applicant's Mobile Telephone Number (if any)
4155748317

3. Applicant's Email Address (if any)
yfugioka@gmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 6.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature
➡ Yasmin Ayume Caetano Fugioka

Date of Signature (mm/dd/yyyy) 04/24/2026

Part 6. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)
INACIO PENNA MELLO

Interpreter's Given Name (First Name)
Andre Vinicius

2. Interpreter's Business or Organization Name
HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
4154252508

4. Interpreter's Mobile Telephone Number (if any)
4154252508

5. Interpreter's Email Address (if any)
andre@yousalaw.com

Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy) 04/24/2026

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

4. Preparer's Mobile Telephone Number (if any)
5102419336

5. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy) 04/24/2026

Part 8. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

AYUME CAETANO FUGIOKA

1.b. Given Name (First Name)

Yasmin

1.c. Middle Name

N/A

2. A-Number (if any) ► **A-** 216289301

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

4 | 2 | 36

3.d.

On or about October 25, 2025, I entered the United States through the border at El Paso with my mother Roberta Caetano Almeida dos Santos anda my sliblings Felipe Yuji Caetano Fugioka and Lucca Caetano. At the time we did not have a valid immigrant visa, reentry permit border crossing card or any other valid document.

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4 | 2 | 38

4.d.

I respectfully request a waiver of inadmissibility for humanitarian reasons. I entered the United States as a minor with my mother, who was fleeing a life-threatening domestic violence situation. I depended on her for safety and followed her in seeking refuge.I did not make this decision on my own and was directly affected by the danger we escaped. Returning to my home country would place me at risk and disrupt the safety and stability I have in the United States with my family.

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

4 | 2 | 39

5.d.

I respectfully request that my application be approved as a matter of discretion, as the favorable factors outweigh any negative factors. I am a derivative beneficiary of my mother's asylum case and entered the United States as a minor under her care while she was fleeing a life-threatening situation.On 01/16/2025, my mother's asylum application was approved, confirming the danger we faced and the humanitarian basis of our case.I respectfully ask that discretion be exercised in my favor.

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

N/A | N/A | N/A

6.d. N/A

7.a. Page Number **7.b.** Part Number **7.c.** Item Number

N/A | N/A | N/A

7.d. N/A

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA

3.e. ZIP Code (*USPS ZIP Code Lookup*): 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-485, I-601

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N/A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) YUJI CAETANO FUGIOKA

6.b. Given Name (First Name) Felipe

6.c. Middle Name N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N/A

9. Client's Alien Registration Number (A-Number) (if any)

► A- 2 1 6 2 8 9 3 0 2

Client's Contact Information

10. Daytime Telephone Number

4155327966

11. Mobile Telephone Number (if any)

4155327966

12. Email Address (if any)

beta_yasmin@hotmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town San Diego

13.d. State CA **13.e.** ZIP Code 92169

13.f. Province N/A

13.g. Postal Code N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. [x] I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. [x] I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. [ ] I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ Felipe Yuji Caetano Fujioka

2.b. Date of Signature (mm/dd/yyyy) 04/16/2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 04/16/2026

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): YUJI CAETANO FUGIOKA

1.b. Given Name (First Name): Felipe

1.c. Middle Name: N/A

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d. N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

Application to Register Permanent Residence or Adjust Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only

Preference Category:	**Receipt**	**Action Block**
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

☐ INA 209(a) ☐ INA 245(m)
☐ INA 209(b) ☐ INA 249
☐ INA 245(a) ☐ Sec. 13, Act of 9/11/57
☐ INA 245(i) ☐ Cuban Adjustment Act
☐ INA 245(j) ☐ Other _____

To be completed by an Attorney or Accredited Representative (if any).

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	007492625438

► **START HERE - Type or print in black ink.** A-Number ► **A-** 216289302

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information**.

Part 1. Information About You (Person applying for lawful permanent residence)

1. Your Current Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
YUJI CAETANO FUGIOKA	Felipe	N/A

2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
N/A	N/A	N/A

3. Date of Birth (mm/dd/yyyy) 08/28/2007

Have you ever used any other date of birth? ☐ Yes ☒ No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

N/A
N/A

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

4. Do you have an Alien Registration Number (A-Number)? ☒ Yes ☐ No

If you answered "Yes," provide your A-Number.

A-Number (if any) ► A- 216289302

5. Have you ever used, or been assigned, any other A-Number? ☐ Yes ☒ No

If you answered "Yes," provide the A-Numbers.

N/A

N/A

6. Sex ☒ Male ☐ Female

7. Place of Birth

City or Town of Birth: Toyohashi

Country of Birth: Japan

8. Country of Citizenship or Nationality

Japan and Brazil

9. USCIS Online Account Number (if any)

► N/A

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival: N/A

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): N/A

Country that Issued this Passport or Travel Document: N/A

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): N/A

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): N/A

Place and Date of Last Arrival into the United States

City or Town: El Paso

State: TX

Date of Last Arrival (mm/dd/yyyy): 10/30/2017

11. When I last arrived in the United States:

☐ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student):

☐ I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):

☒ I came into the United States without admission or parole.

☐ Other:

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

12. If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name): N/A

Given Name (First Name): N/A

Form I-94 Arrival/Departure Record Number ► N / A

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: N/A

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): N/A

13. Was your last arrival the first time you were physically present in the United States? ☐ Yes ☐ No

14. What is your current immigration status (if it has changed since your last arrival)? Asylee

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: N/A

16. Have you ever been issued an "alien crewman" visa? ☐ Yes ☒ No

17. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? ☐ Yes ☒ No

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any): Roberta Caetano Almeida dos Santos

Street Number and Name: 620 Veterans Blvd

Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: Redwood City

State: CA

ZIP Code: 94603

Date You First Resided at This Address (mm/dd/yyyy): 12/2024

Is this your current mailing address? ☐ Yes ☒ No

If you answered "No," provide your current mailing address.

Current Mailing Address (Safe or Alternate Mailing Address, if applicable)

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name: Po Box 90487

Apt. Ste. Flr. Number: ☐ ☐ ☐ N/A

City or Town: San Diego

State: CA

ZIP Code: 92169

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Have you resided at your current address for at least 5 years? ☐ Yes ☒ No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

Prior Address

In Care Of Name (if any)

Roberta Caetano Almeida dos Santos

Street Number and Name: 1441 Beach Park Blvd | Apt. Ste. Flr.: ☒ Apt ☐ Ste ☐ Flr | Number: 211

City or Town: Foster City | State: | ZIP Code:

Province: N/A | Postal Code: N/A | Country: USA

Dates of Residence

From (mm/dd/yyyy): 02/2023 To (mm/dd/yyyy): 11/2024

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name: Rua 29 Rd 85A Qd16 Casa 6 | Apt. Ste. Flr.: ☐ Apt ☐ Ste ☐ Flr | Number: N/A

City or Town: Goiania | State: | ZIP Code: N/A

Province: Goias | Postal Code: 74015050 | Country: Brazil

Dates of Residence

From (mm/dd/yyyy): 01/02/2016 To (mm/dd/yyyy): 09/03/2017

19. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☒ Yes ☐ No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ► 648179332

Do you want the SSA to issue you a Social Security card? ☐ Yes ☒ No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. ☐ Yes ☐ No

Part 2. Application Type or Filing Category

1. Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No

2. Receipt Number of Underlying Petition (if any): N/A

Priority Date from Underlying Petition (if any) (mm/dd/yyyy): N/A

I am filing this Form I-485 as a (select **only one** box):

☐ Principal Applicant

☒ Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

Family Name (Last Name): Caetano Almeida dos Santos

Given Name (First Name): Roberta

Middle Name (if applicable): N/A

Principal Applicant's A-Number (if any) ► A- 2 1 6 2 8 9 3 0 0

Principal Applicant's Date of Birth (mm/dd/yyyy): 04/20/1980

I am applying based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

3.a. Family-based

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

☐ Spouse of a U.S. Citizen.

☐ Unmarried child under 21 years of age of a U.S. citizen.

☐ Parent of a U.S. citizen (if the citizen is at least 21 years of age).

☐ Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).

☐ Widow or widower of a U.S. citizen.

☐ Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

☐ Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.

☐ Married son or daughter of a U.S. citizen.

☐ Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

☐ Spouse of a lawful permanent resident.

☐ Unmarried child under 21 years of age of a lawful permanent resident.

☐ Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

☐ VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

☐ Alien Investor, Form I-526 or Form I-526E

Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

☐ Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)

☐ A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)

☐ A Skilled Worker (requiring at least 2 years of specialized training or experience)

☐ Any Other Worker (requiring less than 2 years of training or experience)

☐ An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

☐ N/A (I am adjusting on the basis of a Form I-140 self-petition)

☐ No

☐ Yes

If you answered "Yes," is this relative your (select **only one** box):

☐ Father ☐ Mother ☐ Child ☐ Adult Son ☐ Adult Daughter ☐ Brother ☐ Sister

☐ None of These

Is the relative above a:

☐ U.S. Citizen ☐ U.S. National ☐ Lawful Permanent Resident ☐ None of These

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

☐ Certain Afghan or Iraqi National, Form I-360 or Form DS-157

☐ Certain International Broadcaster, Form I-360

☐ Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360

☐ Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

☐ Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

☒ Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy). 01/16/2025

☐ Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

3.e. Human Trafficking Victim or Crime Victim

☐ Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

☐ Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

☐ Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ Lautenberg Parolees

☐ Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

☐ Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

☐ Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

3.g. Additional Options

☐ Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number:

☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

☐ Individual Born in the United States Under Diplomatic Status

☐ S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

☐ Other Eligibility

4. If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? ☐ Yes ☐ No

5. Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? ☐ Yes ☐ No

NOTE: For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.

Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

1.a. ☐ I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)

1.b. ☐ I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.

1.c. ☐ I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.

1.d. ☐ I am applying as a VAWA self-petitioner.

1.e. ☐ None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.

1.f. ☒ None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? ☐ Yes ☒ No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

2. Location of U.S. Embassy or U.S. Consulate

City or Town: N/A

Country: N/A

3. Decision (for example, approved, refused, denied, withdrawn): N/A

4. Date of Decision (mm/dd/yyyy): N/A

5. Have you previously applied for permanent residence while in the United States? ☐ Yes ☒ No

6. Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? ☐ Yes ☒ No

Employment and Educational History

7. Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information**.

Employer or School (current or most recent): Sequoia District Adult School

Name of Employer, Company, or School:

Your Occupation (if unemployed or retired, so state): Student

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: 3247 Middlefield Rd | Apt. Ste. Flr. ☐ ☐ ☐ | Number:

City or Town: Menlo Park | State: CA | ZIP Code: 94205

Province: N/A | Postal Code: N/A | Country: USA

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 02/2026 | To (mm/dd/yyyy): Present

If unemployed or retired, source of financial support: Mother's Support

8. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School: Delta School | Your Occupation (if unemployed or retired, so state): Student

Address of Employer, Company, or School

Street Number and Name: Rua 14 - Jardim Goias | Apt. Ste. Flr. ☐ ☐ ☐ | Number: N/A

City or Town: Goiania | State: N/A | ZIP Code: N/A

Province: Goias | Postal Code: 74810-180 | Country: Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 01/01/2013 | To (mm/dd/yyyy): 10/10/2017

If unemployed or retired, source of financial support: Mother's Support

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name): MASSAO FUGIOKA RODRIGUES | Given Name (First Name): Fernando | Middle Name (if applicable):

2. Parent 1's Name at Birth (if different than above)

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name (if applicable): N/A

3. Date of Birth (mm/dd/yyyy): 11/06/1978

Part 5. Information About Your Parents (continued)

4. Country of Birth
Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
CAETANO ALMEIDA DOS SANTOS	Roberta	N/A

6. Parent 2's Name at Birth (if different than above)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

7. Date of Birth (mm/dd/yyyy) 04/20/1980

8. Country of Birth
Brazil

Part 6. Information About Your Marital History

1. What is your current marital status?

☒ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? ☐ N/A ☐ Yes ☐ No

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)? 0

Information About Your Current Marriage (including if you are legally separated)

4. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

5. Current Spouse's A-Number (if any)
► A- N/A

6. Current Spouse's Date of Birth (mm/dd/yyyy) N/A

7. Current Spouse's Country of Birth
N/A

8. Current Spouse's Current Physical Address

Street Number and Name: N/A
Apt. ☐ Ste. ☐ Flr. ☐ Number:

City or Town: N/A
State: ▼ ZIP Code: N/A

Province: N/A
Postal Code: N/A
Country: N/A

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

Date of Marriage to Current Spouse (mm/dd/yyyy): N/A

10. Is your current spouse applying with you? ☐ Yes ☐ No

Information About Prior Marriages (if any)

11. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

12. Prior Spouse's Date of Birth (mm/dd/yyyy): N/A

13. Prior Spouse's Country of Birth: N/A

14. Prior Spouse's Country of Citizenship or Nationality: N/A

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy): N/A

16. Place of Marriage to Prior Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy): N/A

18. How Marriage Ended with Prior Spouse (select one):

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (Explain):

Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

N/A

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information**.

2. Child 1

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) N/A

Country of Birth

N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

3. Child 2

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) N/A

Country of Birth

N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

Part 8. Biographic Information

1. Ethnicity (Select **only one** box)

☒ Hispanic or Latino ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 5 Inches 10 **4.** Weight Pounds 170

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☒ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☐ Black ☐ Blond ☒ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9.** If you answer "Yes" to any questions **(or if you answer "No," but are unsure of your answer)**, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization

N/A

3. City or Town

N/A

State or Province

N/A

Country

N/A

4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

N/A

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

N/A

5. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) N/A To (mm/dd/yyyy) N/A

Organization 2

6. Name of Organization

N/A

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town: N/A | State or Province: N/A | Country: N/A

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.
N/A

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.
N/A

9. Dates of Membership or Dates of Involvement
From (mm/dd/yyyy) N/A To (mm/dd/yyyy) N/A

10.	Have you **EVER** been denied admission to the United States?	[X] Yes	[ ] No
11.	Have you **EVER** been denied a visa to the United States?	[X] Yes	[ ] No
12.	Have you **EVER** worked in the United States without authorization?	[ ] Yes	[X] No
13.	Have you **EVER** violated the terms or conditions of your nonimmigrant status?	[ ] Yes	[X] No
14.	Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings?	[X] Yes	[ ] No
15.	Have you **EVER** been issued a final order of exclusion, deportation, or removal?	[ ] Yes	[X] No
16.	Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated?	[ ] Yes	[X] No
17.	Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time?	[ ] Yes	[X] No
18.	Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation?	[X] Yes	[ ] No
19.	Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement?	[ ] Yes	[X] No
20.	If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement?	[ ] Yes	[ ] No
21.	If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you?	[ ] Yes	[ ] No

Criminal Acts and Violations

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

22.	Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States?	[ ] Yes	[X] No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? ☐ Yes ☒ No

24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☐ Yes ☒ No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☒ No

26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No

27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☒ No

28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? ☐ Yes ☒ No

29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? ☐ Yes ☒ No

30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? ☐ Yes ☒ No

31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No

32. Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No

33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No

34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No

35.a. Have you **EVER** served as a foreign government official? ☐ Yes ☒ No

35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☒ No

36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No

39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No

40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☒ No

41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

Security and Related

Do you intend to:

42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No

42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No

42.d. Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

43.a. Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No

43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No

43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No

43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.?** ☐ Yes ☒ No

43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information**.

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No

49. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information**.

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

53.c. Killing, or trying to kill, any person? ☐ Yes ☒ No

53.d. Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds,** ***Public Charge*** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- ☐ VAWA Self-Petitioner (Form I-360)
- ☐ Special Immigrant Juvenile (Form I-360)
- ☐ Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- ☒ Asylee (Form I-589 or Form I-730)
- ☐ Refugee (Form I-590 or Form I-730)
- ☐ Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- ☐ Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- ☐ Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- ☐ Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- ☐ Cuban Adjustment Act
- ☐ Cuban Adjustment Act for Battered Spouses and Children
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- ☐ Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- ☐ A Lautenberg Parolee
- ☐ National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- ☐ Continuous Residence in the United States Since Before January 1, 1972 (“Registry”)
- ☐ Amerasian Homecoming Act
- ☐ Polish or Hungarian Parolee
- ☐ Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- ☐ American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- ☐ Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)

☐ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66**.

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.,** go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

57. What is the size of your household? **N/A**

58. Indicate your annual household income.

☐ $0-27,000 ☐ $27,001-52,000 ☐ $52,001-85,000 ☐ $85,001-141,000 ☐ Over $141,000

59. Identify the total value of your household assets.

☐ $0-18,400 ☐ $18,401-136,000 ☐ $136,001-321,400 ☐ $321,401-707,100 ☐ Over $707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).

☐ $0 ☐ $1-10,100 ☐ $10,101-57,700 ☐ $57,701-186,800 ☐ Over $186,800

61. What is the highest degree or grade of school you have completed?

☐ Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

N/A

☐ High school diploma, GED, or alternative credential ☐ 1 or more years of college credit, no degree

☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree ☐ Professional degree (JD, MD, DMD, etc.)

☐ Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? ☐ Yes ☒ No

64. Have you ever received long-term institutionalization at government expense? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No

66. If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No

Illegal Entries and Other Immigration Violations

67. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☒ No

NOTE: If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal. Texto

68. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No

69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No

70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No

71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☒ No

72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No

73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No

75. Have you **EVER** entered the United States without being inspected and admitted or paroled? ☒ Yes ☐ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

76. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information**.

77. If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? ☐ Yes ☒ No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

78.a. Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No

78.b. Having been deported, excluded, or removed from the United States? ☐ Yes ☒ No

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER:**

84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No

84.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

A-Number ▶ A- 2 1 6 2 8 9 3 0 2

Part 10. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number: 4155327966
2. Applicant's Mobile Telephone Number (if any): 4155327966
3. Applicant's Email Address (if any):

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature ➡ Felipe Gaetano Fugiwara — Date of Signature (mm/dd/yyyy): 04/16/2026

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name): INACIO PENNA MELLO — Interpreter's Given Name (First Name): Andre Vinicius
2. Interpreter's Business or Organization Name: HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number: 4154252508
4. Interpreter's Mobile Telephone Number (if any): 4154252508
5. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and Portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature — Date of Signature (mm/dd/yyyy): 04/16/2026

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

4. Preparer's Mobile Telephone Number (if any)
5102419336

5. Preparer's Email Address (if any)
otavio@yousalaw.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)
04/16/2026

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** _____ **through** _____, are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** _____ **through** _____ are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): YUJI CAETANO FUGIOKA | Given Name (First Name): Felipe | Middle Name (if applicable):

2. Page Number: 4 | Part Number: 1 | Item Number: 18

Other Addresses:

3 - 1200 East Hillsdale Blvd #217, Foster City CA 94404

From Date: 01/2021 To Date: 01/2023

3. Page Number: 8 | Part Number: 4 | Item Number: 7

Other Schools:

2 - Aragon High School - 900 Alameda de las Pulgas, San Mateo CA 94402 USA (2024 to 2025)

3 - Design Tech High School - 275 Oracle Parkway, Redwood City CA 94065 (2022 To 2024)

4. Page Number: 14 | Part Number: 9 | Item Number: 10

I entered the United States through the southern border in October 30, 2017 and was placed in removal proceedings as a derivative beneficiary on my mother's case

5. Page Number: 14 | Part Number: 9 | Item Number: 11

A B-2 Tourist Visa Application was denied at the U.S Consulate in Brazil in 2014.

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
YUJI CAETANO FUGIOKA	Felipe	

2.

Page Number	Part Number	Item Number
14	9	14

I entered the United States through the southern border in 2017 and was placed in removal proceedings as a derivative beneficiary on my mother' s case

3.

Page Number	Part Number	Item Number
14	9	18

I entered the United States through the southern border in 2017 and was placed in removal proceedings as a derivative beneficiary on my mother' s case

4.

Page Number	Part Number	Item Number
21	9	75

I entered through the border on October 30,2017.

5.

Page Number	Part Number	Item Number
21	9	76

I entered the United States without inspection in October 30, 2017 as a minor child accompanying my mother in her asylum case. Derivative asylum status was later granted on January 16, 2025

Application by Refugee for Waiver of Inadmissibility Grounds

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-602
OMB No. 1615-0069
Expires 03/31/2027

For USCIS Use Only		
Initial Receipt	**Resubmitted**	**Action Block**
Relocated	**Received/Sent**	

Benefits Category:

- ☐ Refugee status under INA 207
- ☐ Adjustment of status as a refugee/asylee under INA 209

Inadmissible Under

- ☐ INA 212(a)(1)
- ☐ INA 212(a)(2)
- ☐ INA 212(a)(3)
- ☐ INA 212(a)(6)
- ☐ INA 212(a)(8)
- ☐ INA 212(a)(9)
- ☐ INA 212(a)(10)
- ☐ Other: _____

To be completed by an Attorney or Accredited Representative (if any).	☒ **Select this box if Form G-28 or Form G-28I is attached.**	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	007492625438

► **START HERE - Type or print in black ink.**

Part 1. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)
YUJI CAETANO FUGIOKA

1.b. Given Name (First Name)
Felipe

1.c. Middle Name
N/A

Place of Birth

2.a. City or Town of Birth
Toyohashi

2.b. State or Province of Birth
Aichiken

2.c. Country of Birth
Japan

Mailing Address *(USPS ZIP Code Lookup)*

3.a. In Care Of Name (if any)
Otavio Haverroth Silva

3.b. Street Number and Name
PO Box 90487

3.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.d. City or Town
San Diego

3.e. State CA **3.f.** ZIP Code 92169

3.g. Province
N/A

3.h. Postal Code
N/A

3.i. Country
USA

4. Is your current mailing address the same as your physical address?
☐ Yes ☒ No

If you answered "No" to **Item Number 4.**, provide your physical address in **Item Numbers 5.a. - 5.h.**

Part 1. Information About You (continued)

Physical Address

5.a. Street Number and Name: 620 Veterans Blvd

5.b. ☐ Apt. ☐ Ste. ☐ Flr. Unit 221

5.c. City or Town: Redwood City

5.d. State: CA **5.e.** ZIP Code: 94063

5.f. Province: N/A

5.g. Postal Code: N/A

5.h. Country: USA

Other Information

6. Alien Registration Number (A-Number) (if any)

► A- 216289302

7. USCIS Online Account Number (if any)

► N/A

8. Date of Birth (mm/dd/yyyy): 08/28/2007

9. Country of Citizenship or Nationality: Brazil

10. Current Status

- ☐ I am a principal refugee applicant currently outside the United States.
- ☐ I am a derivative refugee applicant outside the United States.
- ☐ I am a derivative refugee applicant inside the United States.
- ☐ I am a refugee currently present in the United States seeking adjustment of status.
- ☒ I am an asylee currently present in the United States seeking adjustment of status.

Part 2. Reasons for Inadmissibility

Select all of the following grounds that you believe apply to you, according to what you were told or to the best of your knowledge.

Read the Form I-602 Instructions carefully. If you are seeking a waiver because you are seeking an exemption from the vaccination requirements or because you have a physical or mental disorder with associated harmful behavior, or drug abuse or addiction, you must attach the information requested in the Instructions.

NOTE: The Immigration and Nationality Act (INA) sections 212(a)(4), 212(a)(5), and 212(a)(7)(A) **do not** apply to refugees under INA section 207 or refugees or asylees seeking to adjust their status to lawful permanent resident under INA section 209.

I believe or I was told that I am inadmissible because (select **all** grounds that you believe apply to you):

1. ☐ I have a communicable disease of public health significance. See INA section 212(a)(1)(A)(i). (The Form I-602 Instructions has a list of communicable diseases of public health significance.)

2. ☐ I seek an exemption from the vaccination requirement because vaccinations are against my religious beliefs or moral convictions. See INA section 212(a)(1)(A)(ii).

3. ☐ I have or had a physical or mental disorder and behavior (or history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of myself or others. See INA section 212(a)(1)(A)(iii).

4. ☐ I am a drug abuser or drug addict as described in U.S. Department of Health and Human Services (HHS) regulations. See INA section 212(a)(1)(A)(iv); 42 CFR 32.

5. ☐ I have been convicted of or admitted to the essential elements of a crime of moral turpitude (other than a purely political offense). See INA section 212(a)(2)(A)(i)(I).

6. ☐ I have been convicted of or admitted to the essential elements of a violation of (or I have attempted or conspired to violate) any controlled substance law or regulation of a U.S. state, the United States, or a foreign country. See INA section 212(a)(2)(A)(i)(II).

7. ☐ I have been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more. See INA section 212(a)(2)(B).

8. ☐ I have engaged in prostitution in the past 10 years or am coming to the United States to engage in prostitution. See INA section 212(a)(2)(D)(i).

Part 2. Reasons for Inadmissibility (continued)

9. ☐ I directly or indirectly procure or import (or attempt to procure or import) prostitutes or persons for the purpose of prostitution (including receiving any proceeds or money from prostitution), or I have done so in the past 10 years.
See INA section 212(a)(2)(D)(ii).

10. ☐ I came to the United States or I am coming to the United States to engage in any other commercialized vice, such as illegal gambling, prostitution, bootlegging, narcotics, or the sale of child pornography. See INA section 212(a)(2)(D)(iii).

11. ☐ I have exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a serious criminal offense in the United States.
See INA section 212(a)(2)(E).

12. ☐ I have been involved in human trafficking activity inside or outside the United States, or I am the spouse, son, or daughter of a person involved in human trafficking activity and have obtained some benefit from that activity within the last five years.
See INA section 212(a)(2)(H).

13. ☐ I engage, have engaged, or intend to engage in a money laundering offense as described in 18 U.S.C. section 1956 or 1957. See INA section 212(a)(2)(I).

14. ☐ I am or I have been a member of or affiliated with the Communist or any other totalitarian party (or subdivision or affiliate of the party), domestic or foreign. See INA section 212(a)(3)(D).

15. ☐ I have used or recruited child soldiers in violation of 18 U.S.C. section 2442.
See INA section 212(a)(3)(G).

16. ☒ I am present in the United States without being admitted or paroled. See INA section 212(a)(6)(A).

17. ☐ I did not attend or did not remain at a removal proceeding to determine my inadmissibility or deportability. See INA section 212(a)(6)(B).

18. ☐ I have sought to obtain an immigration benefit by fraud or by concealing or misrepresenting a material fact. See INA section 212(a)(6)(C)(i).

19. ☐ I falsely claimed to be a U.S. citizen. See INA section 212(a)(6)(C)(ii).

20. ☐ I have been a stowaway on a vessel or aircraft arriving in the United States.
See INA section 212(a)(6)(D).

21. ☐ I have knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or try to enter the United States illegally (alien smuggling).
See INA section 212(a)(6)(E)(i).

22. ☐ I am subject to a civil penalty because I was the subject of a final order for violation of INA section 274C (document fraud).
See INA section 212(a)(6)(F).

23. ☐ I violated a term or condition of my student visa status. See INA sections 212(a)(6)(G) and 214(l).

24. ☐ I am permanently ineligible for U.S. citizenship because I evaded military service.
See INA sections 212(a)(8)(A) and 101(a)(19).

25. ☐ I departed from or remained outside the United States to avoid or evade training or service in the armed forces in a time of war or national emergency. See INA section 212(a)(8)(B).

26. ☐ I was previously removed from the United States.
See INA section 212(a)(9)(A).

27. ☐ I am subject to the 3-year bar to admissibility because I was unlawfully present in the United States for more than 180 days before departing the United States. See INA section 212(a)(9)(B)(i)(I) .

28. ☐ I am subject to the 10-year bar to admissibility because I was unlawfully present in the United States for one year or more before departing the United States. See INA section 212(a)(9)(B)(i)(II).

29. ☐ I have been ordered removed or I have been unlawfully present in the United States for more than one year in the aggregate, and I subsequently reentered or attempted to reenter without being admitted. See INA section 212(a)(9)(C).

30. ☐ I have practiced polygamy since I entered the United States or I intend to practice polygamy in the United States. See INA section 212(a)(10)(A).

31. ☐ I am accompanying another person who is inadmissible after being certified to be helpless under INA section 232(c) and I am inadmissible because that other person requires my protection or guardianship. See INA section 212(a)(10)(B).

32. ☐ I have been involved in detaining, retaining, or withholding a U.S. citizen child outside the United States from a person who has been granted custody of the child, or I am the spouse, parent, sibling, or agent of someone who has detained, retained, or withheld such a child. See INA section 212(a)(10)(C).

33. ☐ I voted in violation of a Federal, state, or local constitutional provision, statute, ordinance, or regulation. See INA section 212(a)(10)(D).

34. ☐ I am a former citizen of the United States who renounced my citizenship to avoid paying taxes in the United States. See INA section 212(a)(10)(E).

35. ☐ Other (specify):

Part 2. Reasons for Inadmissibility (continued)

Your Inadmissibility Statement

In the space provided in **Item Number 36.**, provide a statement and full explanation of the acts, convictions, and/or medical conditions that you believe or you were told make you inadmissible.

Your statement must indicate when you engaged in the acts that you believe make you inadmissible, the date of all convictions, or the date of any medical diagnosis. You **must** provide this information even if the information is also in the documents that you submit with your application.

If you need extra space to complete your statement, use the space provided in **Part 8. Additional Information** or attach a separate letter. If you include a separate letter, indicate in **Item Number 36.** below that you are attaching a letter.

36. `See Additional Information`

37. I request a waiver of the grounds of inadmissibility listed above for the following reasons (select all applicable boxes and provide an explanation in **Item Number 38.**):

- [X] For Humanitarian Reasons
- [ ] To Assure Family Unity
- [ ] In the Public Interest

In the space provided in **Item Number 38.**, provide an explanation for why you are requesting a waiver on the grounds indicated in **Item Number 37.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

38. `See Additional Information`

In the space provided in **Item Number 39.**, include a statement explaining why you believe your application should be approved as a matter of discretion, with the favorable factors outweighing the unfavorable factors in your case. For more information on discretion, see the Form I-602 Instructions. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

39. `See Additional Information`

Part 3. Applicant Who Have or Had a Physical or Mental Disorder and Behavior Associated with the Disorder

Complete **Item Numbers 1.a. - 8.b.** if you have or had a physical or mental disorder and behavior associated with the disorder that has posed or may pose a threat to the property, safety, or welfare of yourself or others.

Statement by Applicant

In the United States, I will:

Go directly to the physician or health facility named in the **Physician's or Health Facility's Statement**; present copies of diagnostic tests used in the medical examination to prove the diagnosis; submit to counseling and any examinations, treatment, and medical regimen that may be required; and remain under prescribed treatment or observation, whether on inpatient or outpatient basis, until I am discharged.

Applicant's Signature

1.a. Applicant's Signature

1.b. Date of Signature (mm/dd/yyyy)

Physician's or Health Facility's Statement

NOTE: This section must be completed and signed by a private physician or representative of a public or private health facility where the applicant will receive treatment in the United States.

I agree to supply any treatment or observation necessary to properly manage the applicant's physical or mental health condition.

I represent a/an (select the appropriate box and provide the complete name and address of the facility):

2.a. [ ] Local Health Department Outpatient Clinic

`N/A`

2.b. [ ] Other Public or Private Health Facility

2.c. [ ] Private Practice

Part 3. Applicants Who Have or Had a Physical or Mental Disorder and Behavior Associated with the Disorder (continued)

Physician's or Health Facility's Physical Address

3. Name of Facility
N/A

4.a. Street Number and Name N/A

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town N/A

4.d. State N/A **4.e.** ZIP Code N/A

4.f. Province N/A

4.g. Postal Code N/A

4.h. Country
N/A

Physician's Contact Information

5. Daytime Telephone Number
N/A

6. Email Address (if any)
N/A

Physician's Signature

7.a. Physician's Family Name (Last Name)
N/A

7.b. Physician's Given Name (First Name)
N/A

8.a. Physician's Signature
N/A

8.b. Date of Signature (mm/dd/yyyy) N/A

Part 4. Applicant with a Class A Tuberculosis Condition (As Defined by HHS Regulations)

Complete **Item Numbers 1.a. - 15.** if you have a Class A Tuberculosis condition (as defined by HHS regulations).

Statement by Applicant

In the United States, I will:

Go directly to the health department named in the **Local (City or County) Health Department's Statement**; present all X-rays used in the visa medical examination to prove the diagnosis; submit to any examinations, treatment, isolation, and medical regimen that may be required; and remain under the prescribed treatment or observation, whether on an inpatient or outpatient basis, until I am discharged.

Applicant's Signature

1.a. Applicant's Signature

1.b. Date of Signature (mm/dd/yyyy) 04/24/2026

Local (City or County) Health Department's Statement

NOTE: This statement must be completed by the physician at the local health department in the area where the applicant plans to reside.

I agree to supply any treatment or observation necessary to properly manage and provide continued care of the applicant's tuberculosis condition.

Within 30 days of the applicant reporting for care, I agree to submit a summary of my initial evaluation of the applicant's condition, indicate the presumptive diagnosis, and provide test results and plans for the applicant's future care to the state health department official named in the **State Health Department Official's Endorsement** section and to the Division of Global Migration and Quarantine (E03), Centers for Disease Control and Prevention (CDC), Atlanta, Georgia 30333.

I also agree to report the applicant if he or she has not reported within 30 days after receiving notice from the Division of Global Migration and Quarantine, CDC.

I represent (select the appropriate box and provide the complete name, address, contact information, and signature of the health department):

2.a. ☐ City Health Department

2.b. ☐ County Health Department

Part 4. Applicants with a Class A Tuberculosis Condition (As Defined by HHS Regulations) (continued)

Local (City or County) Health Department's Name and Physical Address

3. Name of Local (City or County) Health Department
N/A

4.a. Street Number and Name N/A

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town N/A

4.d. State N/A **4.e.** ZIP Code N/A

Physician's Contact Information

5. Daytime Telephone Number
N/A

6. Email Address (if any)
N/A

Physician's Signature

7.a. Physician's Family Name (Last Name)
N/A

7.b. Physician's Given Name (First Name)
N/A

8.a. Physician's Signature
N/A

8.b. Date of Signature (mm/dd/yyyy) N/A

Arrangement for Medical Care by the Applicant or His or Her Sponsor

Arrange for medical care (of the applicant) and have the appropriate health departments complete **Local (City or County) Health Department's Statement** and **State Health Department Official's Endorsement** sections.

Provide the following information.

Address where you (the sponsor) or the applicant plan to reside in the United States.

9.a. Street Number and Name N/A

9.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

9.c. City or Town N/A

9.d. State N/A **9.e.** ZIP Code N/A

State Health Department Official's Endorsement

NOTE: The state health department official in the area where the applicant plans to reside should complete this statement.

By signing this endorsement, I recognize that the local health department that completed the **Local (City or County) Health Department's Statement** section will provide care and treatment of the applicant's Tuberculosis condition, and that the local health department is within my jurisdiction. This endorsement also signifies recognition that the applicant will be residing within my state's health jurisdiction.

State Health Department Official's Signature

10.a. State Health Department Official's Family Name (Last Name)
N/A

10.b. State Health Department Official's Physician's Given Name (First Name)
N/A

11.a. Signature of State Health Department Official
N/A

11.b. Date of Signature (mm/dd/yyyy) N/A

Part 4. Applicants with a Class A Tuberculosis Condition (As Defined by HHS Regulations) (continued)

State Health Department Official's Name and Physical Address

12. Name of State Health Department
N/A

13.a. Street Number and Name N/A

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town N/A

13.d. State 13.e. ZIP Code N/A

State Health Department Official's Contact Information

14. Daytime Telephone Number
N/A

15. Email Address (if any)
N/A

Part 5. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number
4155327966

2. Applicant's Mobile Telephone Number (if any)
4155327966

3. Applicant's Email Address (if any)
beta_yasmin@hotmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 6.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature
Felipe Yuji Caetano Fujita

Date of Signature (mm/dd/yyyy) 04/24/2026

Part 6. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)
INACIO PENNA MELLO

Interpreter's Given Name (First Name)
Andre Vinicius

2. Interpreter's Business or Organization Name
HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
4154252508

4. Interpreter's Mobile Telephone Number (if any)
4154252508

5. Interpreter's Email Address (if any)
andre@yousalaw.com

Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy) 04/24/2026

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

4. Preparer's Mobile Telephone Number (if any)
5102419336

5. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy) 04/24/2026

Part 8. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

YUJI CAETANO FUGIOKA

1.b. Given Name (First Name)

Felipe

1.c. Middle Name

N/A

2. A-Number (if any) ► **A-** 216289302

3.a. Page Number: 4 **3.b.** Part Number: 2 **3.c.** Item Number: 36

3.d.

On or about October 25, 2025, I entered the United States through the border at El Paso with my mother Roberta Caetano Almeida dos Santos anda my sliblings Yasmin Ayume Caetano Fugioka and Lucca Caetano. At the time we did not have a valid immigrant visa, reentry permit border crossing card or any other valid document.

4.a. Page Number: 4 **4.b.** Part Number: 2 **4.c.** Item Number: 38

4.d.

I respectfully request a waiver of inadmissibility for humanitarian reasons. I entered the United States as a minor with my mother, who was fleeing a life-threatening domestic violence situation. I depended on her for safety and followed her in seeking refuge.I did not make this decision on my own and was directly affected by the danger we escaped. Returning to my home country would place me at risk and disrupt the safety and stability I have in the United States with my family.

5.a. Page Number: 4 **5.b.** Part Number: 2 **5.c.** Item Number: 39

5.d.

I respectfully request that my application be approved as a matter of discretion, as the favorable factors outweigh any negative factors. I am a derivative beneficiary of my mother's asylum case and entered the United States as a minor under her care while she was fleeing a life-threatening situation.On January 16, 2025, my mother's asylum application was approved, confirming the danger we faced and the humanitarian basis of our case. I respectfully ask that discretion be exercised in my favor.

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

7.a. Page Number: N/A **7.b.** Part Number: N/A **7.c.** Item Number: N/A

7.d. N/A

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA

3.e. ZIP Code (*USPS ZIP Code Lookup*): 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-485 and I-602

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N/A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name): CAETANO

6.b. Given Name (First Name): Lucca

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N/A

9. Client's Alien Registration Number (A-Number) (if any)

► A- 2 1 6 2 8 9 3 0 3

Client's Contact Information

10. Daytime Telephone Number

4155327966

11. Mobile Telephone Number (if any)

4155327966

12. Email Address (if any)

beta_yasmin@hotmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☑ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

Roberta Caitano Almeida dos Santos

2.b. Date of Signature (mm/dd/yyyy) 04/16/2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 04/16/2026

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): CAETANO

1.b. Given Name (First Name): Lucca

1.c. Middle Name: N/A

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d. N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

Application to Register Permanent Residence or Adjust Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only

Preference Category:	**Receipt**	**Action Block**
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

☐ INA 209(a) ☐ INA 245(m)
☐ INA 209(b) ☐ INA 249
☐ INA 245(a) ☐ Sec. 13, Act of 9/11/57
☐ INA 245(i) ☐ Cuban Adjustment Act
☐ INA 245(j) ☐ Other _____

To be completed by an Attorney or Accredited Representative (if any).

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	007492625438

► **START HERE - Type or print in black ink.** A-Number ► **A-** 216289303

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information**.

Part 1. Information About You (Person applying for lawful permanent residence)

1. Your Current Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
CAETANO	Lucca	N/A

2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
N/A	N/A	N/A

3. Date of Birth (mm/dd/yyyy) 05/30/2016

Have you ever used any other date of birth? ☐ Yes ☒ No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

4. Do you have an Alien Registration Number (A-Number)? ☒ Yes ☐ No

If you answered "Yes," provide your A-Number.

A-Number (if any) ► A- 216289303

5. Have you ever used, or been assigned, any other A-Number? ☐ Yes ☒ No

If you answered "Yes," provide the A-Numbers.

6. Sex ☒ Male ☐ Female

7. Place of Birth

City or Town of Birth: Goiania

Country of Birth: Brazil

8. Country of Citizenship or Nationality: Brazil

9. USCIS Online Account Number (if any)

► N/A

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival: N/A

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): N/A

Country that Issued this Passport or Travel Document: N/A

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): N/A

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): N/A

Place and Date of Last Arrival into the United States

City or Town: El Paso

State: TX

Date of Last Arrival (mm/dd/yyyy): 10/30/2017

11. When I last arrived in the United States:

☐ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student):

☐ I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):

☒ I came into the United States without admission or parole.

☐ Other:

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

12. If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name): N/A

Given Name (First Name): N/A

Form I-94 Arrival/Departure Record Number ► N / A

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: N/A

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): N/A

13. Was your last arrival the first time you were physically present in the United States? ☒ Yes ☐ No

14. What is your current immigration status (if it has changed since your last arrival)? Asylee

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: N/A

16. Have you ever been issued an "alien crewman" visa? ☐ Yes ☒ No

17. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? ☐ Yes ☒ No

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any): Roberta Caetano Almeida dos Santos

Street Number and Name: 620 Veterans Blvd

Apt. ☐ Ste. ☒ Flr. ☐ Number: 221

City or Town: Redwood City

State: CA

ZIP Code: 94063

Date You First Resided at This Address (mm/dd/yyyy): 12/2024

Is this your current mailing address? ☐ Yes ☒ No

If you answered "No," provide your current mailing address.

Current Mailing Address (Safe or Alternate Mailing Address, if applicable)

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name: PO Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number:

City or Town: San Diego

State: CA

ZIP Code: 92169

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Have you resided at your current address for at least 5 years? ☐ Yes ☒ No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

Prior Address

In Care Of Name (if any)

Roberta Caetano Almeida dos Santos

Street Number and Name: 1441 Beach Park Blvd | Apt. Ste. Flr. ☒ ☐ ☐ | Number: 211

City or Town: Foster City | State: CA | ZIP Code: 94404

Province: N/A | Postal Code: N/A | Country: USA

Dates of Residence

From (mm/dd/yyyy): 02/2023 To (mm/dd/yyyy): 11/2024

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name: Rua 29 85A - Quadra 16 | Apt. Ste. Flr. ☐ ☒ ☐ | Number: 6

City or Town: Goiania | State: | ZIP Code: N/A

Province: Goias | Postal Code: 74015050 | Country: Brazil

Dates of Residence

From (mm/dd/yyyy): 01/02/2017 To (mm/dd/yyyy): 09/03/2017

19. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☒ Yes ☐ No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ► 696824276

Do you want the SSA to issue you a Social Security card? ☐ Yes ☒ No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. ☐ Yes ☐ No

Part 2. Application Type or Filing Category

1. Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No

2. Receipt Number of Underlying Petition (if any): N/A

Priority Date from Underlying Petition (if any) (mm/dd/yyyy): N/A

I am filing this Form I-485 as a (select **only one** box):

☐ Principal Applicant

☒ Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

Family Name (Last Name): CAETANO ALMEIDA DOS SANTOS

Given Name (First Name): Roberta

Middle Name (if applicable): N/A

Principal Applicant's A-Number (if any) ► A- 216289300

Principal Applicant's Date of Birth (mm/dd/yyyy): 04/20/1980

I am applying based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

3.a. Family-based

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

☐ Spouse of a U.S. Citizen.

☐ Unmarried child under 21 years of age of a U.S. citizen.

☐ Parent of a U.S. citizen (if the citizen is at least 21 years of age).

☐ Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).

☐ Widow or widower of a U.S. citizen.

☐ Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

☐ Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.

☐ Married son or daughter of a U.S. citizen.

☐ Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

☐ Spouse of a lawful permanent resident.

☐ Unmarried child under 21 years of age of a lawful permanent resident.

☐ Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

☐ VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

☐ Alien Investor, Form I-526 or Form I-526E

Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

☐ Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)

☐ A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)

☐ A Skilled Worker (requiring at least 2 years of specialized training or experience)

☐ Any Other Worker (requiring less than 2 years of training or experience)

☐ An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

☐ N/A (I am adjusting on the basis of a Form I-140 self-petition)

☐ No

☐ Yes

If you answered "Yes," is this relative your (select **only one** box):

☐ Father ☐ Mother ☐ Child ☐ Adult Son ☐ Adult Daughter ☐ Brother ☐ Sister

☐ None of These

Is the relative above a:

☐ U.S. Citizen ☐ U.S. National ☐ Lawful Permanent Resident ☐ None of These

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

☐ Certain Afghan or Iraqi National, Form I-360 or Form DS-157

☐ Certain International Broadcaster, Form I-360

☐ Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360

☐ Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

☐ Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

☒ Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy). 01/16/2025

☐ Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

3.e. Human Trafficking Victim or Crime Victim

☐ Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

☐ Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

☐ Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ Lautenberg Parolees

☐ Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

☐ Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

☐ Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

3.g. Additional Options

☐ Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number:

☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

☐ Individual Born in the United States Under Diplomatic Status

☐ S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

☐ Other Eligibility

4. If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? ☐ Yes ☐ No

5. Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? ☐ Yes ☐ No

NOTE: For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.

Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

1.a. ☐ I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)

1.b. ☐ I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.

1.c. ☐ I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.

1.d. ☐ I am applying as a VAWA self-petitioner.

1.e. ☐ None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.

1.f. ☒ None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? ☐ Yes ☒ No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

2. Location of U.S. Embassy or U.S. Consulate

City or Town: N/A

Country: N/A

3. Decision (for example, approved, refused, denied, withdrawn): N/A

4. Date of Decision (mm/dd/yyyy): N/A

5. Have you previously applied for permanent residence while in the United States? ☐ Yes ☒ No

6. Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? ☐ Yes ☒ No

Employment and Educational History

7. Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information**.

Employer or School (current or most recent): School

Name of Employer, Company, or School: Foster City School

Your Occupation (if unemployed or retired, so state): Student

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: 416 Beach Park Blvd
Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: Foster City
State: CA
ZIP Code: 94404

Province: N/A
Postal Code: N/A
Country: USA

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 2021
To (mm/dd/yyyy): Present

If unemployed or retired, source of financial support:
Mother's Support

8. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School: N/A
Your Occupation (if unemployed or retired, so state): N/A

Address of Employer, Company, or School

Street Number and Name: N/A
Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: N/A
State:
ZIP Code:

Province: N/A
Postal Code: N/A
Country: N/A

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): N/A
To (mm/dd/yyyy): N/A

If unemployed or retired, source of financial support:
Mother's Support

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name): CAETANO ALMEIDA DOS SANTOS
Given Name (First Name): Roberta
Middle Name (if applicable): N/A

2. Parent 1's Name at Birth (if different than above)

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name (if applicable): N/A

3. Date of Birth (mm/dd/yyyy): 04/20/1980

Part 5. Information About Your Parents (continued)

4. Country of Birth

BRAZIL

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

6. Parent 2's Name at Birth (if different than above)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

7. Date of Birth (mm/dd/yyyy) N/A

8. Country of Birth

N/A

Part 6. Information About Your Marital History

1. What is your current marital status?

☒ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? ☐ N/A ☐ Yes ☐ No

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)?

Information About Your Current Marriage (including if you are legally separated)

4. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

5. Current Spouse's A-Number (if any)

► A- N / A

6. Current Spouse's Date of Birth (mm/dd/yyyy) N/A

7. Current Spouse's Country of Birth

N/A

8. Current Spouse's Current Physical Address

Street Number and Name: N/A

Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town: N/A

State

ZIP Code

Province	Postal Code	Country
N/A	N/A	N/A

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

Date of Marriage to Current Spouse (mm/dd/yyyy): N/A

10. Is your current spouse applying with you? ☐ Yes ☐ No

Information About Prior Marriages (if any)

11. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

12. Prior Spouse's Date of Birth (mm/dd/yyyy): N/A

13. Prior Spouse's Country of Birth: N/A

14. Prior Spouse's Country of Citizenship or Nationality: N/A

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy): N/A

16. Place of Marriage to Prior Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy): N/A

18. How Marriage Ended with Prior Spouse (select one):

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (Explain):

Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

N/A

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information**.

2. Child 1

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) N/A

Country of Birth

N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

3. Child 2

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) N/A

Country of Birth

N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

Part 8. Biographic Information

1. Ethnicity (Select **only one** box)

☒ Hispanic or Latino ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 4 Inches 4 **4.** Weight Pounds 815

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☐ Black ☐ Blond ☒ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9.** If you answer "Yes" to any questions **(or if you answer "No," but are unsure of your answer)**, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization

N/A

3. City or Town

N/A

State or Province

N/A

Country

N/A

4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

N/A

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

N/A

5. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) N/A To (mm/dd/yyyy) N/A

Organization 2

6. Name of Organization

N/A

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town: N/A

State or Province: N/A

Country: N/A

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

N/A

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

N/A

9. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) N/A To (mm/dd/yyyy) N/A

10.	Have you **EVER** been denied admission to the United States?	☒ Yes	☐ No
11.	Have you **EVER** been denied a visa to the United States?	☒ Yes	☐ No
12.	Have you **EVER** worked in the United States without authorization?	☐ Yes	☒ No
13.	Have you **EVER** violated the terms or conditions of your nonimmigrant status?	☐ Yes	☒ No
14.	Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings?	☒ Yes	☐ No
15.	Have you **EVER** been issued a final order of exclusion, deportation, or removal?	☐ Yes	☒ No
16.	Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated?	☐ Yes	☒ No
17.	Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time?	☐ Yes	☒ No
18.	Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation?	☒ Yes	☐ No
19.	Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement?	☐ Yes	☒ No
20.	If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement?	☐ Yes	☐ No
21.	If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you?	☐ Yes	☐ No

Criminal Acts and Violations

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

22.	Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States?	☐ Yes	☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? ☐ Yes ☒ No

24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☐ Yes ☒ No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☒ No

26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No

27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☒ No

28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? ☐ Yes ☒ No

29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? ☐ Yes ☒ No

30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? ☐ Yes ☒ No

31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No

32. Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No

33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No

34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No

35.a. Have you **EVER** served as a foreign government official? ☐ Yes ☒ No

35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☒ No

36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No

39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No

40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☒ No

41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

Security and Related

Do you intend to:

42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No

42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No

42.d. Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

43.a. Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No

43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No

43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No

43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.?** ☐ Yes ☒ No

43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information**.

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No

49. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information**.

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

53.c. Killing, or trying to kill, any person? ☐ Yes ☒ No

53.d. Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds,** ***Public Charge*** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- ☐ VAWA Self-Petitioner (Form I-360)
- ☐ Special Immigrant Juvenile (Form I-360)
- ☐ Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- ☒ Asylee (Form I-589 or Form I-730)
- ☐ Refugee (Form I-590 or Form I-730)
- ☐ Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- ☐ Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- ☐ Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- ☐ Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- ☐ Cuban Adjustment Act
- ☐ Cuban Adjustment Act for Battered Spouses and Children
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- ☐ Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- ☐ A Lautenberg Parolee
- ☐ National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- ☐ Continuous Residence in the United States Since Before January 1, 1972 (“Registry”)
- ☐ Amerasian Homecoming Act
- ☐ Polish or Hungarian Parolee
- ☐ Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- ☐ American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- ☐ Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)

☐ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66**.

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.,** go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

57. What is the size of your household?

58. Indicate your annual household income.

☒ $0-27,000 ☐ $27,001-52,000 ☐ $52,001-85,000 ☐ $85,001-141,000 ☐ Over $141,000

59. Identify the total value of your household assets.

☒ $0-18,400 ☐ $18,401-136,000 ☐ $136,001-321,400 ☐ $321,401-707,100 ☐ Over $707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).

☐ $0 ☒ $1-10,100 ☐ $10,101-57,700 ☐ $57,701-186,800 ☐ Over $186,800

61. What is the highest degree or grade of school you have completed?

☒ Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

☐ High school diploma, GED, or alternative credential ☐ 1 or more years of college credit, no degree

☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree ☐ Professional degree (JD, MD, DMD, etc.)

☐ Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications
N/A

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? ☐ Yes ☒ No

64. Have you ever received long-term institutionalization at government expense? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No

66. If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No

Illegal Entries and Other Immigration Violations

67. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☒ No

NOTE: If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

68. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No

69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No

70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No

71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☒ No

72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No

73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No

75. Have you **EVER** entered the United States without being inspected and admitted or paroled? ☒ Yes ☐ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

76. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information**.

77. If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? ☐ Yes ☒ No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

78.a. Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No

78.b. Having been deported, excluded, or removed from the United States? ☐ Yes ☒ No

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER:**

84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No

84.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

Part 10. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number: 4155327966
2. Applicant's Mobile Telephone Number (if any): 4155327966
3. Applicant's Email Address (if any): beta_yasmin@hotmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature: Loreta Caetano Almeida dos Santos
Date of Signature (mm/dd/yyyy): 04/16/2026

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name): INACIO PENNA MELLO
Interpreter's Given Name (First Name): Andre Vinicius
2. Interpreter's Business or Organization Name: HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number: 4154252508
4. Interpreter's Mobile Telephone Number (if any): 4154252508
5. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and Portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature
Date of Signature (mm/dd/yyyy): 04/16/2026

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

4. Preparer's Mobile Telephone Number (if any)
5102419336

5. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)
04/17/2026

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** _____ **through** _____, are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** _____ **through** _____ are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): CAETANO | Given Name (First Name): Lucca | Middle Name (if applicable):

2. Page Number: 4 | Part Number: 1 | Item Number: 18

Other Addresses:

3 - 1200 East Hillsdale Blvd #217, Foster City CA 94404
From Date: 01/2021 To date: 01/2023

3. Page Number: 14 | Part Number: 9 | Item Number: 10

I entered the United States through the southern border in October, 30 2017 and was placed in removal proceedings as a derivative beneficiary on my mother's case

4. Page Number: 14 | Part Number: 9 | Item Number: 14

I was placed in removal proceedings as a derivative beneficiary in my mother's immigration case. Derivative asylum status was granted on January 16, 2025

5. Page Number: 14 | Part Number: 9 | Item Number: 18

I received derivative asylum status through my mother's asylum case, which was approved on January 16, 2025

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): CAETANO | Given Name (First Name): Lucca | Middle Name (if applicable):

2. Page Number: 21 | Part Number: 9 | Item Number: 75

I entered through the border on October 30, 2017.

3. Page Number: 21 | Part Number: 9 | Item Number: 76

I entered the United States without inspection in October 30, 2017 as a minor child accompanying my mother in her asylum case. Derivative asylum status was later granted on January 16, 2025.

4. Page Number: | Part Number: | Item Number:

5. Page Number: | Part Number: | Item Number:

Application by Refugee for Waiver of Inadmissibility Grounds

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-602
OMB No. 1615-0069
Expires 03/31/2027

For USCIS Use Only		
Initial Receipt	**Resubmitted**	**Action Block**
Relocated	**Received/Sent**	

Benefits Category:

- ☐ Refugee status under INA 207
- ☐ Adjustment of status as a refugee/asylee under INA 209

Inadmissible Under

- ☐ INA 212(a)(1)
- ☐ INA 212(a)(2)
- ☐ INA 212(a)(3)
- ☐ INA 212(a)(6)
- ☐ INA 212(a)(8)
- ☐ INA 212(a)(9)
- ☐ INA 212(a)(10)
- ☐ Other: _____

To be completed by an Attorney or Accredited Representative (if any).

☒ **Select this box if Form G-28 or Form G-28I is attached.**

Attorney State Bar Number (if applicable): 343486

Attorney or Accredited Representative USCIS Online Account Number (if any): 007492625438

► **START HERE - Type or print in black ink.**

Part 1. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): CAETANO

1.b. Given Name (First Name): Lucca

1.c. Middle Name: N/A

Place of Birth

2.a. City or Town of Birth: Goiania

2.b. State or Province of Birth: Goias

2.c. Country of Birth: Brazil

Mailing Address (USPS ZIP Code Lookup)

3.a. In Care Of Name (if any): Otavio Haverroth Silva

3.b. Street Number and Name: PO Box 90487

3.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.d. City or Town: San Diego

3.e. State: CA **3.f.** ZIP Code: 92169

3.g. Province: N/A

3.h. Postal Code: N/A

3.i. Country: USA

4. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

If you answered "No" to **Item Number 4.**, provide your physical address in **Item Numbers 5.a. - 5.h.**

Part 1. Information About You (continued)

Physical Address

5.a. Street Number and Name: 620 Veterans Blvd

5.b. ☐ Apt. ☐ Ste. ☐ Flr. Unit 221

5.c. City or Town: Redwood City

5.d. State: CA **5.e.** ZIP Code: 94063

5.f. Province: N/A

5.g. Postal Code: N/A

5.h. Country: USA

Other Information

6. Alien Registration Number (A-Number) (if any)

► A- 216289303

7. USCIS Online Account Number (if any)

► N/A

8. Date of Birth (mm/dd/yyyy): 05/30/2016

9. Country of Citizenship or Nationality: Brazil

10. Current Status

- ☐ I am a principal refugee applicant currently outside the United States.
- ☐ I am a derivative refugee applicant outside the United States.
- ☐ I am a derivative refugee applicant inside the United States.
- ☐ I am a refugee currently present in the United States seeking adjustment of status.
- ☒ I am an asylee currently present in the United States seeking adjustment of status.

Part 2. Reasons for Inadmissibility

Select all of the following grounds that you believe apply to you, according to what you were told or to the best of your knowledge.

Read the Form I-602 Instructions carefully. If you are seeking a waiver because you are seeking an exemption from the vaccination requirements or because you have a physical or mental disorder with associated harmful behavior, or drug abuse or addiction, you must attach the information requested in the Instructions.

NOTE: The Immigration and Nationality Act (INA) sections 212(a)(4), 212(a)(5), and 212(a)(7)(A) **do not** apply to refugees under INA section 207 or refugees or asylees seeking to adjust their status to lawful permanent resident under INA section 209.

I believe or I was told that I am inadmissible because (select **all** grounds that you believe apply to you):

1. ☐ I have a communicable disease of public health significance. See INA section 212(a)(1)(A)(i). (The Form I-602 Instructions has a list of communicable diseases of public health significance.)

2. ☐ I seek an exemption from the vaccination requirement because vaccinations are against my religious beliefs or moral convictions. See INA section 212(a)(1)(A)(ii).

3. ☐ I have or had a physical or mental disorder and behavior (or history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of myself or others. See INA section 212(a)(1)(A)(iii).

4. ☐ I am a drug abuser or drug addict as described in U.S. Department of Health and Human Services (HHS) regulations. See INA section 212(a)(1)(A)(iv); 42 CFR 32.

5. ☐ I have been convicted of or admitted to the essential elements of a crime of moral turpitude (other than a purely political offense). See INA section 212(a)(2)(A)(i)(I).

6. ☐ I have been convicted of or admitted to the essential elements of a violation of (or I have attempted or conspired to violate) any controlled substance law or regulation of a U.S. state, the United States, or a foreign country. See INA section 212(a)(2)(A)(i)(II).

7. ☐ I have been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more. See INA section 212(a)(2)(B).

8. ☐ I have engaged in prostitution in the past 10 years or am coming to the United States to engage in prostitution. See INA section 212(a)(2)(D)(i).

Part 2. Reasons for Inadmissibility (continued)

9. ☐ I directly or indirectly procure or import (or attempt to procure or import) prostitutes or persons for the purpose of prostitution (including receiving any proceeds or money from prostitution), or I have done so in the past 10 years.
See INA section 212(a)(2)(D)(ii).

10. ☐ I came to the United States or I am coming to the United States to engage in any other commercialized vice, such as illegal gambling, prostitution, bootlegging, narcotics, or the sale of child pornography. See INA section 212(a)(2)(D)(iii).

11. ☐ I have exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a serious criminal offense in the United States.
See INA section 212(a)(2)(E).

12. ☐ I have been involved in human trafficking activity inside or outside the United States, or I am the spouse, son, or daughter of a person involved in human trafficking activity and have obtained some benefit from that activity within the last five years.
See INA section 212(a)(2)(H).

13. ☐ I engage, have engaged, or intend to engage in a money laundering offense as described in 18 U.S.C. section 1956 or 1957. See INA section 212(a)(2)(I).

14. ☐ I am or I have been a member of or affiliated with the Communist or any other totalitarian party (or subdivision or affiliate of the party), domestic or foreign. See INA section 212(a)(3)(D).

15. ☐ I have used or recruited child soldiers in violation of 18 U.S.C. section 2442.
See INA section 212(a)(3)(G).

16. ☒ I am present in the United States without being admitted or paroled. See INA section 212(a)(6)(A).

17. ☐ I did not attend or did not remain at a removal proceeding to determine my inadmissibility or deportability. See INA section 212(a)(6)(B).

18. ☐ I have sought to obtain an immigration benefit by fraud or by concealing or misrepresenting a material fact. See INA section 212(a)(6)(C)(i).

19. ☐ I falsely claimed to be a U.S. citizen. See INA section 212(a)(6)(C)(ii).

20. ☐ I have been a stowaway on a vessel or aircraft arriving in the United States.
See INA section 212(a)(6)(D).

21. ☐ I have knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or try to enter the United States illegally (alien smuggling).
See INA section 212(a)(6)(E)(i).

22. ☐ I am subject to a civil penalty because I was the subject of a final order for violation of INA section 274C (document fraud).
See INA section 212(a)(6)(F).

23. ☐ I violated a term or condition of my student visa status. See INA sections 212(a)(6)(G) and 214(l).

24. ☐ I am permanently ineligible for U.S. citizenship because I evaded military service.
See INA sections 212(a)(8)(A) and 101(a)(19).

25. ☐ I departed from or remained outside the United States to avoid or evade training or service in the armed forces in a time of war or national emergency. See INA section 212(a)(8)(B).

26. ☐ I was previously removed from the United States.
See INA section 212(a)(9)(A).

27. ☐ I am subject to the 3-year bar to admissibility because I was unlawfully present in the United States for more than 180 days before departing the United States. See INA section 212(a)(9)(B)(i)(I) .

28. ☐ I am subject to the 10-year bar to admissibility because I was unlawfully present in the United States for one year or more before departing the United States. See INA section 212(a)(9)(B)(i)(II).

29. ☐ I have been ordered removed or I have been unlawfully present in the United States for more than one year in the aggregate, and I subsequently reentered or attempted to reenter without being admitted. See INA section 212(a)(9)(C).

30. ☐ I have practiced polygamy since I entered the United States or I intend to practice polygamy in the United States. See INA section 212(a)(10)(A).

31. ☐ I am accompanying another person who is inadmissible after being certified to be helpless under INA section 232(c) and I am inadmissible because that other person requires my protection or guardianship. See INA section 212(a)(10)(B).

32. ☐ I have been involved in detaining, retaining, or withholding a U.S. citizen child outside the United States from a person who has been granted custody of the child, or I am the spouse, parent, sibling, or agent of someone who has detained, retained, or withheld such a child. See INA section 212(a)(10)(C).

33. ☐ I voted in violation of a Federal, state, or local constitutional provision, statute, ordinance, or regulation. See INA section 212(a)(10)(D).

34. ☐ I am a former citizen of the United States who renounced my citizenship to avoid paying taxes in the United States. See INA section 212(a)(10)(E).

35. ☐ Other (specify):

Part 2. Reasons for Inadmissibility (continued)

Your Inadmissibility Statement

In the space provided in **Item Number 36.**, provide a statement and full explanation of the acts, convictions, and/or medical conditions that you believe or you were told make you inadmissible.

Your statement must indicate when you engaged in the acts that you believe make you inadmissible, the date of all convictions, or the date of any medical diagnosis. You **must** provide this information even if the information is also in the documents that you submit with your application.

If you need extra space to complete your statement, use the space provided in **Part 8. Additional Information** or attach a separate letter. If you include a separate letter, indicate in **Item Number 36.** below that you are attaching a letter.

36. See Additional Information

37. I request a waiver of the grounds of inadmissibility listed above for the following reasons (select all applicable boxes and provide an explanation in **Item Number 38.**):

- ☒ For Humanitarian Reasons
- ☐ To Assure Family Unity
- ☐ In the Public Interest

In the space provided in **Item Number 38.**, provide an explanation for why you are requesting a waiver on the grounds indicated in **Item Number 37.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

38. See Additional Information

In the space provided in **Item Number 39.**, include a statement explaining why you believe your application should be approved as a matter of discretion, with the favorable factors outweighing the unfavorable factors in your case. For more information on discretion, see the Form I-602 Instructions. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

39. See Additional Information

Part 3. Applicant Who Have or Had a Physical or Mental Disorder and Behavior Associated with the Disorder

Complete **Item Numbers 1.a. - 8.b.** if you have or had a physical or mental disorder and behavior associated with the disorder that has posed or may pose a threat to the property, safety, or welfare of yourself or others.

Statement by Applicant

In the United States, I will:

Go directly to the physician or health facility named in the **Physician's or Health Facility's Statement**; present copies of diagnostic tests used in the medical examination to prove the diagnosis; submit to counseling and any examinations, treatment, and medical regimen that may be required; and remain under prescribed treatment or observation, whether on inpatient or outpatient basis, until I am discharged.

Applicant's Signature

1.a. Applicant's Signature

1.b. Date of Signature (mm/dd/yyyy)

Physician's or Health Facility's Statement

NOTE: This section must be completed and signed by a private physician or representative of a public or private health facility where the applicant will receive treatment in the United States.

I agree to supply any treatment or observation necessary to properly manage the applicant's physical or mental health condition.

I represent a/an (select the appropriate box and provide the complete name and address of the facility):

2.a. ☐ Local Health Department Outpatient Clinic

N/A

2.b. ☐ Other Public or Private Health Facility

2.c. ☐ Private Practice

Part 3. Applicants Who Have or Had a Physical or Mental Disorder and Behavior Associated with the Disorder (continued)

Physician's or Health Facility's Physical Address

3. Name of Facility
N/A

4.a. Street Number and Name N/A

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town N/A

4.d. State N/A **4.e.** ZIP Code N/A

4.f. Province N/A

4.g. Postal Code N/A

4.h. Country
N/A

Physician's Contact Information

5. Daytime Telephone Number
N/A

6. Email Address (if any)
N/A

Physician's Signature

7.a. Physician's Family Name (Last Name)
N/A

7.b. Physician's Given Name (First Name)
N/A

8.a. Physician's Signature
N/A

8.b. Date of Signature (mm/dd/yyyy) N/A

Part 4. Applicant with a Class A Tuberculosis Condition (As Defined by HHS Regulations)

Complete **Item Numbers 1.a. - 15.** if you have a Class A Tuberculosis condition (as defined by HHS regulations).

Statement by Applicant

In the United States, I will:

Go directly to the health department named in the **Local (City or County) Health Department's Statement**; present all X-rays used in the visa medical examination to prove the diagnosis; submit to any examinations, treatment, isolation, and medical regimen that may be required; and remain under the prescribed treatment or observation, whether on an inpatient or outpatient basis, until I am discharged.

Applicant's Signature

1.a. Applicant's Signature

1.b. Date of Signature (mm/dd/yyyy)

Local (City or County) Health Department's Statement

NOTE: This statement must be completed by the physician at the local health department in the area where the applicant plans to reside.

I agree to supply any treatment or observation necessary to properly manage and provide continued care of the applicant's tuberculosis condition.

Within 30 days of the applicant reporting for care, I agree to submit a summary of my initial evaluation of the applicant's condition, indicate the presumptive diagnosis, and provide test results and plans for the applicant's future care to the state health department official named in the **State Health Department Official's Endorsement** section and to the Division of Global Migration and Quarantine (E03), Centers for Disease Control and Prevention (CDC), Atlanta, Georgia 30333.

I also agree to report the applicant if he or she has not reported within 30 days after receiving notice from the Division of Global Migration and Quarantine, CDC.

I represent (select the appropriate box and provide the complete name, address, contact information, and signature of the health department):

2.a. ☐ City Health Department

2.b. ☐ County Health Department

Part 4. Applicants with a Class A Tuberculosis Condition (As Defined by HHS Regulations) (continued)

Local (City or County) Health Department's Name and Physical Address

3. Name of Local (City or County) Health Department
N/A

4.a. Street Number and Name N/A

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town N/A

4.d. State N/A **4.e.** ZIP Code N/A

Physician's Contact Information

5. Daytime Telephone Number
N/A

6. Email Address (if any)
N/A

Physician's Signature

7.a. Physician's Family Name (Last Name)
N/A

7.b. Physician's Given Name (First Name)
N/A

8.a. Physician's Signature
N/A

8.b. Date of Signature (mm/dd/yyyy) N/A

Arrangement for Medical Care by the Applicant or His or Her Sponsor

Arrange for medical care (of the applicant) and have the appropriate health departments complete **Local (City or County) Health Department's Statement** and **State Health Department Official's Endorsement** sections.

Provide the following information.

Address where you (the sponsor) or the applicant plan to reside in the United States.

9.a. Street Number and Name N/A

9.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

9.c. City or Town N/A

9.d. State N/A **9.e.** ZIP Code N/A

State Health Department Official's Endorsement

NOTE: The state health department official in the area where the applicant plans to reside should complete this statement.

By signing this endorsement, I recognize that the local health department that completed the **Local (City or County) Health Department's Statement** section will provide care and treatment of the applicant's Tuberculosis condition, and that the local health department is within my jurisdiction. This endorsement also signifies recognition that the applicant will be residing within my state's health jurisdiction.

State Health Department Official's Signature

10.a. State Health Department Official's Family Name (Last Name)
N/A

10.b. State Health Department Official's Physician's Given Name (First Name)
N/A

11.a. Signature of State Health Department Official
N/A

11.b. Date of Signature (mm/dd/yyyy) N/A

Part 4. Applicants with a Class A Tuberculosis Condition (As Defined by HHS Regulations) (continued)

State Health Department Official's Name and Physical Address

12. Name of State Health Department

N/A

13.a. Street Number and Name: N/A

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: N/A

13.d. State: N/A **13.e.** ZIP Code: N/A

State Health Department Official's Contact Information

14. Daytime Telephone Number

N/A

15. Email Address (if any)

N/A

Part 5. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

4155327966

2. Applicant's Mobile Telephone Number (if any)

4155327966

3. Applicant's Email Address (if any)

beta_yasmin@hotmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 6.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature

➡

Date of Signature (mm/dd/yyyy) 04/24/2026

Part 6. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

Interpreter's Given Name (First Name)

Andre Vinicius

2. Interpreter's Business or Organization Name

HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4154252508

4. Interpreter's Mobile Telephone Number (if any)

4154252508

5. Interpreter's Email Address (if any)

andre@yousalaw.com

Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy) 04/24/2026

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

4. Preparer's Mobile Telephone Number (if any)

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy) 04/24/2026

Part 8. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

CAETANO

1.b. Given Name (First Name)

Lucca

1.c. Middle Name

N/A

2. A-Number (if any) ► A- 216289303

3.a. Page Number: 4 **3.b.** Part Number: 2 **3.c.** Item Number: 36

3.d.

On or about October 25, 2025, I entered the United States through the border at El Paso with my mother Roberta Caetano Almeida dos Santos anda my sliblings Yasmin Ayume Caetano Fugioka and Felipe Yuji Caetano Fugioka. At the time we did not have a valid immigrant visa, reentry permit border crossing card or any other valid document.

4.a. Page Number: 4 **4.b.** Part Number: 2 **4.c.** Item Number: 38

4.d.

I respectfully request a waiver of inadmissibility for humanitarian reasons. I entered the United States as a minor with my mother, who was fleeing a life-threatening domestic violence situation. I depended on her for safety and followed her in seeking refuge.I did not make this decision on my own and was directly affected by the danger we escaped. Returning to my home country would place me at risk and disrupt the safety and stability I have in the United States with my family.

5.a. Page Number: 4 **5.b.** Part Number: 2 **5.c.** Item Number: 39

5.d.

I respectfully request that my application be approved as a matter of discretion, as the favorable factors outweigh any negative factors. I am a derivative beneficiary of my mother's asylum case and entered the United States as a minor under her care while she was fleeing a life-threatening situation.On January 16, 2025, my mother's asylum application was approved, confirming the danger we faced and the humanitarian basis of our case. I respectfully ask that discretion be exercised in my favor.

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

7.a. Page Number: N/A **7.b.** Part Number: N/A **7.c.** Item Number: N/A

7.d. N/A

Exhibit list

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Exhibit 3 - Felipe Yuji Caetano Fugioka's Identification Documents:	
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Exhibit 5 - Evidence of Dissolution of Prior Marriage	
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Exhibit 6 - Evidence of 1 year of physical presence in the United States after the grant of asylum status

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Exhibit 7 - Evidence of Current Means-Tested Benefits Eligibility

Roberta Caetano Almeida dos Santos' Verification of Benefits;	361
Proof Of Medical Assistance Card.	362-365

Exhibit 8 - Order Granting Asylum

Order Granting Asylum	366-371

Exhibit 1 - Roberta Caetano Almeida dos Santos' Identification Documents:

FEDERATIVE REPUBLIC OF BRAZIL
STATE OF GOIÁS - JUDICIAL DISTRICT OF GOIÂNIA

F. Taveira Registry Office

4th Civil Registry and Notary Public Office
Avenida Tocantins, No. 295 - Centro - Goiânia - Goiás - ZIP Code: 74.015-010
Phone/Fax: (0xx62) 212-1030
Bacheller Francisco José Taveira - Registrar

Book A-035 Page 150 Entry 017102

BIRTH CERTIFICATE

I **CERTIFY** that, in the book, page, and entry cited in the BIRTH RECORDS of this Registry Office, it is recorded that on 04/23/1980, the birth record of **ROBERTA CAETANO ALMEIDA DOS SANTOS** was registered. Female, born on 04/20/1980, at 8:05 p.m.
at SÃO LUCAS HOSPITAL, in Goiânia-Goiás
daughter of JOSÉ CAETANO DOS SANTOS SOBRINHO
and ELIENE ALMEIDA DOS SANTOS
Paternal grandparents: ARTHUR CAETANO DOS SANTOS;
and MARIA CÂNDIDA DOS SANTOS;
Maternal grandparents: DARCY ALMEIDA;
and MARLUCE ROCHA ALMEIDA;
The declarant was: The Father.
With the witnesses listed in the record.

Note: The registered individual married FERNANDO MASSAO FUGIOKA RODRIGUES, as notified by the Civil Registry Office of the 1st District/Judicial District, on 02/14/2003, recorded in Book B.132, page 003, No. 26781. As a result of the marriage, the registered individual began signing as ROBERTA CAETANO ALMEIDA DOS SANTOS FUGIOKA.

Fees: R$18.20; Judicial Fee: exempt

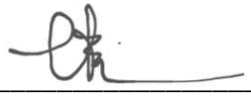
Civil Registry and Notary Public Office 4th District Goiânia-GO F. TAVEIRA

The above is true and I certify.;
Goiânia, October 23, 2007.

Sirlene Martins Santana Rosa
Deputy Registrar

SEE REVERSE SIDE

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.


_____ Date: May 4, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
ESTADO DE GOIÁS - COMARCA DE GOIÂNIA

Cartório F. Taveira
4º Registro Civil e Tabelionato de Notas
Av. Tocantins, nº 295 - Centro - Goiânia - GO - CEP: 74.015-010
Telefax: (0xx62) 212-1030
Bel. Francisco José Taveira - Titular

Livro A-035 Folha 150 Termo 017102

CERTIDÃO DE NASCIMENTO

CERTIFICO que, do livro, folha e termo citados de ASSENTO DE NASCIMENTOS, deste Ofício, consta que foi lavrado no dia *23/04/1980*, o assento de Nascimento de *.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*

ROBERTA CAETANO ALMEIDA DOS SANTOS

do sexo feminino, nascida em 20/04/1980, às 20:05h, no *HOSPITAL SÃO LUCAS*, em Goiânia-GO .*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*

Filha de JOSÉ CAETANO DOS SANTOS SOBRINHO *.*.*.*

e de ELIENE ALMEIDA DOS SANTOS .*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*

São avós paternos ARTHUR CAETANO DOS SANTOS; .*.*.*

e MARIA CÂNDIDA DOS SANTOS; .*.*.*.*.*

São avós maternos DARCY ALMEIDA; .*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*

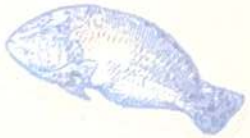
e MARLUCE ROCHA ALMEIDA; .*.*.*.*.*.*.*

Foi declarante: O Pai. *.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*









BIOMAS LITORAL | MANGUEZAIS

Peixeira Tarai no Lagamar - U. Cerro Largura - RJ
Cerro marinho e Tartaruga-verde.



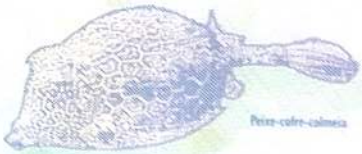


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REPÚBLICA FEDERATIVA DO BRASIL



PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE







REPÚBLICA FEDERATIVA DO BRASIL

Assinatura do titular / *Signature du titulaire / Bearer's signature / Firma del titular*

YF041610

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.



REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE
PP

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
YF041610

SOBRENOME / SURNAME
CAETANO ALMEIDA DOS SANTOS



NOME / GIVEN NAMES
ROBERTA

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DE NASCIMENTO / DATE OF BIRTH
20 ABR/APR 1980

CPF / PERSONAL NUMBER
892616151-04

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
GOIÂNIA/GO

FILIAÇÃO / FILIATION
JOSÉ CAETANO DOS SANTOS SOBRINHO

ELIENE ALMEIDA DOS SANTOS



DATA DE EXPEDIÇÃO / DATE OF ISSUE
15 NOV/NOV 2024

VÁLIDO ATÉ / DATE OF EXPIRY
14 NOV/NOV 2034

AUTORIDADE / AUTHORITY
SÃO FRANCISCO CG

PPBRACAETANO<ALMEIDA<DOS<SANTOS<<ROBERTA<<<<
YF041610<7BRA8004200F3411148892616151 04<<<18

BRA

271547MT

REPÚBLICA FEDERATIVA DO BRASIL

CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

CONCEDIDO EM SUBSTITUIÇÃO AO PASSAPORTE Nº YC54[illegible] EMITIDO POR SÃO FRANCISCO CG, EM 20/[illegible]/2017.

PAGOU
R$-Ouro 120.00
US$ 120.00
TEC 1.01.01.000.065
YF041610

15 NOV/NOV 2024
VERIDIANA DA SILVA VELAME
VICE-CÔNSUL

Este passaporte contém 32 páginas numeradas.

Ce passeport contient 32 pages numérotées.

This passport contains 32 numbered pages.

Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistência en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

REPÚBLICA FEDERATIVA DO BRASIL

4

Failure to do so may delay your entry into the U.S. in the future.

You must surrender it when you leave the U.S.

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2.





Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado.

A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

REPÚBLICA FEDERATIVA DO BRASIL



É recomendável que o brasileiro residente no exterior matricule-se na Embaixada ou Consulado do Brasil mais próximo de seu local de residência. Brasileiros de passagem por região conturbada devem entrar em contato com a Embaixada ou o Consulado do Brasil mais próximo para fornecer nome completo, endereço e número do passaporte. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido de documentação pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.



Consulte/ *Consultez / Consult / Consulte*
www.portalconsular.mre.gov.br ou **www.pf.gov.br**

REPÚBLICA FEDERATIVA DO BRASIL


8
Bromélia
Praça da Apoteose - Sambódromo - RJ
REPÚBLICA FEDERATIVA DO BRASIL
VISTOS / VISAS
9
Beija-flor
Profetas do Aleijadinho - Congonhas - MG
VISTOS / VISAS
REPÚBLICA FEDERATIVA DO BRASIL

01 01 NOV Y
YFON 16 10

10

MATA PARA ATLÂNTICA



Pandeiro e Agogô



Onça-pintada

REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS



Capivara

11



Parque da Pedra da Cebola - Vitória - ES

VISTOS / VISAS

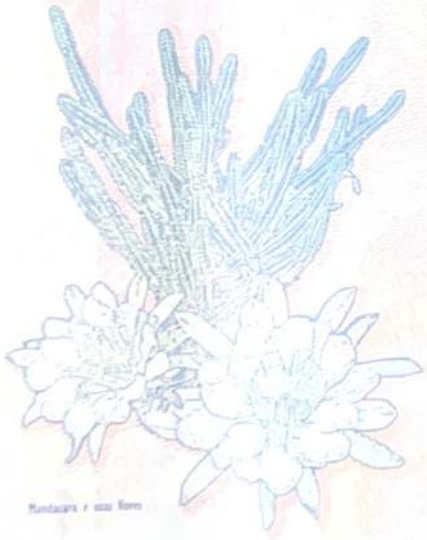
REPÚBLICA
FEDERATIVA
DO BRASIL

BRASIL

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Matre no Jaraguá -
Personagem do Recado



Mandacaru e seus frutos

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FEDERATIVA
DO BRASIL

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BRASIL



Carcará

13



Matre no Rio -
Personagem do Recado

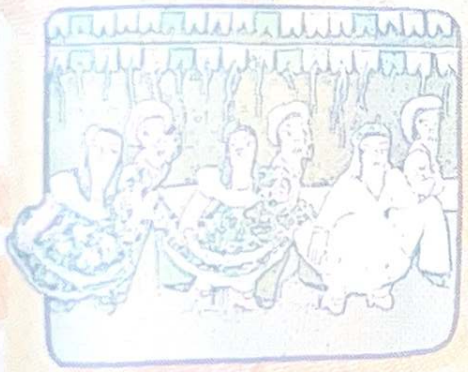
VISTOS / VISAS

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DO BRASIL



Ara-branca

14



Artesanato em argila - Festa Junina



Artesanato em argila - Retirantes

15



Sagui de tufos brancos

REPÚBLICA FEDERATIVA DO BRASIL

VISTOS / VISAS

VISTOS / VISAS

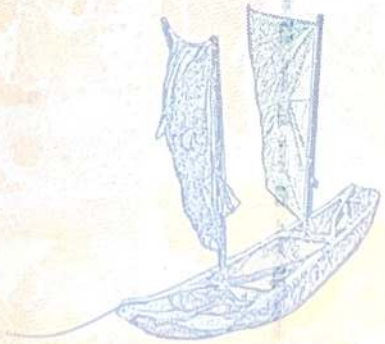
REPÚBLICA FEDERATIVA DO BRASIL

OIAPOQUE
YPIRANGA

16



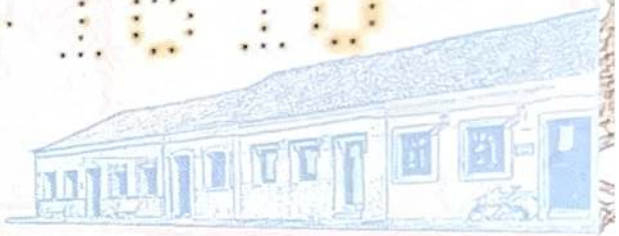
Artesanato em Madeira - Santeiro de Foro



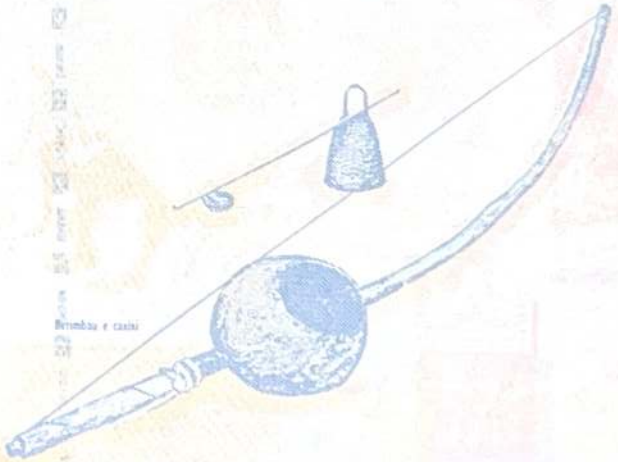
Canoa motorizada no Maranhão

OIAPOQUE
YPIRANGA

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Casario em Marechal Deodoro - AL



Berimbau e cuica



Cerâmica de Icoaraci - PA

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Castanha do Pará

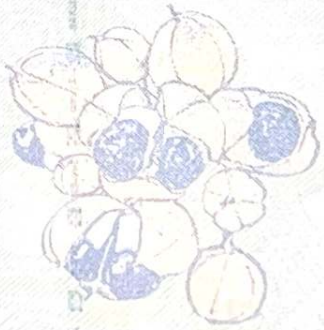
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VISTOS / VISAS



Teatro Amazonas - Manaus - AM

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Guaraná

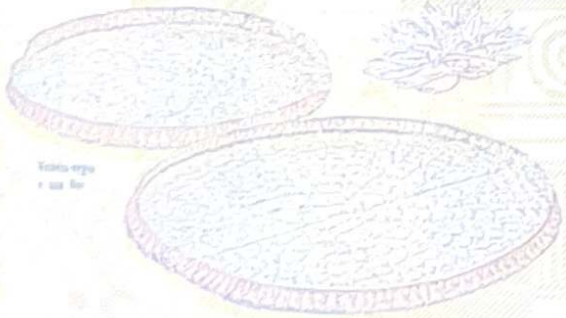
VISTOS / VISAS

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Espécime de Rã Amazônica
Palmeira e frutos de babaçu e carnaúba
REPÚBLICA FEDERATIVA DO BRASIL
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Pirarucu
Boneca de artesanato indígena Kaxinawá
VISTOS / VISAS
REPÚBLICA FEDERATIVA DO BRASIL



Instrumentos tradicionais indígenas Ashaninka









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VISTOS / VISAS

VISTOS / VISAS

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FEDERATIVA
DO BRASIL
VISTOS / VISAS



Pessanka - artesanato de herança ucraniana

RIGINA PAMPAS

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FEDERATIVA
DO BRASIL

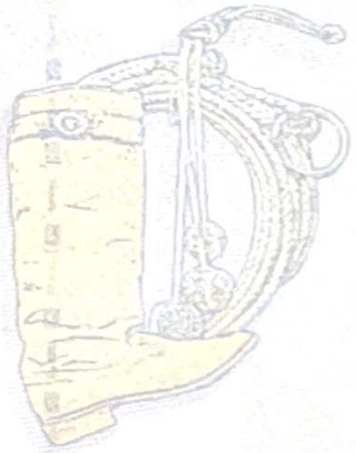


Renda de bilro - artesanato de herança açoriana

VISTOS / VISAS



Cangaceiro



Roda e bolandeira gaúchas

VISTOS / VISAS

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REPÚBLICA
FEDERATIVA
DO BRASIL

18

TITULAR

Os campos abaixo devem ser preenchidos pelo titular. Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE / BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address

.....

Cidade / City

.....

Estado / State

.....

País / Country

.....

Telefone / Phone

.....



Pinha (fruta do pinheiro - acima) e pinhão (semente da araucária - abaixo)



Graúna-azul

REPÚBLICA FEDERATIVA DO BRASIL

EMBAIXADA

Em caso de acidente, avisar à Embaixada ou ao Consulado do Brasil mais próximo e à pessoa abaixo indicada:

En cas d'accident, conctacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / *Name*

.....

Endereço / *Address*

.....

Cidade / *City*

.....

Estado / *State*

.....

País / *Country*

.....

Telefone / *Phone*

.....



Ema



REPÚBLICA FEDERATIVA DO BRASIL

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.



Cuia de chimarrão

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando-se de que ele não ficará úmido, dobrado ou amassado.

Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.



Tamanduá-bandeira

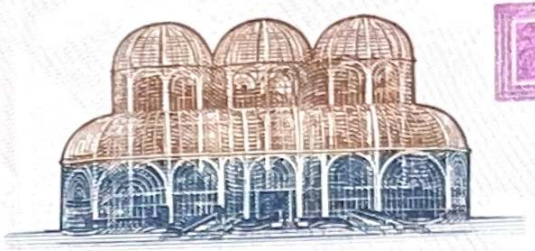
Créditos e informações importantes:
Acesse o endereço eletrônico ou utilize o QR Code abaixo.

https://www.casadamoeda.gov.br/passaportebrasileiro

32

REPÚBLICA FEDERATIVA DO BRASIL

BRA



Jardim Botânico de Curitiba - PR.
Monumento a Anita Garibaldi em Laguna - SC.
Ruínas de São Miguel das Missões - RS.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA





Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

Este documento pertence à
Ce document appartient à la
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Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1


Roberta Caetano Almeida dos Santos
Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular
FL399958
Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.
Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.
This passport must be signed, except where the bearer is unable to do so.
Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.
REPÚBLICA FEDERATIVA DO BRASIL
PASSAPORTE
PASSPORT
P
BRA
FL399958
CAETANO ALMEIDA DOS SANTOS
ROBERTA
BRASILEIRO(A)
20/Apr/1980
F
GOIANIA/GO
18/Nov/2014
SR/DPF/GO
17/Nov/2019
BRA
P<BRACAETANO<ALMEIDA<DOS<SANTOS<<ROBERTA<<<<
FL399958<9BRA8004200F1911172<<<<<<<<<<<<<<08

Para uso das autoridades brasileiras
Reservé aux autorités brésiliennes
For the use of Brazilian authorities
Para uso de las autoridades brasileñas

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que possua outra nacionalidade não poderá reclamar proteção consular ou diplomática brasileira no país de sua outra nacionalidade.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br





VISTOS VISAS









VISTOS VISAS

VISTOS VISAS

MEXICO

21 OCT 17 E

ACN112

QUINTANA ROO

INSTITUTO NACIONAL DE MIGRACION

VISTOS VISAS

VISTOS 11 VISAS

VISTOS 10 VISAS

VISTOS 14 VISAS

VISTOS 15 VISAS

VISTOS 23 VISAS

VISTOS 22 VISAS


VISTOS 26 VISAS
VISTOS 27 VISAS

VISTOS 28 VISAS

VISTOS 29 VISAS

VISTOS 30 VISAS

VISTOS 31 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico sensível. Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade excessiva, campos eletromagnéticos intensos ou substâncias químicas.

NÃO GRAMPEAR NESTA PÁGINA

Ce passeport contient un dispositif électronique sensible. Ne pas plier, perforer ou exposer ce document à des températures élevées, à l'humidité excessive, aux champs électromagnétiques intenses ou à des substances chimiques.

NE PAS AGRAFER SUR CETTE PAGE

This passport contains a sensitive electronic device. Do not bend, puncture or expose this document to high temperatures, excessive moisture, intense electromagnetic fields or chemical substances.

DO NOT STAPLE ON THIS PAGE

Este pasaporte contiene un dispositivo electrónico sensible. No doble, perfore ni exponga este documento a las altas temperaturas, humedad excesiva, campos electromagnéticos intensos o a substancias químicas.

NO GRAPAR EN ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

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BRA

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This document is the property of the
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REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

Roberta Santos

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

YC542933

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

PASSAPORTE
PASSPORT



REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE
P

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
YC542933

SOBRENOME / SURNAME
CAETANO ALMEIDA DOS SANTOS

NOME / GIVEN NAMES
ROBERTA

NACIONALIDADE / NATIONALITY
BRASILEIRA

DATA DE NASCIMENTO / DATE OF BIRTH
20 ABR/APR 1980

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
GOIÂNIA, GO, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE
20 NOV/NOV 2017

AUTORIDADE / AUTHORITY
SÃO FRANCISCO CG

VÁLIDO ATÉ / DATE OF EXPIRY
19 NOV/NOV 2021

P<BRACAETANO<ALMEIDA<SANTOS<<ROBERTA<<<<<<<<
YC542933<2BRA8004200F2111197<<<<<<<<<<<<<<08

P<BRA<<

VISTOS VISAS

VISTOS VISAS

VISTOS 11 VISAS

VISTOS 10 VISAS

VISTOS 13 VISAS

VISTOS 12 VISAS

VISTOS VISAS

VISTOS VISAS

VISTOS VISAS

VISTOS VISAS


VISTOS
25
VISAS
VISAS

VISTOS 27 VISAS

VISTOS 26 VISAS

VISTOS 29 VISAS

VISTOS 28 VISAS

VISTOS 31 VISAS

VISTOS 30 VISAS

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Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

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Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

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Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

Exhibit 2 - Yasmin Ayume Caetano Fugioka's Identification Documents:

QR Code

Judiciary of the State of Goiás
Electronic Inspection Stamp

02001208272311001001569

Check the validity at:
<website link>

(Coat of Arms of Brazil)
FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTER OF NATURAL PERSONS

BIRTH CERTIFICATE

Name
YASMIN AYUME CAETANO FUGIOKA

Registration
025023 01 55 2003 1 00177 122 0113383 54

Date of Birth (in full)	Day	Month	Year
October thirtieth, two thousand three.	**30**	**10**	**2003**

Time of Birth	Birthplace
5:15 P.M.	**GOIÂNIA - GO**

Municipality of registration and federation unit	Place, city of birth and state	Sex
GOIÂNIA - GO	**HOSPITAL SANTA HELENA**	**Female**

Filiation
FERNANDO MASSAO FUGIOKA RODRIGUES
ROBERTA CAETANO ALMEIDA DOS SANTOS FUGIOKA

Grandparents
Paternal: EDIVAL RODRIGUES DA SILVA
and KIOKA FUGIOKA RODRIGUES
Maternal: JOSÉ CAETANO DOS SANTOS SOBRINHO
and ELIENE ALMEIDA DOS SANTOS

Twins	Name and Registration of the Twins
NO	----------**

Date of registration in full	DNV Live Birth Registration
October thirty first, two thousand three	**21117703**

Annotations
Nothing more. Fees: R$22.26; Judicial Fee: R$9.35

Name of the Registry Office
4th CIVIL REGISTRY AND NOTARY OFFICE OF THE JURISDICTION OF GOIÂNIA

Registrar Officer
Francisco José Taveira

City and Jurisdiction / State
Goiânia – State of Goiás

Address
Av. Tocantins, 283, Centro
ZIP Code: 74.015-010 – Phone: (62)3212-1030

The content of this certificate is true. I Certify
Goiânia-GO, November 6th, 2012.
----//signature//----
Sirleide Martins Santana Rosa
Deputy Clerk

Registry Stamp

Sirleide Martins Santana Rosa
Deputy Clerk

I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: April 17, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Poder Judiciário Estado de Goiás
Selo Eletrônico de Fiscalização
02001208272311091001509
Consulte este selo em
http://www.tjgo.jus.br/extra/

CERTIDÃO DE NASCIMENTO

Nome
YASMIN AYUME CAETANO FUGIOKA

Matrícula
025023 01 55 2003 1 00177 122 0113383 54

Data do nascimento por extenso	Dia	Mês	Ano
Trinta de outubro de dois mil e três ••	30	10	2003

Hora	Município do nascimento e unidade da federação
17h 15min	GOIÂNIA-GO ••

Município de registro e unidade da federação	Local do nascimento	Sexo
Goiânia-GO ••	HOSPITAL SANTA HELENA ••	Feminino

Filiação
FERNANDO MASSAO FUGIOKA RODRIGUES ••
ROBERTA CAETANO ALMEIDA DOS SANTOS FUGIOKA ••

Avós
Paternos: EDIVAL RODRIGUES DA SILVA ••
e KIOKA FUGIOKA RODRIGUES ••
Maternos: JOSÉ CAETANO DOS SANTOS SOBRINHO ••
e ELIENE ALMEIDA DOS SANTOS ••

Gêmeo	Nome do(a) gêmeo(a)
Não	---------- ••

Data do registro por extenso	Número da D.N.V.
Trinta e um de outubro de dois mil e três ••	21117703

Observações / Averbações
Nada consta. Emolumentos: R$22,26; Taxa Judiciária: R$9,35. ••

Nome do Ofício
4º REGISTRO CIVIL E TABELIONATO DE NOTAS DA COMARCA DE GOIÂNIA

Oficial Registrador
Bel. Francisco José Taveira

Município / UF
Goiânia - Estado de Goiás

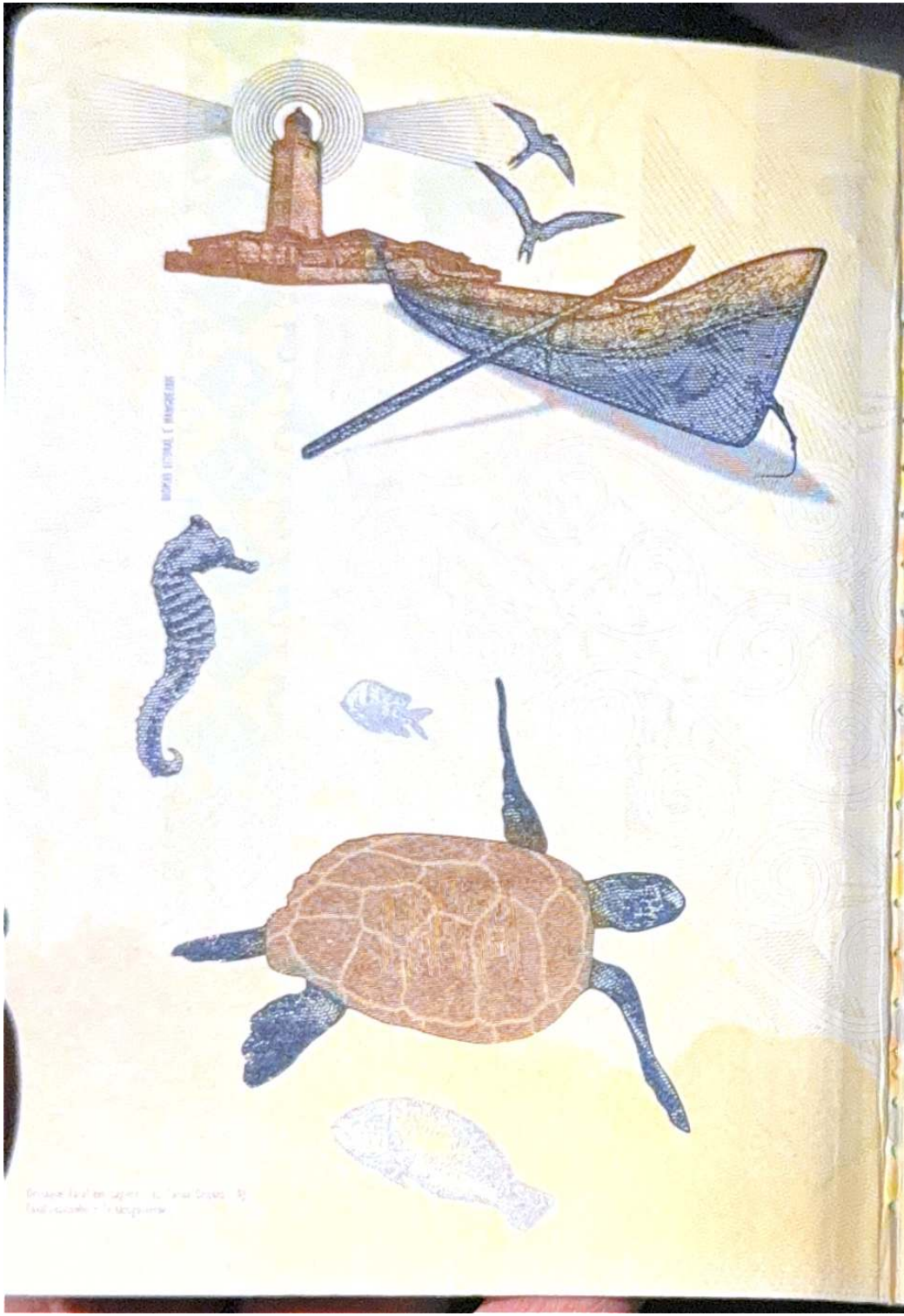
Endereço
Av. Tocantins, 283, Centro
CEP: 74.015-010 - Fone: (62)3212-1030

O conteúdo da certidão é verdadeiro. Dou fé.

Goiânia -GO, 06 de novembro de 2012

Sirleide Martins Santana Rosa
Suboficial

FRANCISCO TAVEIRA
Sirleide Martins Santana Rosa
Substituta



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REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

YF067784

Yasmin Fugioka

Assinatura do titular / Signature du titulaire /
Bearer's signature / Firma del titular

REPÚBLICA FEDERATIVA DO BRASIL

Este passaporte deve s[illegible]
pelo titular, salvo em caso de i[illegible]

Ce passeport doit [illegible]
par le titulaire, sauf en cas d[illegible]

This passport must be signed,
except where the bearer is unable to do so.

Este pasaporte debe ser firmado
por el titular, salvo en caso de incapacidad.



PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE
PP

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
YF067784

SOBRENOME / SURNAME
CAETANO FUGIOKA



NOME / GIVEN NAMES
YASMIN AYUME

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DE NASCIMENTO / DATE OF BIRTH
30 OUT/OCT 2003

CPF / [illegible]
027742431-30

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
GOIANIA/GO

FILIAÇÃO / FILIATION
FERNANDO MASSAO FUGIOKA RODRIGUES

ROBERTA CAETANO ALMEIDA DOS SANTOS FUGIOKA



DATA DE EXPEDIÇÃO / DATE OF ISSUE
30 JAN/JAN 2025

VÁLIDO ATÉ / DATE OF EXPIRY
29 JAN/JAN 2035

AUTORIDADE / AUTHORITY
SÃO FRANCISCO CG

PPBRACAETANO<FUGIOKA<<YASMIN<AYUME<<<<<<<<<<

YF067784<1BRA0310300F3501298027742431 30<<<56

REPÚBLICA FEDERATIVA DO BRASIL

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Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

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Bico-largo-dourado



Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado.

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REPÚBLICA FEDERATIVA DO BRASIL



Tucano

É recomendável que o brasileiro residente no exterior matricule-se na Embaixada ou Consulado do Brasil mais próximo de seu local de residência. Brasileiros de passagem por região conturbada devem entrar em contato com a Embaixada ou o Consulado do Brasil mais próximo para fornecer nome completo, endereço e número do passaporte. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido de documentação pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.



Museu de Arte de São Paulo - Masp

Consulte/ *Consultez / Consult / Consulte*
www.portalconsular.mre.gov.br ou www.pf.gov.br

REPÚBLICA FEDERATIVA DO BRASIL

A97N804Y

8



Praça da Apoteose - Sambódromo - RJ

REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

YF0B7784

9



Beija-flor



Profetas do Aleijadinho
Congonhas - MG

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL

MATSUOKA

10



Pandeiro e Agogô



Onça-pintada

REPÚBLICA
FEDERATIVA
DO BRAIL

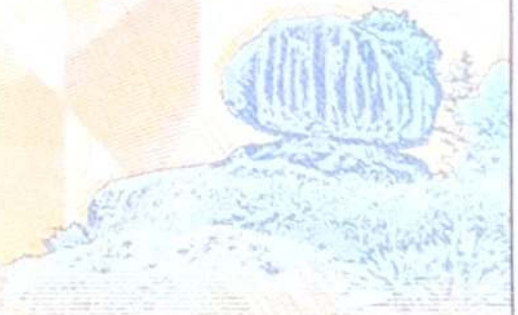
VISTOS / VISAS

YF087784



Capivara

11



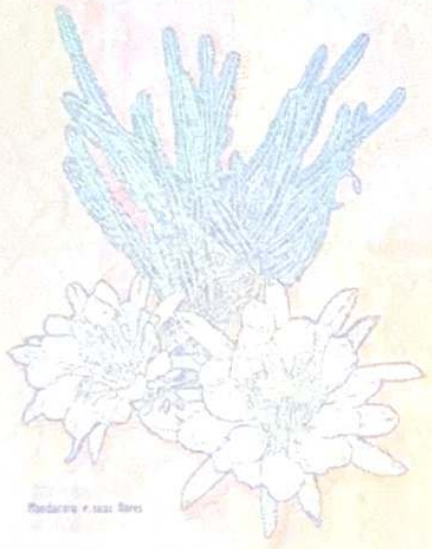
Parque da Pedra da Cebola - Vitória - ES

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL



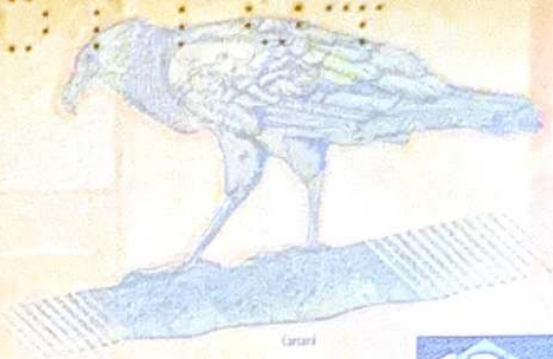
Mestre no Jaraguá -
Personagem do Reinado



Mandarina e suas Flores

REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS



Carcará



Pierre de Rio -
Personagem do Reinado

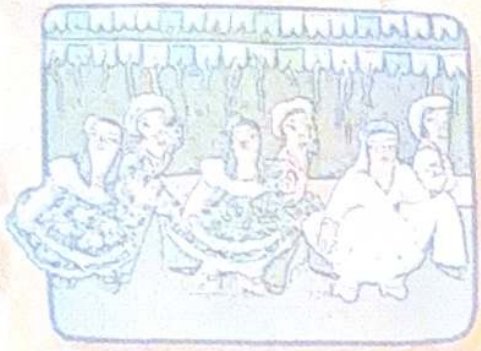
VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL



Ave-branca

14



Artesanato em argila - Festa Junina

REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS



Sagui de tufos brancos

15



Artesanato em argila - Bonecas

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL



Artesanato em Madeira - Santoneiro de Parelé

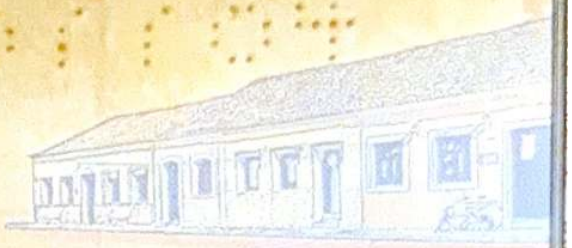
16



Canoa enfeitada em Maranhão

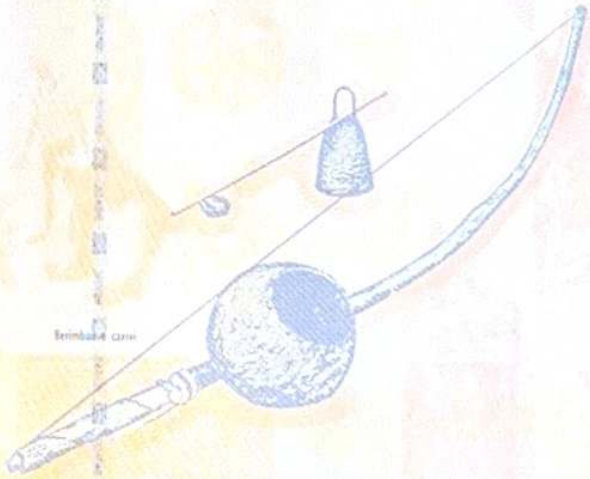
VISTOS / VISAS

REPÚBLICA FEDERATIVA DO BRASIL



Casarão em Marechal Deodoro - AL

17



Berimbau e cuia

VISTOS / VISAS

REPÚBLICA FEDERATIVA DO BRASIL

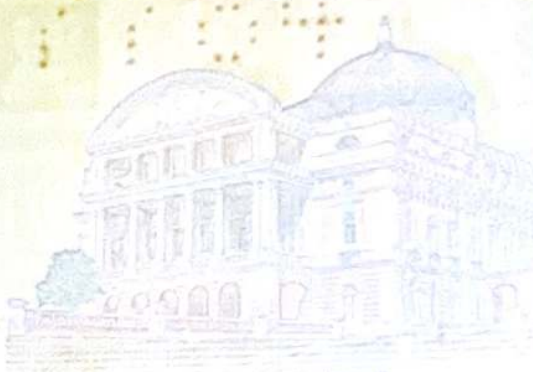


Cerâmica de Icoaraci - PA

BACIA AMAZÔNICA



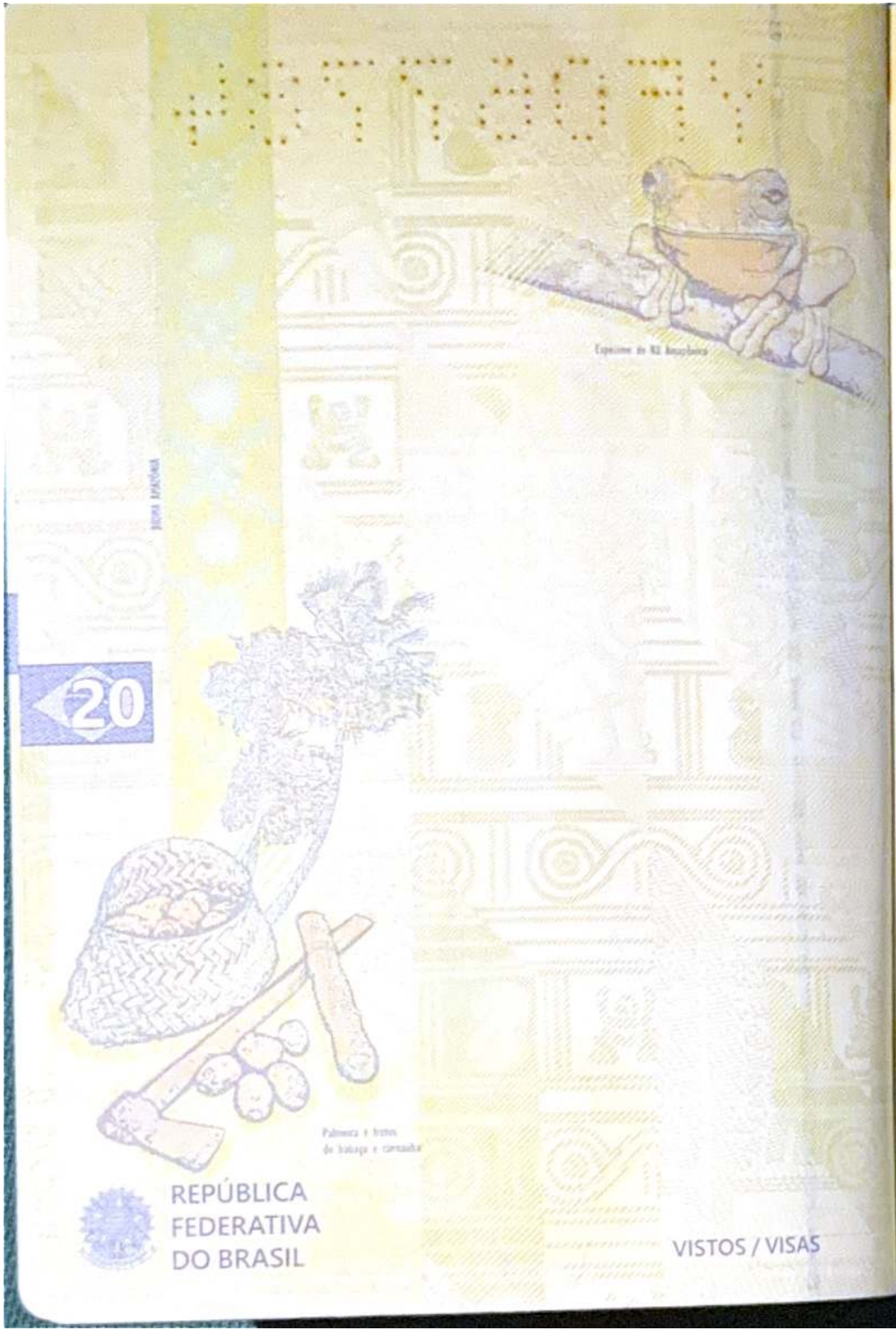
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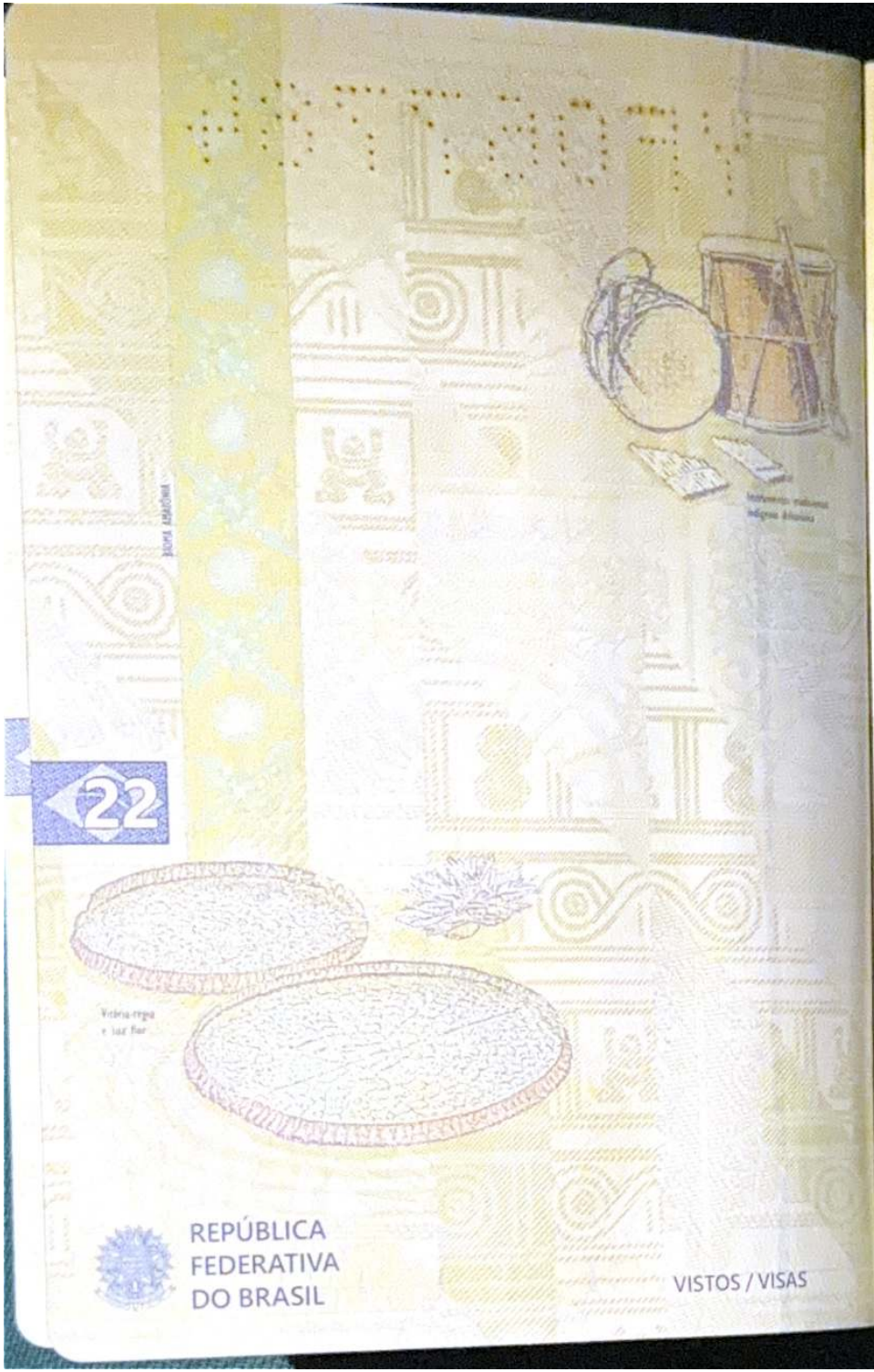


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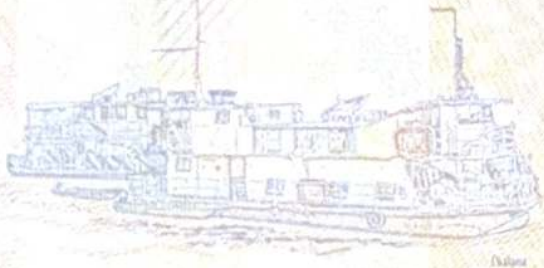
Guaraná


20
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
21
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS


22
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS


23
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL





24

REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS





25

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL



Veado-campeiro



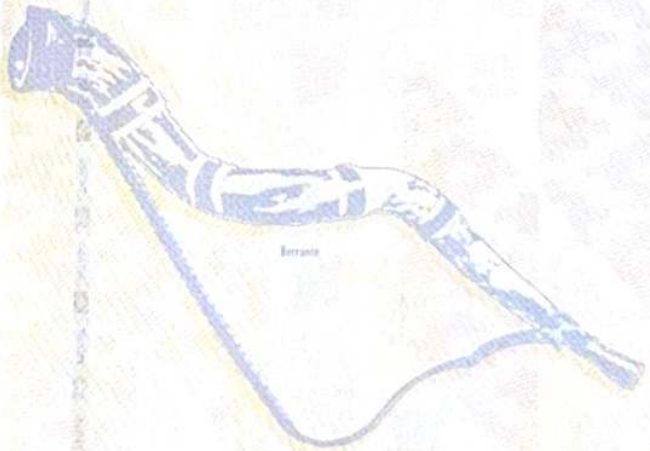
Viola-de-cocho

REPÚBLICA FEDERATIVA DO BRASIL

VISTOS / VISAS



Gavião-belo



Berrante

VISTOS / VISAS

REPÚBLICA FEDERATIVA DO BRASIL



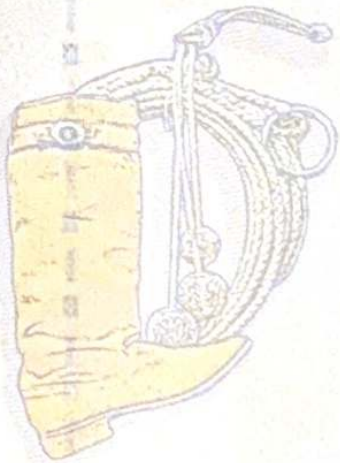
Pinsanka - artesanato de herança ucraniana



Renda de bilro - artesanato de herança açoriana



Guaraguá



Bota e boleadeira gaúchas

ANOTAÇÕES

Os campos abaixo devem ser preenchidos pelo titular. Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE / BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address

.....

Cidade / City

.....

Estado / State

.....

País / Country

.....

Telefone / Phone

.....



Palha (fruta do pinheiro - acima) e pinhão (semente da araucária - abaixo)



Gralha-azul

REPÚBLICA FEDERATIVA DO BRASIL

NOTES

Em caso de acidente, avisar à Embaixada ou ao Consulado do Brasil mais próximo e à pessoa abaixo indicada:

En cas d'accident, conctacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / *Name*

.....

Endereço / *Address*

.....

Cidade / *City*

.....

Estado / *State*

.....

Pais / *Country*

.....

Telefone / *Phone*

.....



Boneca artesanal de palha de milho

REPÚBLICA FEDERATIVA DO BRASIL



Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando-se de que ele não ficará úmido, dobrado ou amassado.

Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.



Créditos e informações importantes:
Acesse o endereço eletrônico ou utilize o QR Code abaixo:

https://www.casadamoeda.gov.br/passaportebrasileiro

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REPÚBLICA FEDERATIVA DO BRASIL

BRA

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

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Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.
Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.
Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.
Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.
Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.
This passport is valid for all countries with which Brazil maintains diplomatic relations.
Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

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Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

YE012284

Yasmin Fugioka

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular,
salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire,
sauf en cas d'incapacité.

This passport must be signed,
except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular,
salvo en caso de incapacidad.

PASSAPORTE
PASSPORT

REPUBLICA FEDERATIVA DO BRASIL

TIPO / TYPE	PAÍS EMISSOR / ISSUING COUNTRY	PASSAPORTE Nº / PASSPORT No.
P	BRA	YE012284

SOBRENOME / SURNAME
CAETANO FUGIOKA

NOME / GIVEN NAMES
YASMIN AYUME

NACIONALIDADE / NATIONALITY
BRASILEIRA

DATA DE NASCIMENTO / DATE OF BIRTH
30 OUT/OCT 2003

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
GOIÂNIA, GO, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE
22 OUT/OCT 2019

AUTORIDADE / AUTHORITY
SÃO FRANCISCO CG

VÁLIDO ATÉ / DATE OF EXPIRY
21 OUT/OCT 2024

P<BRACAETANO<FUGIOKA<<YASMIN<AYUME<<<<<<<<<<
YE012284<3BRA0310309F2410214<<<<<<<<<<<<<<08

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido de autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

5

BRA

BRA

866356MN

CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

A TITULAR ESTÁ AUTORIZADA PELOS GENITORES, PELO PRAZO DESTE DOCUMENTO, A VIAJAR DESACOMPANHADA. (RES. CNJ 131/11, ART.13)

PAIS/PARENTS: FERNANDO MASSAO FUGIOKA RODRIGUES
ROBERTA CAETANO ALMEIDA DOS SANTOS FUGIOKA

CONCEDIDO EM SUBSTITUIÇÃO AO PASSAPORTE FM041938, EMITIDO POR SR/DPF/GO, EM 28/11/2014.

PAGOU
R$-Ouro 80.00
US$ 80.00
TEC 1.01.01.000.002

YE012284

22 OUT/OCT 2019
WALMYR FERRARI JACOMINI
VICE-CÔNSUL

VISTOS 8 VISAS

VISTOS 9 VISAS

VISTOS 10 VISAS

VISTOS 11 VISAS



VISTOS 14 VISAS

VISTOS 15 VISAS



VISTOS 20 VISAS

VISTOS 21 VISAS

VISTOS 94 VISAS

VISTOS 95 VISAS

VISTOS 30 VISAS

VISTOS 31 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address _____
Cidade / City _____
Estado / State _____
País / Country _____
Telefone / Phone _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name _____
Endereço / Address _____
Cidade / City _____
Estado / State _____
País / Country _____
Telefone / Phone _____

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Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

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Símbolo Internacional do Passaporte Eletrônico

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Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

Yasmin Ayume Caetano Fugioka

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

FM041938

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: FM041938

SOBRENOME / SURNAME
CAETANO FUGIOKA

NOME / GIVEN NAMES
YASMIN AYUME

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
30/Oct/2003

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
GOIÂNIA/GO

FILIAÇÃO / FILIATION
ROBERTA CAETANO ALMEIDA DOS SANTOS FUGIOKA
FERNANDO MASSAO FUGIOKA RODRIGUES

O titular, enquanto menor, dependerá de autorização, na forma da lei, para viajar desacompanhado ou apenas com um dos pais, indistintamente.

DATA DE EXPEDIÇÃO / DATE OF ISSUE
28/Nov/2014

AUTORIDADE / AUTHORITY
SR/DPF/GO

VÁLIDO ATÉ / DATE OF EXPIRY
27/Nov/2019

P<BRACAETANO<FUGIOKA<<YASMIN<AYUME<<<<<<<<<<
FM041938<6BRA0310309F1911275<<<<<<<<<<<<<<06

PASSAPORTE

Para uso das autoridades brasileiras

Reservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

PASSAPORTE

INFORMAÇÕES PARA O TITULAR

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Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br


MEXICO
21 OCT 17
ACN112

VISTOS / VISAS

VISTOS / VISAS

MEXICO
21 OCT 19
ACN112
INSTITUTO NACIONAL DE MIGRACION
VISTOS VISAS
VISTOS VISAS

VISTOS 11 VISAS

VISTOS 10 VISAS

VISTOS 15 VISAS

VISTOS 14 VISAS

VISTOS 16 VISAS

VISTOS 17 VISAS

VISTOS 21 VISAS

VISTOS 20 VISAS

VISTOS 23 VISAS

VISTOS 22 VISAS


VISTOS 24 VISAS
VISTOS 25 VISAS

VISTOS 27 VISAS

VISTOS 26 VISAS

VISTOS VISAS

VISTOS VISAS



Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

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Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico sensível. Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade excessiva, campos eletromagnéticos intensos ou substâncias químicas.

NÃO GRAMPEAR NESTA PÁGINA

Ce passeport contient un dispositif électronique sensible. Ne pas plier, perforer ou exposer ce document à des températures élevées, à l'humidité excessive, aux champs électromagnétiques intenses ou à des substances chimiques.

NE PAS AGRAFER SUR CETTE PAGE

This passport contains a sensitive electronic device. Do not bend, puncture or expose this document to high temperatures, excessive moisture, intense electromagnetic fields or chemical substances.

DO NOT STAPLE ON THIS PAGE

Este pasaporte contiene un dispositivo electrónico sensible. No doble, perfore ni exponga este documento a las altas temperaturas, humedad excesiva, campos electromagnéticos intensos o a substancias químicas.

NO GRAPAR EN ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

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Estado / State: _____
País / Country: _____
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Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico sensível. Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade excessiva, campos eletromagnéticos intensos ou substâncias químicas.

NÃO GRAMPEAR NESTA PÁGINA

Ce passeport contient un dispositif électronique sensible. Ne pas plier, perforer ou exposer ce document à des températures élevées, à l'humidité excessive, aux champs électromagnétiques intenses ou à des substances chimiques.

NE PAS AGRAFER SUR CETTE PAGE

This passport contains a sensitive electronic device. Do not bend, puncture or expose this document to high temperatures, excessive moisture, intense electromagnetic fields or chemical substances.

DO NOT STAPLE ON THIS PAGE

Este pasaporte contiene un dispositivo electrónico sensible. No doble, perfore ni exponga este documento a las altas temperaturas, humedad excesiva, campos electromagnéticos intensos o a substancias químicas.

NO GRAPAR EN ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

Exhibit 3 - Felipe Yuji Caetano Fugioka's Identification Documents:

Judiciary of the State of Goiás
Electronic Inspection Stamp

01971501301596690000064

Check the validity at:
<website link>

(Coat of Arms of Brazil)
Federative Republic of Brazil
Civil Register of Natural Persons

BIRTH TRANSCRIPT

Name
FELIPE YUJI CAETANO FUGIOKA
Registration
024729 01 55 2015 7 00117 064 0030955 91

Date of birth in full	Day	Month	Year
August twenty eighth, two thousand seven	**28**	**08**	**2007**

Time of Birth	Birthplace
2:36 P.M.	**Toyohashi, Aichi Prefecture - Japan**

MUNICIPALITY OF REGISTRATION AND STATE	PLACE, CITY OF BIRHT AND STATE	SEX
GOIÂNIA – GO	**Hospital Toyohashi Shimim in the city of Toyohashi, Aichi Prefecture - Japan**	**Male**

Filiation
FERNANDO MASSAO FUGIOKA RODRIGUES
ROBERTA CAETANO ALMEIDA DOS SANTOS FUGIOKA

Grandparents
Paternal: EDIVAL RODRIGUES DA SILVA and KIOKA FUGIOKA RODRIGUES
Maternal: JOSÉ CAETANO DOS SANTOS SOBRINHO and ELIENE ALMEIDA DOS SANTOS

Twins	Name and Registration of the Twins
NO	---------- **

Date of registration in full	DNV Live Birth Number
February twenty sixth, two thousand fifteen	---------- **

Observations/Annotations
Brazilian by birth, pursuant to item “c” of subsection I of Article 12, introductory paragraph, of the Federal Constitution. This birth record was entered in accordance with Resolution No. 155 of the National Council of Justice. The original birth record appears in ARC Book No. 104, page 074, under No. 23974. Consulate General of the Ministry of Foreign Affairs of Brazil in Nagoya, Japan. Fees: R$43.50. Judicial Fee: R$11.07. ISS (Tax on Service): R$2.07

Name of the Registry Office
1st CIVIL REGISTRY AND NOTARY OFFICE

Registrar Officer
Mateus da Silva

City and Jurisdiction / State
Goiânia – State of Goiás

Address
Rua Sete, No. 63
ZIP Code: 74.023-020 – Phone: (62) 3926-0300 – 3925-0300

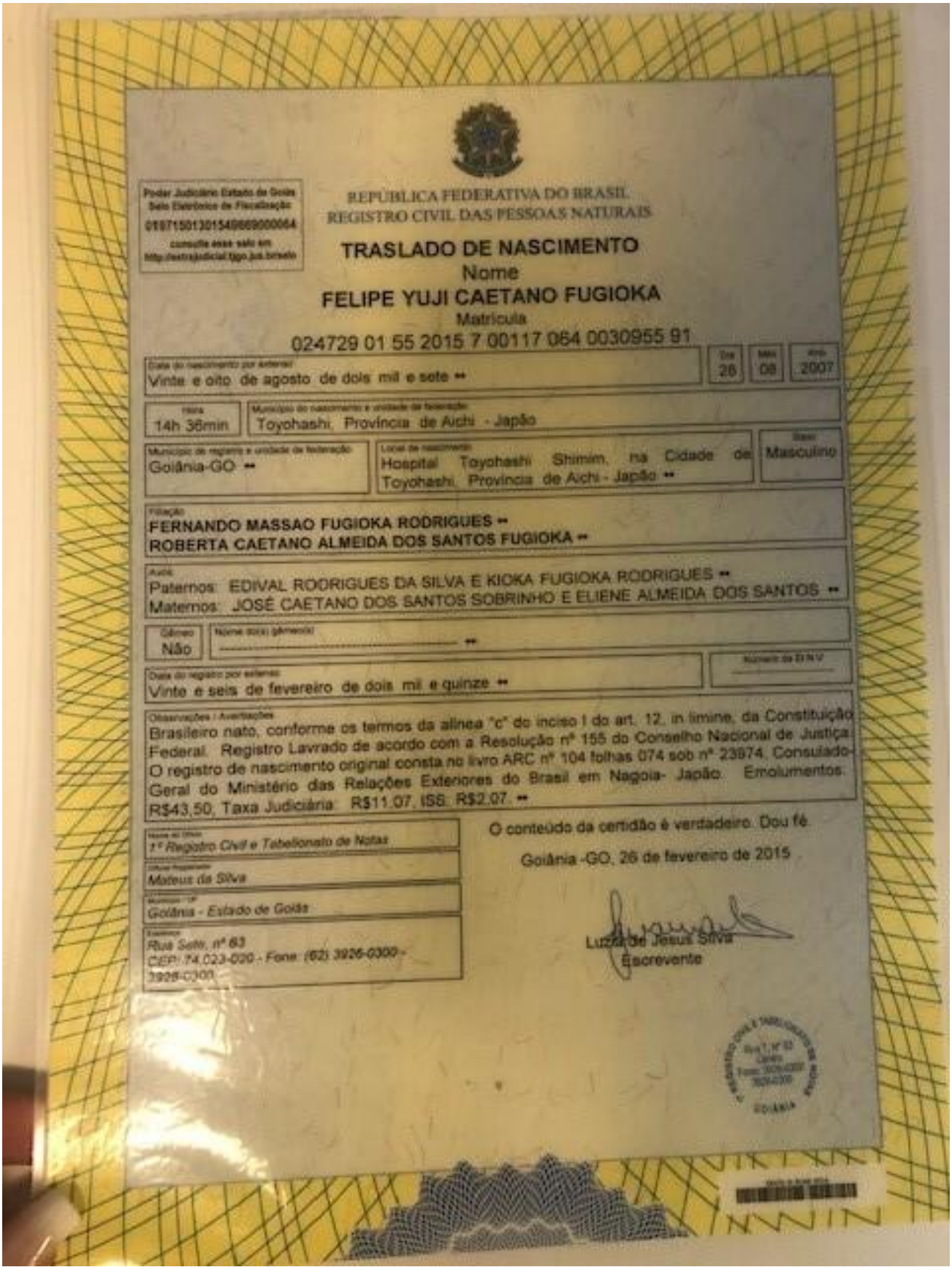
The content of this certificate is true. I Certify
Goiânia-GO, February 26th, 2015.
----//signature//----
Luiza de Jesus Silva
Clerk

Civil Registry Stamp

I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: April 17, 2026.



Poder Judiciário Estado de Goiás
Selo Eletrônico de Fiscalização
01871501301549869000064
consulte esse selo em
http://extrajudicial.tjgo.jus.br/selo

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

TRASLADO DE NASCIMENTO

Nome

FELIPE YUJI CAETANO FUGIOKA

Matrícula

024729 01 55 2015 7 00117 064 0030955 91

Data do nascimento por extenso
Vinte e oito de agosto de dois mil e sete **

Dia: 28 | Mês: 08 | Ano: 2007

Hora: 14h 36min

Município do nascimento e unidade de federação
Toyohashi, Província de Aichi - Japão

Município de registro e unidade de federação
Goiânia-GO **

Local de nascimento
Hospital Toyohashi Shimin, na Cidade de Toyohashi, Província de Aichi - Japão **

Sexo: Masculino

Filiação
FERNANDO MASSAO FUGIOKA RODRIGUES **
ROBERTA CAETANO ALMEIDA DOS SANTOS FUGIOKA **

Avós
Paternos: EDIVAL RODRIGUES DA SILVA E KIOKA FUGIOKA RODRIGUES **
Maternos: JOSÉ CAETANO DOS SANTOS SOBRINHO E ELIENE ALMEIDA DOS SANTOS **

Gêmeo: Não

Nome do(a) gêmeo(a)
---------- **

Número de DNV

Data do registro por extenso
Vinte e seis de fevereiro de dois mil e quinze **

Observações / Averbações
Brasileiro nato, conforme os termos da alínea "c" do inciso I do art. 12, in limine, da Constituição Federal. Registro Lavrado de acordo com a Resolução nº 155 do Conselho Nacional de Justiça. O registro de nascimento original consta no livro ARC nº 104 folhas 074 sob nº 23974, Consulado-Geral do Ministério das Relações Exteriores do Brasil em Nagoia- Japão. Emolumentos: R$43,50, Taxa Judiciária: R$11,07, ISS: R$2,07. **

Nome do Ofício
1º Registro Civil e Tabelionato de Notas

Oficial Registrador
Mateus da Silva

Município - UF
Goiânia - Estado de Goiás

Endereço
Rua Sete, nº 83
CEP: 74.023-020 - Fone: (62) 3926-0300 -
3926-0300

O conteúdo da certidão é verdadeiro. Dou fé.

Goiânia -GO, 26 de fevereiro de 2015

Luzia de Jesus Silva
Escrevente

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

Menor não alfabetizado
illiterate minor

FN250777

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: FN250777

SOBRENOME / SURNAME
CAETANO FUGIOKA



NOME / GIVEN NAMES
FELIPE YUJI

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
28/Aug/2007

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
M

NATURALIDADE / PLACE OF BIRTH
TOYOHASHI/JPN

FILIAÇÃO / FILIATION
FERNANDO MASSAO FUGIOKA RODRIGUES

ROBERTA CAETANO ALMEIDA DOS SANTOS FUGIOKA

O titular, enquanto menor, está autorizado pelos genitores, pelo prazo deste documento, a viajar desacompanhado ou apenas com um dos pais, indistintamente. Res. CNJ 131/11, Art. 13.

DATA DE EXPEDIÇÃO / DATE OF ISSUE
20/May/2015

AUTORIDADE / AUTHORITY
SR/DPF/GO

VÁLIDO ATÉ / DATE OF EXPIRY
19/May/2020

P<BRACAETANO<FUGIOKA<<FELIPE<YUJI<<<<<<<<<<<
FN250777<8BRA0708281M2005191<<<<<<<<<<<<<<08

PASSAPORTE

Para uso das autoridades brasileiras

Reservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

PASSAPORTE

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

VISTOS / VISAS

VISTOS / VISAS

VISTOS VISAS

VISTOS VISAS

VISTOS 11 VISAS

VISTOS 10 VISAS

MEXICO

21 OCT 96

ACN112

QUINTANA ROO

INSTITUTO NACIONAL DE MIGRACION

VISTOS 13 VISAS

VISTOS 12 VISAS



VISTOS 19 VISAS

VISTOS 19 VISAS

VISTOS 21 VISAS
VISTOS 20 VISAS

VISTOS
VISAS

VISTOS 24 VISAS

VISTOS 25 VISAS

VISTOS
VISAS
VISTOS
VISAS

VISTOS 27 VISAS

VISTOS 28 VISAS

VISTOS 31 VISAS

VISTOS 30 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico sensível. Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade excessiva, campos eletromagnéticos intensos ou substâncias químicas.

NÃO GRAMPEAR NESTA PÁGINA

Ce passeport contient un dispositif électronique sensible. Ne pas plier, perforer ou exposer ce document à des températures élevées, à l'humidité excessive, aux champs électromagnétiques intenses ou à des substances chimiques.

NE PAS AGRAFER SUR CETTE PAGE

This passport contains a sensitive electronic device. Do not bend, puncture or expose this document to high temperatures, excessive moisture, intense electromagnetic fields or chemical substances.

DO NOT STAPLE ON THIS PAGE

Este pasaporte contiene un dispositivo electrónico sensible. No doble, perfore ni exponga este documento a las altas temperaturas, humedad excesiva, campos electromagnéticos intensos o a substancias químicas.

NO GRAPAR EN ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

Exhibit 4 - Lucca Caetano's Identification Documents:

(Coat of Arms of Brazil)

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTER OF NATURAL PERSONS

Book A-310 Page 146 Entry 151108

BIRTH CERTIFICATE
LUCCA CAETANO

Registration: 025023 01 55 2016 1 00310 146 0151108 76

Date of Birth in full	Day	Month	Year
May thirtieth, two thousand sixteen**	30	05	2016

Time of Birth	Birthplace
6:35 P.M.	Goiânia – GO **

MUNICIPALITY OF REGISTRATION AND FEDERATION UNIT	PLACE, CITY OF BIRHT AND STATE	SEX
GOIÂNIA – GO	Hospital da Mulher	M

Filiation
ROBERTA CAETANO ALMEIDA DOS SANTOS

Grandparents
Maternal: JOSÉ CAETANO DOS SANTOS SOBRINHO and ELIENE ALMEIDA DOS SANTOS

Twins	Name and Registration of the Twins
NO	---------- **

Date of registration in full	DNV Live Birth Registration
June third, two thousand sixteen	30-71151941-4

Observations/Annotations
Registered under the CPF number 078.610.471-64, in accordance with Normative Instruction RFB No. 1548 of February 13, 2015. Fees: R$31.00, Judicial Fee: R$ 13.13, State Funds: R$12.09, ISS (Tax on Service): R$1.55.

4th CIVIL REGISTRY AND NOTARY PUBLIC OFFICE
OF THE JURISDICTION OF
GOIÂNIA - GOIÁS
Av. Tocantins, 283, Centro
ZIP Code: 74.015-010 Phone: (62)3212-1030

The content of this certificate is true.
Goiânia-GO, August 17th, 2017.
----//signature//----

Alessandra Oliveira Botelho David
Deputy Registrar

Seal: Digital Seal No.
02001607181849128606822
Check it at http://extrajudicial.tjgo.jus.br/selo

Registry Stamp

I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: April 17, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Livro A-310 Folha 146 Termo 151108

CERTIDÃO DE NASCIMENTO

LUCCA CAETANO

Matrícula: 025023 01 55 2016 1 00310 146 0151108 76

Data do nascimento por extenso	Dia	Mês	Ano
Trinta de maio de dois mil e dezesseis ••	30	05	2016

Hora	Local do nascimento
18h 35min	Goiânia-GO ••

Município de Registro e unidade de federação	Local do nascimento	Sexo
Goiânia-GO ••	Hospital da Mulher ••	M

Filiação
ROBERTA CAETANO ALMEIDA DOS SANTOS ••

Avós
Maternos JOSÉ CAETANO DOS SANTOS SOBRINHO e ELIENE ALMEIDA DOS SANTOS ••

Gêmeo	Nome do(s) gêmeo(s)
Não	---------- ••

Data do registro por extenso	Número da D.N.V.
Três de junho de dois mil e dezesseis ••	30-71151941-4

Observações / Averbações
Inscrito no CPF sob o nº. 078.610.471-64, conforme Instrução Normativa RFB nº. 1548 de 13 de fevereiro de 2015. Emolumentos: R$31,00, Taxa Judiciária: R$13,13, Fundos Estaduais: R$12,09, ISS: R$1,55 ••

4º REGISTRO CIVIL E TABELIONATO DE NOTAS DA COMARCA DE GOIÂNIA - GOIÁS
Av. Tocantins, 283, Centro
CEP: 74.015-010 - Fone: (62)3212-1030

O conteúdo da certidão é verdadeiro.
Goiânia-GO, 17 de agosto de 2017.

Alessandra Oliveira Botelho David
suboficial

Selo: Selo Digital Nº:
02001607181849128506822
consulte:http://extrajudicial.tjgo.jus.br/selo

4º REGISTRO CIVIL

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

YE012283

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

PASSAPORTE
PASSPORT

REPUBLICA FEDERATIVA DO BRASIL



TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: YE012283

SOBRENOME / SURNAME
CAETANO

NOME / GIVEN NAMES
LUCCA

NACIONALIDADE / NATIONALITY
BRASILEIRO

DATA DE NASCIMENTO / DATE OF BIRTH
30 MAI/MAY 2016

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX: M
NATURALIDADE / PLACE OF BIRTH: GOIÂNIA, GO, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE
22 OUT/OCT 2019

AUTORIDADE / AUTHORITY
SÃO FRANCISCO CG

VÁLIDO ATÉ / DATE OF EXPIRY
21 OUT/OCT 2023

P<BRACAETANO<<LUCCA<<<<<<<<<<<<<<<<<<<<<<<<
YE012283<0BRA1605309M2310211<<<<<<<<<<<<<<08

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

BRA

CASA DA MOEDA DO BRASIL

BRA

866355MN

CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

BRASIL BRASIL BRASIL

FILIAÇÃO/PARENTS: ROBERTA CAETANO ALMEIDA DOS SANTOS

CONCEDIDO EM SUBSTITUIÇÃO AO PASSAPORTE FT908878, EMITIDO POR SR/DPF/GO, EM 21/08/2007.

PAGOU
R$-Ouro 40.00
US$ 40.00
TEC 1.01.01.000.001

YE012283

22 OUT/OCT 2019
WALMYR FERRARI JACOMINI
VICE-CÔNSUL

VISTOS / VISAS

VISTOS / VISAS

VISTOS VISAS

VISTOS VISAS

VISTOS 11 VISAS

VISTOS 10 VISAS

VISTOS 17 VISAS

VISTOS 16 VISAS


VISTOS 18 VISAS
VISTOS 19 VISAS

VISTOS 21 VISAS

VISTOS 20 VISAS

VISTOS 23 VISAS

VISTOS 22 VISAS

VISTOS 25 VISAS

VISTOS 24 VISAS

VISTOS 27 VISAS

VISTOS 26 VISAS


VISTOS 29 VISAS
VISTOS 28 VISAS

VISTOS 31 VISAS

VISTOS 30 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

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NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

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REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

Menor não alfabetizado
Illiterate minor

FT908878

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: FT908878

SOBRENOME / SURNAME
CAETANO



NOME / GIVEN NAMES
LUCCA

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
30 MAI/MAY 2016

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
M

NATURALIDADE / PLACE OF BIRTH
GOIÂNIA/GO

FILIAÇÃO / FILIATION
ROBERTA CAETANO ALMEIDA DOS SANTOS

O titular, enquanto menor, está autorizado pelos genitores, pelo prazo deste documento, a viajar apenas com um dos pais, indistintamente. Res. CNJ 131/11, Art. 13.

DATA DE EXPEDIÇÃO / DATE OF ISSUE
21 AGO/AUG 2017

AUTORIDADE / AUTHORITY
SR/DPF/GO

VÁLIDO ATÉ / DATE OF EXPIRY
20 AGO/AUG 2019

TANO<<LUCCA<<<<<<<<<<<<<<<<<<<<<<<<
6BRA1605309M1908206<<<<<<<<<<<<<<04

PASSAPORTE

Para uso das autoridades brasileiras

Reservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

PASSAPORTE

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

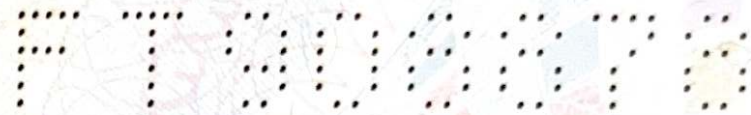
O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

VISTOS 7 VISAS

VISTOS 6 VISAS





VISTOS VISAS

VISTOS VISAS

VISTOS 13 VISAS

MEXICO

21 OCT 17 E

ACM112

VISTOS 12 VISAS

VISTOS 15 VISAS

VISTOS 14 VISAS

VISTOS 19 VISAS

VISTOS 18 VISAS

VISTOS 20 VISAS

VISTOS 21 VISAS

VISTOS 23 VISAS

VISTOS 22 VISAS

VISTOS 95 VISAS

VISTOS 94 VISAS

VISTOS 27 VISAS

VISTOS 26 VISAS

VISTOS 29 VISAS

VISTOS 28 VISAS

VISTOS 31 VISAS

VISTOS 30 VISAS

PASSAPORTE

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

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NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

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BRA

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Ce document appartient à la
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REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1


Menor não alfabetizado
Illiterate minor
Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular
FR506385
Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.
Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.
This passport must be signed, except where the bearer is unable to do so.
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REPÚBLICA FEDERATIVA DO BRASIL
PASSAPORTE
PASSPORT
P
PAÍS EMISSOR / ISSUING COUNTRY
BRA
PASSAPORTE Nº / PASSPORT No
FR506385
SOBRENOME / SURNAME
CAETANO
NOME / GIVEN NAMES
LUCCA
NACIONALIDADE / NATIONALITY
BRASILEIRO(A)
DATA DO NASCIMENTO / DATE OF BIRTH
30 MAI/MAY 2016
SEXO / SEX
M
NATURALIDADE / PLACE OF BIRTH
GOIÂNIA/GO
FILIAÇÃO / FILIATION
ROBERTA CAETANO ALMEIDA DOS SANTOS
IDENTIDADE Nº / PERSONAL No
AUTORIDADE / AUTHORITY
SR/DPF/GO
P<BRACAETANO<<LUCCA<<<<<<<<<<<<<<<<<<<<<<
FR5063[redacted]3BRA1605309M1709078<<<<<<<<<<<<<<06

Para uso das autoridades brasileiras
Reservé aux autorités brésiliennes
For the use of Brazilian authorities
Para uso de las autoridades brasileñas

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Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br


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ENTRADA
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VISTOS 11 VISAS

VISTOS 10 VISAS

VISTOS 13 VISAS

VISTOS 12 VISAS

VISTOS 15 VISAS

VISTOS 14 VISAS


VISTOS 16 VISAS
VISTOS 17 VISAS

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VISTOS 25 VISAS

VISTOS 24 VISAS

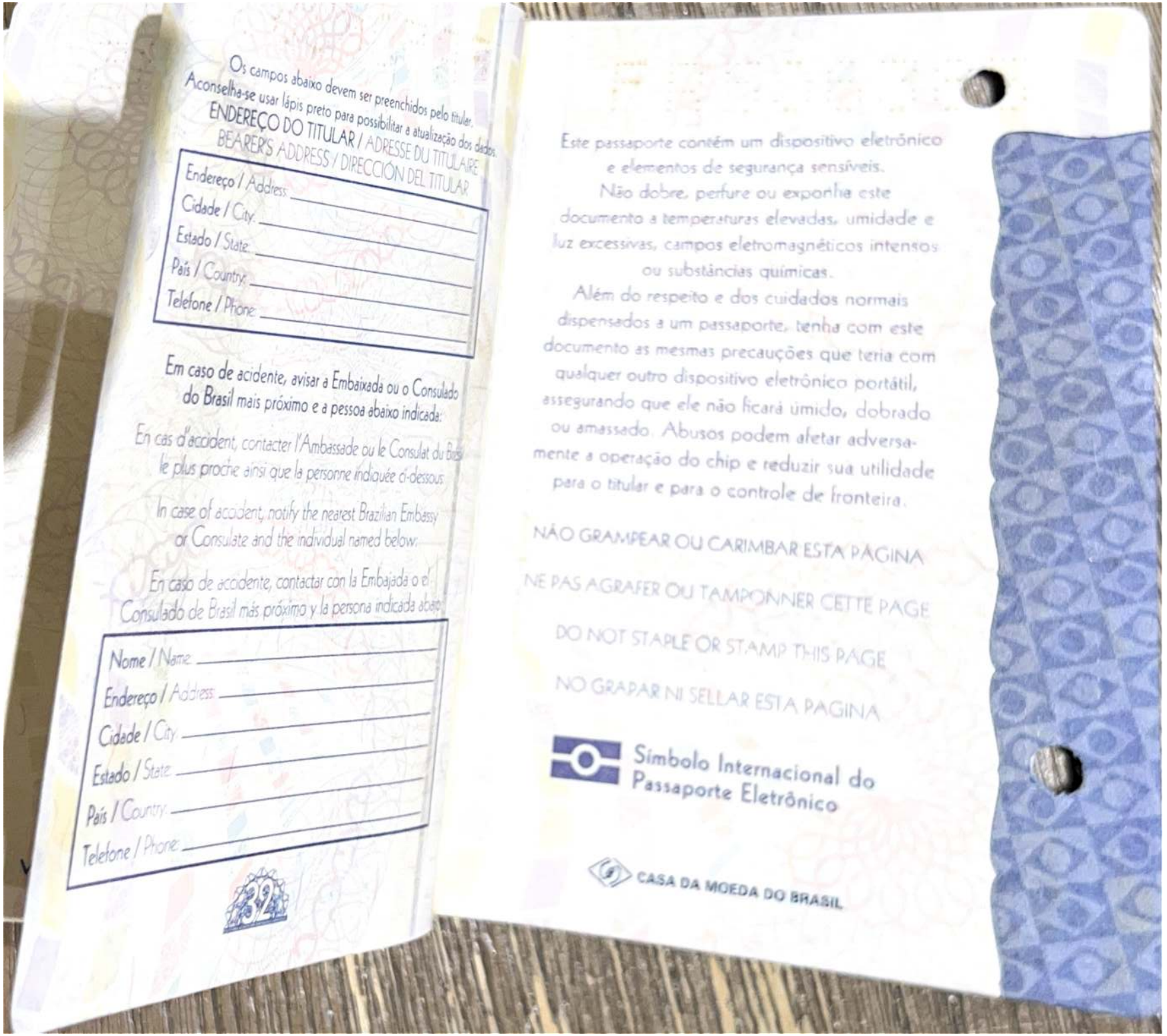

VISTOS 27 VISAS
VISTOS 26 VISAS

VISTOS VISAS

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VISTOS 31 VISAS

VISTOS 30 VISAS



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BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

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Cidade / City:
Estado / State:
País / Country:
Telefone / Phone:

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En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo.

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Endereço / Address:
Cidade / City:
Estado / State:
País / Country:
Telefone / Phone:

32

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NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

Exhibit 5 - Evidence of Dissolution of Prior Marriage

FEDERATIVE REPUBLIC OF BRAZIL
STATE OF GOIÁS – JUDICIAL DISTRICT OF GOIÂNIA

1st Civil Registry and Notary Office

Rua 7 No. 187 - Centro - Goiânia - Goiás
ZIP Code: 74023-020 - Phone: (62) 3223-2027 - Fax: 3223-4388
Jânio Rodrigues de Oliveira – Registrar and Notary Public

MARRIAGE CERTIFICATE WITH DIVORCE ANNOTATION
FERNANDO MASSAO FUGIOKA RODRIGUES
ROBERTA CAETANO ALMEIDA DOS SANTOS
Registration: 024729 01 55 2003 2 00132 003 0026781 49

Full birth names, dates and places of birth, nationality, and filiation of the spouses

FERNANDO MASSAO FUGIOKA RODRIGUES, born on November 6, 1978, in Goiânia-Goiás, Brazilian, single, student, son of EDIVAL RODRIGUES DA SILVA and KIOKA FUGIOKA RODRIGUES, resident and domiciliated in Goiânia-Goiás, **ROBERTA CAETANO ALMEIDA DOS SANTOS**, born on April 20, 1980, in Goiânia-Goiás, Brazilian, single, designer, daughter of JOSÉ CAETANO DOS SANTOS SOBRINHO and ELIENE ALMEIDA DOS SANTOS, resident and domiciliated in Goiânia-Goiás **

Date of Marriage Registration (in full): February Fourteenth, two thousand three ** | Day: 14 | Month: 02 | Year: 2003

Marital Property Regime: Partial Community Property **

Name each spouse began to use (if changed):
ROBERTA CAETANO ALMEIDA DOS SANTOS FUGIOKA **

Notes / Annotations:

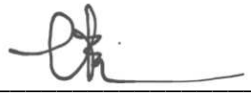
Pursuant to the order issued by Dr. Vania Jorge da Silva, Honorable Judge of the 6th Family and Succession Court of the Judicial District of Goiânia, extracted from case no. 201300978427, I hereby record the **Consensual Divorce**, requested by the COUPLE, granted by judgment and finalized on 04/01/2014, with her resuming the use of the name **ROBERTA CAETANO ALMEIDA DOS SANTOS**. **Electronic Seal: 01971212281543092013456**, annotated on 04/03/2014.
Fees: R$24.66; Court Fee: R$10.67 **
Electronic Seal No. 01971402031108091003359.
Website for verification: http://extrajudicial.tjgo.jus.br/selo

The content of this certificate is true. I certify.

Goiânia-Goiás, April 8, 2014.

Jânio Rodrigues de Oliveira
Registrar and Notary Public

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.


_____ Date: April 17, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
ESTADO DE GOIÁS - COMARCA DE GOIÂNIA

1º Registro Civil e Tabelionato de Notas

Rua 7 nº 187 - Centro - Goiânia - GO
CEP: 74023-020 - Fone: (62) 3223-2027 - Fax: 3223-4388
Jânio Rodrigues de Oliveira - Oficial e Tabelião

CERTIDÃO DE CASAMENTO COM AVERBAÇÃO DE DIVÓRCIO
FERNANDO MASSAO FUGIOKA RODRIGUES
ROBERTA CAETANO ALMEIDA DOS SANTOS
Matrícula: 024729 01 55 2003 2 00132 003 0026781 49

Nomes completos, do solteiro, datas e locais de nascimento, nacionalidade e filiações dos cônjuges

FERNANDO MASSAO FUGIOKA RODRIGUES, nascido aos 06 de novembro de 1978, natural de Goiânia-GO, de nacionalidade brasileira, solteiro, estudante, filho de EDIVAL RODRIGUES DA SILVA e de KIOKA FUGIOKA RODRIGUES, residente e domiciliado em Goiânia-GO**ROBERTA CAETANO ALMEIDA DOS SANTOS**, nascida aos 20 de abril de 1980, natural de Goiânia-GO, de nacionalidade brasileira, solteira, designer, filha de JOSÉ CAETANO DOS SANTOS SOBRINHO e de ELIENE ALMEIDA DOS SANTOS, residente e domiciliada em Goiânia-GO ••

Data do registro do casamento (por extenso) Quatorze de fevereiro de dois mil e três ••

Dia	Mês	Ano
14	02	2003

Regime de bens do casamento Comunhão Parcial de Bens ••

Nome que cada um dos cônjuges passou a utilizar (quando houver alteração)
ROBERTA CAETANO ALMEIDA DOS SANTOS FUGIOKA ••

Observações / Averbações: Conforme mandado expedido pelo Dra. Vania Jorge da Silva, MMª. Juíza de Direito da 6ª Vara de Família e Suc. da Comarca de Goiânia, extraído dos autos nº. 201300978427, averbo o **Divórcio Consensual**, requerido pelo CASAL, decretado por sentença e transitado em julgado em 01/04/2014, voltando ela a usar o nome de **ROBERTA CAETANO ALMEIDA DOS SANTOS.Selo Eletrônico: 01971212281543092013456**, averbado no dia 03/04/2014. Emolumentos: R$24,66; Taxa Judiciária: R$10,67. ••
Selo Eletrônico nº 01971402031108091003359
Site para consulta http://extrajudicial.tjgo.jus.br/selo

O conteúdo da certidão é verdadeiro. Dou fé.
Goiânia-GO, 08 de abril de 2014.

Jânio Rodrigues de Oliveira
Oficial e Tabelião

Exhibit 6 - Evidence of 1 year of physical presence in the United States after the grant of asylum status

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

ROBERTA CAETANO ALMEIDA DOS SANTOS
620 VETERANS BLVD UNIT 221
REDWOOD CITY, CA 94063-1497

Your Adv Plus Banking

for January 22, 2025 to February 18, 2025

Account number: 3250 9586 3869

ROBERTA CAETANO ALMEIDA DOS SANTOS

Account summary

Beginning balance on January 22, 2025	$556.92
Deposits and other additions	5,407.30
Withdrawals and other subtractions	-5,373.63
Checks	-0.00
Service fees	-12.00
Ending balance on February 18, 2025	**$578.59**

New: Scheduled and recurring payments with Zelle®

Send money now, schedule it for later, or make it recurring.

Enroll now! Scan the code or visit bankofamerica.com/zelle.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

SSM-03-24-0484.B | 6398672

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and Equal Housing Lender

Deposits and other additions

Date	Description	Amount
01/22/25	Zelle payment from SUPER SANS LLC Conf# vr9ef38qc	140.00
01/22/25	Zelle payment from ROBSON SILVA Conf# K6pFn05vz	6.00
01/23/25	Zelle payment from PRISCILA SOARES LOPES Conf# arhj80ghi	150.00
01/23/25	Zelle payment from ROBSON SILVA Conf# 5K8pn0owC	95.00
01/23/25	Zelle payment from ROBSON SILVA Conf# 3vlen0ndg	29.39
01/27/25	Zelle payment from YASMIN FUGIOKA Conf# T0YGLT92H	260.00
01/27/25	Zelle payment from ROBSON SILVA Conf# oWWmn0XyR	150.00
01/27/25	Zelle payment from MARIA DA SILVA Conf# sco74kwcx	100.00
01/27/25	Zelle payment from CRISTIANO RODRIGUES PASSOS Conf# sfncza6tv	70.00
01/27/25	Lyft, Inc. 01/26 #000940430 PMNT RCVD Lyft, Inc. San Francisco CA	52.96
01/27/25	Zelle payment from YASMIN FUGIOKA Conf# T0YGN28F3	45.65
01/27/25	Zelle payment from ROBSON SILVA Conf# zQton0VwP	34.34
01/27/25	Zelle payment from ROBSON SILVA Conf# zdgSn0XyY	28.00
01/27/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# l5bjldjz2	20.65
01/27/25	CHECKCARD 0125 MARSHALLS #0755 SAN MATEO CA 74137465026001567O5	5.48
01/28/25	Zelle payment from ROBSON SILVA Conf# on1Nn1Oaz	100.00
01/28/25	Zelle payment from CRISTIANO RODRIGUES PASSOS Conf# tz86t9bjb	60.00
01/28/25	Zelle payment from ROBSON SILVA Conf# SbSnn1Mqm	35.00
01/28/25	Zelle payment from MARIA DA SILVA Conf# t4t9f10ks	30.00
01/30/25	Zelle payment from ROBSON SILVA Conf# JQt3n2mw8	100.00
01/30/25	Zelle payment from ROBSON SILVA Conf# sCxsn2lpj	56.15
01/31/25	Zelle payment from MARIA DA SILVA Conf# tdrc8sd1s	150.00
01/31/25	Zelle payment from ROBSON SILVA Conf# maWfn2FrZ	64.64
02/03/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# npcwtojpe	600.00

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Account security you can see

Check your security meter level and watch it rise as you take action to help protect against fraud. See it in the Mobile Banking app and Online Banking.

To learn more, visit bofa.com/SecurityCenter or scan this code.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

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Deposits and other additions - continued

Date	Description	Amount
02/03/25	BKOFAMERICA ATM 02/03 #000007929 DEPOSIT REDWOOD CITY MAIN REDWOOD CITY CA	400.00
02/03/25	Zelle payment from SUPER SANS LLC Conf# wtydt1wps	120.00
02/03/25	Zelle payment from ROBSON SILVA Conf# XyIvn2VdR	100.00
02/03/25	Zelle payment from MARIA DA SILVA Conf# yq8dwh1u2	28.00
02/03/25	Zelle payment from YASMIN FUGIOKA Conf# T0YHF64JT	25.00
02/03/25	Zelle payment from MARIA DA SILVA Conf# uoqdbr31j	10.70
02/04/25	Transfer VENMO	162.12
02/06/25	Zelle payment from ROBSON SILVA Conf# gnMAn4khm	32.50
02/06/25	Zelle payment from ROBSON SILVA Conf# UN8Tn4khe	15.95
02/07/25	Zelle payment from PRISCILA SOARES LOPES Conf# nevm288sv	300.00
02/07/25	Zelle payment from DIVINA SONIA GONCALVES Conf# irv7oeedu	170.00
02/10/25	FRANCHISE TAX BD DES:CASTTAXRFD ID:XXXXXXXXX INDN:CAETANO ALMEIDA D, ROB CO ID:9282532045 PPD	479.00
02/10/25	Zelle payment from ROBSON SILVA Conf# Vad9n4UXp	150.00
02/10/25	Zelle payment from MARIA DA SILVA Conf# txuimbdwo	149.99
02/10/25	Lyft, Inc. 02/10 #000304183 PMNT RCVD Lyft, Inc. San Francisco CA	9.32
02/10/25	Lyft, Inc. 02/10 #000304186 PMNT RCVD Lyft, Inc. San Francisco CA	7.21
02/11/25	Zelle payment from FABIO DA SILVA for "servico de emisao de documentos"; Conf# 99axvbr5e	100.00
02/11/25	Zelle payment from CRISTIANO RODRIGUES PASSOS Conf# q75w31y41	70.00
02/12/25	Zelle payment from PRISCILA SOARES LOPES Conf# ojkj05xnz	130.00
02/13/25	Zelle payment from PAULA CAETANO DE OLIVEIRA Conf# lnggfxq5g	150.00
02/14/25	Zelle payment from ROBSON SILVA Conf# zcYyn6DG1	100.00
02/14/25	Zelle payment from LILLIAN CUNHA for "BOMBOM MARAVILHOSO"; Conf# T0YJHS45W	25.00
02/14/25	Zelle payment from ISLANNA SOUZA DASILVA Conf# xsxl4qkhw	23.00
02/14/25	Zelle payment from LIZETH LUGO REYES Conf# p3vectw9z	20.00
02/18/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# lw0s1pywn	150.00
02/18/25	Lyft, Inc. 02/17 #000007693 PMNT RCVD Lyft, Inc. San Francisco CA	35.16
02/18/25	Zelle payment from MARISSONE RIBEIRO Conf# T0YJPHLYG	25.00
02/18/25	Zelle payment from LORENA ROSA DACUNHA Conf# bkztjd1sx	20.00
02/18/25	Zelle payment from PAULA CAETANO DE OLIVEIRA Conf# hcac8r98f	15.00
02/18/25	Lyft, Inc. 02/17 #000007712 PMNT RCVD Lyft, Inc. San Francisco CA	1.09
Total deposits and other additions		**$5,407.30**

Withdrawals and other subtractions

Date	Description	Amount
01/23/25	Online Banking transfer to CHK 0657 Confirmation# 8060600596	-15.00
01/23/25	Zelle payment to Roberta Caetano Conf# w3x33f578	-250.00
01/23/25	LUCKY #710.FOS 01/23 #000076646 PURCHASE LUCKY #710.FOST FOSTER CITY CA	-25.11
01/23/25	TARGET T- 2220 01/23 #000301274 PURCHASE TARGET T- 2220 Br San Mateo CA	-24.58
01/23/25	CHECKCARD 0123 ARCO#82403WHIP REDWOOD CITY CA	-23.23
01/24/25	CHECKCARD 0122 SAFEWAY #0747 REDWOOD CITY CA 24231685023221216687065	-15.46
01/24/25	CHECKCARD 0122 SAFEWAY #0999 FOSTER CITY CA 2423168502322121934 5752	-41.67
01/24/25	CHECKCARD 0122 CHICK-FIL-A #04919 SAN MATEO CA 24427335023710024697544	-7.21
01/24/25	PURCHASE 0124 GET COVERED LLC GETCOVEREDINSNY	-13.89
01/24/25	CHAVEZ SUPERMA 01/24 #000635307 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-6.16
01/24/25	MARSHALLS 2240 01/24 #000125347 PURCHASE MARSHALLS 2240 BR SAN MATEO CA	-21.91
01/24/25	SMART AND FINA 01/24 #000901865 PURCHASE SMART AND FINAL REDWOOD CITY CA	-21.42
01/24/25	KeyPoint Credit DES:Transfer ID:ROBERTA CAETANO INDN:ROBERTA CAETANO DOS SA CO ID:PAYVEOWEB WEB	-275.00
01/27/25	CHECKCARD 0124 FOSTER CITY LAUNDERLAND FOSTER CITY CA 24801975024222286508771	-8.75
01/27/25	CHECKCARD 0124 FASTRAK CSC 415-486-8655 CA 24431065024136921044109	-15.50
01/27/25	A&A GAS AND FO 01/25 #000921883 PURCHASE A&A GAS AND FOOD SAN CARLOS CA	-30.35
01/27/25	CHECKCARD 0125 CHICK-FIL-A #04919 SAN MATEO CA 24427335026710031502171	-4.59
01/27/25	CHECKCARD 0125 TACOS EL GRULLENSE 1 REDWOOD CITY CA 24765015026224217960508	-30.17
01/27/25	PURCHASE 0126 AMAZON MKTPL*ZC7J77LE0 Amzn.com/billWA	-30.77
01/27/25	CHECKCARD 0126 Netflix 1 8445052993 CA	-22.99
01/27/25	PURCHASE 0126 Amazon Prime*ZG6HN9MJ1 Amzn.com/billWA	-16.30
01/27/25	Zelle payment to Yasmin Conf# wxzxyce4d	-20.65
01/27/25	Zelle payment to Yasmin Conf# thk82xvqj	-45.65
01/27/25	COSTCO WHSE #0 01/26 #000453387 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-43.14
01/27/25	COSTCO WHSE #0 01/26 #000864781 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-4.68
01/27/25	CHAVEZ SUPERMA 01/26 #000434766 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-5.57
01/27/25	ARCO#06139HILL 01/27 #000061021 PURCHASE ARCO#06139HILLS FOSTER CITY CA	-5.38
01/27/25	CHECKCARD 0127 ARCO#04495SINO SAN MATEO CA	-25.00
01/27/25	LUCKY #710.FOS 01/27 #000980099 PURCHASE LUCKY #710.FOST FOSTER CITY CA	-14.44
01/28/25	CHECKCARD 0128 OCULUS *AX66LJGPU2 oculus.com CA 24692165028102820098263	-19.99
01/29/25	CHECKCARD 0127 CHICK-FIL-A #04919 SAN MATEO CA 24427335028710029046312	-4.59
01/29/25	CHECKCARD 0127 SAFEWAY #0305 REDWOOD CITY CA 24231685028226199606383	-21.24

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Withdrawals and other subtractions - continued

Date	Description	Amount
01/29/25	Online Banking transfer to CHK 0657 Confirmation# 7712517141	-39.00
01/30/25	CHECKCARD 0128 CHICK-FIL-A #04919 SAN MATEO CA 24427335029710029731243	-7.54
01/30/25	CHECKCARD 0129 APPLE.COM/BILL 866-712-7753 CA 24692165029104085417534 RECURRING	-2.99
01/30/25	SMART AND FINA 01/29 #000236849 PURCHASE SMART AND FINAL REDWOOD CITY CA	-36.51
01/30/25	CHAVEZ SUPERMA 01/30 #000414488 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-29.98
01/30/25	COSTCO WHSE #0 01/30 #000074937 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-34.27
01/30/25	COSTCO WHSE #0 01/30 #000873467 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-5.23
01/31/25	CHECKCARD 0129 CHICK-FIL-A #04919 SAN MATEO CA 24427335030710030784998	-7.54
01/31/25	BKOFAMERICA ATM 01/31 #000005734 WITHDRWL FOSTER CITY FOSTER CITY CA	-30.00
01/31/25	DOLLAR TREE 01/31 #000019760 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-17.29
02/03/25	CHECKCARD 0130 CHICK-FIL-A #04919 SAN MATEO CA 24427335031710032164057	-7.54
02/03/25	CHECKCARD 0131 CHICK-FIL-A #04919 SAN MATEO CA 24427335032710035679209	-7.54
02/03/25	CHECKCARD 0131 CHICK-FIL-A #04919 SAN MATEO CA 24427335032710035679290	-4.59
02/03/25	CHECKCARD 0201 CENTRAL FOODS EL SOBRANTE CA 24765015033231231436408	-6.51
02/03/25	CHECKCARD 0201 ARCO#07127ARCO RICHMOND CA	-26.99
02/03/25	CHECKCARD 0202 COSTCO *ANNUAL RENEWAL 800-774-2678 WA 24692165033107354052720	-65.00
02/03/25	DOLLAR TREE 02/02 #000010153 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-1.37
02/03/25	CVS/PHARMACY # 02/02 #000538798 PURCHASE CVS/PHARMACY #09 Redwood City CA	-7.12
02/03/25	CHAVEZ SUPERMA 02/02 #000211158 PURCHASE CHAVEZ SUPERMARKE REDWOOD CITY CA	-9.51
02/03/25	CHAVEZ SUPERMA 02/03 #000222226 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-6.87
02/03/25	SMART AND FINA 02/03 #000134857 PURCHASE SMART AND FINAL SAN MATEO CA	-10.31
02/03/25	TRADER JOE S # 02/03 #000562916 PURCHASE TRADER JOE S #17 SAN CARLOS CA	-6.22
02/03/25	APPLECARD GSBANK DES:PAYMENT ID:21861922 INDN:Roberta Santos CO ID:9999999999 WEB	-38.70
02/04/25	PURCHASE 0203 YSI*Property Payment Re 650-6557908 CA	-2,024.28
02/04/25	SMART AND FINA 02/04 #000200000 PURCHASE SMART AND FINAL SAN MATEO CA	-23.88
02/04/25	REDWOOD CITY G 02/04 #000708701 PURCHASE REDWOOD CITY GROC REDWOOD CITY CA	-5.89
02/04/25	REDWOOD CITY G 02/04 #000905331 PURCHASE REDWOOD CITY GROC REDWOOD CITY CA	-8.78
02/05/25	CHECKCARD 0203 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335035710026098176	-4.49
02/05/25	CHECKCARD 0204 SQ *PRINT COPY XPRESS San Mateo CA 24692165035109289983514	-2.74
02/05/25	CHECKCARD 0205 FOSTER CITY CA FOSTER CITY CA	-20.00
02/05/25	ARCO#06139HILL 02/05 #000291762 PURCHASE ARCO#06139HILLS FOSTER CITY CA	-20.23
02/05/25	SMART AND FINA 02/05 #000299990 PURCHASE SMART AND FINAL REDWOOD CITY CA	-47.07
02/05/25	DOLLAR TREE 02/05 #000010990 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-6.87
02/06/25	CHECKCARD 0204 CHICK-FIL-A #04919 SAN MATEO CA 24427335036710029750137	-4.59

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Withdrawals and other subtractions - continued

Date	Description	Amount
02/06/25	LUCKY #710.FOS 02/06 #000353069 PURCHASE LUCKY #710.FOST FOSTER CITY CA	-13.73
02/07/25	CHECKCARD 0206 MCDONALD'S F380 BELMONT CA 24427335037740283602756	-11.40
02/07/25	99 RANCH #1782 02/07 #000339214 PURCHASE 99 RANCH #1782 FOSTER CITY CA	-15.09
02/07/25	DOLLAR TREE 02/07 #000011417 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-8.87
02/10/25	CHECKCARD 0208 ARCO#82403WHIP REDWOOD CITY CA	-25.00
02/10/25	CHAVEZ SUPERMA 02/08 #000260143 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-1.99
02/10/25	FLAMEZ SMOKESH 02/08 #000001247 PURCHASE 504 EL CAMINO REA REDWOOD CITY CA	-43.95
02/10/25	Online Banking payment to CRD 4855 Confirmation# 0107210904	-300.00
02/10/25	CHECKCARD 0208 METRO BY T MOB BELLEVUE WA	-90.00
02/10/25	SMART AND FINA 02/09 #000629222 PURCHASE SMART AND FINAL REDWOOD CITY CA	-21.95
02/10/25	CHECKCARD 0210 ARCO#04495SINO SAN MATEO CA	-30.00
02/10/25	A&A GAS AND FO 02/10 #000371423 PURCHASE A&A GAS AND FOOD SAN CARLOS CA	-30.35
02/10/25	DOLLAR TREE 02/10 #000039817 PURCHASE 516 EL CAMINO REA BELMONT CA	-13.24
02/10/25	CHAVEZ SUPERMA 02/10 #000222689 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-12.99
02/10/25	SMART AND FINA 02/10 #000160512 PURCHASE SMART AND FINAL SAN MATEO CA	-9.56
02/11/25	CHECKCARD 0209 SAFEWAY #0305 REDWOOD CITY CA 24231685041239458009580	-18.93
02/11/25	Online Banking transfer to CHK 0657 Confirmation# 7132700779	-8.00
02/12/25	CHECKCARD 0210 CHICK-FIL-A #04919 SAN MATEO CA 24427335042710028952587	-7.54
02/12/25	SMART AND FINA 02/12 #000712397 PURCHASE SMART AND FINAL REDWOOD CITY CA	-37.59
02/13/25	CHECKCARD 0211 CHICK-FIL-A #04919 SAN MATEO CA 24427335043710028532230	-7.54
02/13/25	CHECKCARD 0212 GEICO *AUTO 800-841-3000 DC 24692165043106041778646	-257.00
02/13/25	COSTCO WHSE #0 02/13 #000970620 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-44.96
02/13/25	WAL-MART #3123 02/13 #000747454 PURCHASE Wal-Mart Super Ce SANTA CLARA CA	-113.47
02/13/25	HOBBYLOBB 2270 02/13 #000304711 PURCHASE HOBBYLOBB 2270 BR SAN MATEO CA	-25.58
02/13/25	Synchrony Bank DES:CC PYMT ID:601918391301096 INDN:ROBERTA DOS SANTOS CO ID:9856794001 WEB	-200.00
02/14/25	COSTCO WHSE #0 02/14 #000947623 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-25.72
02/14/25	HOBBYLOBB 2270 02/14 #000361805 PURCHASE HOBBYLOBB 2270 BR SAN MATEO CA	-4.08
02/14/25	WELLS FARGO BANK DES:RESERVE ID:1001 INDN:90753593308231 CO ID:WFRETAIL01 TEL	-170.00
02/18/25	CHECKCARD 0213 SAFEWAY #0999 FOSTER CITY CA 24231685045243495914212	-3.88
02/18/25	CHECKCARD 0213 CHICK-FIL-A #04919 SAN MATEO CA 24427335045710032715779	-4.59
02/18/25	CHECKCARD 0214 CHICK-FIL-A #04919 SAN MATEO CA 24427335046710036975766	-4.59
02/18/25	Zelle payment to Robson Conf# rxrf1mbhc	-5.00

continued on the next page

Withdrawals and other subtractions - continued

Date	Description	Amount
02/18/25	Zelle payment to Robson Conf# lz66znn0z	-2.50
02/18/25	Online Banking transfer to CHK 0657 Confirmation# 7267011127	-3.00
02/18/25	CHECKCARD 0217 XFINITY MOBILE 888-936-4968 PA 24692165048109534910234 RECURRING	-42.69
02/18/25	Online Banking transfer to CHK 0657 Confirmation# 7173426892	-10.00
02/18/25	SMART AND FINA 02/17 #000859139 PURCHASE SMART AND FINAL REDWOOD CITY CA	-16.67
02/18/25	TRADER JOE S # 02/17 #000514193 PURCHASE TRADER JOE S #06 SAN MATEO CA	-19.50
02/18/25	CHECKCARD 0218 ARCO#82403WHIP REDWOOD CITY CA	-20.00
02/18/25	DOLLAR TREE 02/18 #000014485 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-4.85
Total withdrawals and other subtractions		**-$5,373.63**

Service fees

Date	Transaction description	Amount
01/22/25	Monthly Maintenance Fee	-12.00
Total service fees		**-$12.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

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BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

ROBERTA CAETANO ALMEIDA DOS SANTOS
620 VETERANS BLVD UNIT 221
REDWOOD CITY, CA 94063-1497

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Plus Banking

for February 19, 2025 to March 19, 2025

Account number: 3250 9586 3869

ROBERTA CAETANO ALMEIDA DOS SANTOS

Account summary

Beginning balance on February 19, 2025	$578.59
Deposits and other additions	12,414.03
Withdrawals and other subtractions	-11,864.92
Checks	-0.00
Service fees	-0.00
Ending balance on March 19, 2025	**$1,127.70**

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SSM-03-24-0484.B | 6398672

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Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Deposits and other additions

Date	Description	Amount
02/19/25	Zelle payment from PRISCILA SOARES LOPES Conf# pe9jeu894	150.00
02/19/25	Zelle payment from JOICY SOUSA Conf# T0YJY2PW5	20.00
02/20/25	Zelle payment from SHOKO YUYAMA for "#787 S Monroe Cleaning fee"; Conf# 99aysg031	160.00
02/20/25	Zelle payment from ROBSON SILVA Conf# emijn8loK	20.47
02/24/25	IRS TREAS 310 DES: TAX REF ID:XXXXXXXXXX00989 INDN:CAETANO ALMEIDA DOSS, CO ID:9111736946 PPD PMT INFO:REF*CAET*FRESNO*12/2024*TAX REFUND*30\	5,538.00
02/24/25	Zelle payment from YASMIN FUGIOKA Conf# T0YK9LBHJ	260.00
02/24/25	Zelle payment from SHOKO YUYAMA for "787 S Monroe St. San Jose"; Conf# 99az5ctpy	160.00
02/24/25	Zelle payment from YASMIN FUGIOKA Conf# T0YK77W4G	50.00
02/24/25	Zelle payment from VIVIANE CORDEIRO Conf# af804l4i6	25.00
02/24/25	Zelle payment from ROBSON SILVA Conf# pL6hn9rH8	20.00
02/25/25	Zelle payment from PRIYANKA SAHNI Conf# 99azc6s4o	160.00
02/27/25	BKOFAMERICA ATM 02/27 #000003213 DEPOSIT FOSTER CITY FOSTER CITY CA	225.00
02/27/25	Zelle payment from SHOKO YUYAMA for "#787 S Monroe St cleaning fee"; Conf# 99azk0ffg	160.00
02/27/25	Zelle payment from ROBSON SILVA Conf# 7DjVnajfx	38.70
02/27/25	Zelle payment from ROBSON SILVA Conf# qbUSnainW	17.86
02/28/25	Zelle payment from NIKITA KANAYA for "Cleaning fees: 39445 mission blvd"; Conf# 01Z3FYC80	140.00
03/03/25	Zelle payment from ROBSON SILVA Conf# kHA1naTjO	350.00
03/03/25	Zelle payment from ROBSON SILVA Conf# muVBnbsKQ	250.00
03/06/25	Zelle payment from PRISCILA SOARES LOPES Conf# n3ql817je	295.00
03/10/25	Zelle payment from ROBSON SILVA Conf# ls6SncRyA	300.00
03/10/25	Zelle payment from DIVINA SONIA GONCALVES Conf# eomml6u4w	170.00
03/10/25	Zelle payment from SHOKO YUYAMA for "#787 S Monroe cleaning fee"; Conf# 99b0qfrh1	160.00
03/10/25	Zelle payment from PACIFICA NEST LLC for "1128 Oddstad Mar 7"; Conf# 99b0nx6qj	145.00
03/11/25	Zelle payment from PRISCILA SOARES LOPES Conf# nawbfd1di	130.00

continued on the next page



Account security you can see

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To learn more, visit bofa.com/SecurityCenter or scan this code.

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Deposits and other additions - continued

Date	Description	Amount
03/12/25	Zelle payment from MESSIAS CUNHA Conf# T0YM4F2TZ	2,330.00
03/12/25	Zelle payment from SHOKO YUYAMA for "booking com cleaning fee"; Conf# 99b14t1s8	190.00
03/14/25	Zelle payment from PACIFICA NEST LLC for "1128 Oddstad Mar 12"; Conf# 99b1er3gj	145.00
03/17/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0QBC1HGTD	249.00
03/17/25	Zelle payment from SHOKO YUYAMA for "787 S Monroe Mar15 cleaning fee"; Conf# 99b1jeufy	160.00
03/17/25	Zelle payment from SHOKO YUYAMA for "787 S Monroe March 16 cleaning fee"; Conf# 99b1luick	160.00
03/17/25	Zelle payment from ROBSON SILVA Conf# vhBanfr2m	41.00
03/17/25	Zelle payment from ROBSON SILVA Conf# VXJgnfqnh	23.00
03/17/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 09B21FGTD	1.00
03/18/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# kjbeqs65z	170.00
Total deposits and other additions		**$12,414.03**

Withdrawals and other subtractions

Date	Description	Amount
02/19/25	CHECKCARD 0217 ROSS STORES #123 SAN MATEO CA 24610435049004047045963	-32.58
02/19/25	CHECKCARD 0218 APPLE.COM/BILL 866-712-7753 CA 24692165049100699834961 RECURRING	-0.99
02/19/25	LUCKY #710.FOS 02/19 #000175485 PURCHASE LUCKY #710.FOST FOSTER CITY CA	-5.58
02/20/25	CHECKCARD 0218 CHICK-FIL-A #04919 SAN MATEO CA 24427335050710028247656	-4.59
02/20/25	CHECKCARD 0220 COMCAST CALIFORNIA 800-COMCAST CA 24692165051101930553993 RECURRING	-48.00
02/21/25	CHECKCARD 0220 FOSTER CITY LAUNDERLAND FOSTER CITY CA 24801975051249551495588	-14.75
02/21/25	CHECKCARD 0221 ARCO#04495SINO SAN MATEO CA	-30.00
02/21/25	Zelle payment to Yasmin Conf# wajcg2ulp	-50.00
02/24/25	CHECKCARD 0220 CHICK-FIL-A #04919 SAN MATEO CA 24427335052710029385560	-15.05
02/24/25	CHECKCARD 0220 CHICK-FIL-A #04919 SAN MATEO CA 24427335052710029386485	-4.59
02/24/25	Online Banking transfer to CHK 0657 Confirmation# 7326378761	-30.00
02/24/25	Online Banking transfer to CHK 0657 Confirmation# 4328277365	-50.00
02/24/25	Zelle payment to Roberta Caetano for "payment card"; Conf# s1xwkxfj5	-198.21
02/24/25	Online Banking transfer to CHK 0657 Confirmation# 7236358945	-20.00
02/24/25	Zelle payment to ROSELENE APARECIDA ROCHA URBANSKI for "Pagamento Leandro Messias"; Conf# wc8t1c088	-3,000.00
02/24/25	Zelle payment to Lu Coelho Contadora for "Taxa 2024"; Conf# y75s69h5b	-270.00
02/24/25	KeyPoint Credit DES:Transfer ID:ROBERTA CAETANO INDN:ROBERTA CAETANO DOS SA CO ID:PAYVEOWEB WEB	-275.00
02/26/25	SMART AND FINA 02/26 #000721008 MOBILE PURCHASE SMART AND FINAL SAN MATEO CA	-58.68
02/27/25	BKOFAMERICA ATM 02/27 #000003214 WITHDRWL FOSTER CITY FOSTER CITY CA	-50.00

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Withdrawals and other subtractions - continued

Date	Description	Amount
02/28/25	Zelle payment to Roberta Caetano Conf# x6425mpnc	-250.00
03/03/25	PURCHASE 0228 NETFLIX.COM NETFLIX.COM CA	-24.99
03/03/25	CHECKCARD 0301 FASTRAK CSC 415-486-8655 CA 24431065061159769002124	-85.00
03/03/25	DOLLAR TREE 03/01 #000024459 PURCHASE 516 EL CAMINO REA BELMONT CA	-15.98
03/03/25	WAL-MART #2280 03/01 #000517244 PURCHASE Wal-Mart Store MOUNTAIN VIEW CA	-83.65
03/03/25	CHECKCARD 0301 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335061710030456185	-11.84
03/03/25	Online Banking transfer to CHK 0657 Confirmation# 7888199567	-20.00
03/03/25	CHAVEZ SUPERMA 03/03 #000014741 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-6.07
03/03/25	DOLLAR TREE 03/03 #000016827 PURCHASE 516 EL CAMINO REA BELMONT CA	-18.43
03/03/25	APPLECARD GSBANK DES:PAYMENT ID:21861922 INDN:Roberta Santos CO ID:9999999999 WEB	-38.70
03/04/25	CHECKCARD 0303 YSI*Property Payment Re 650-6557908 CA 24906415062223496477496	-2,022.25
03/04/25	Online Banking payment to CRD 4078 Confirmation# 3011285803	-200.00
03/04/25	TRADER JOE S # 03/04 #000751881 PURCHASE TRADER JOE S #24 SAN MATEO CA	-21.19
03/04/25	COSTCO WHSE #0 03/04 #000423839 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-5.23
03/04/25	99 RANCH #1782 03/04 #000761797 PURCHASE 99 RANCH #1782 FOSTER CITY CA	-4.14
03/04/25	DOLLAR TREE 03/04 #000023032 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-13.61
03/04/25	CHECKCARD 0304 PLAYSTATION.CO FOSTER CITY CA	-7.96
03/05/25	Zelle payment to Yasmin for "Carro"; Conf# ulzr95xz2	-1,000.00
03/06/25	BKOFAMERICA ATM 03/06 #000009504 WITHDRWL HILLSDALE-FOSTER C FOSTER CITY CA	-40.00
03/06/25	LUCKY #710.FOS 03/06 #000402033 PURCHASE LUCKY #710.FOST FOSTER CITY CA	-16.00
03/07/25	CHECKCARD 0305 IN-N-OUT REDWOOD CITY REDWOOD CITY CA 24692165065105049994141	-14.94
03/07/25	TARGET T- 2220 03/07 #000320157 PURCHASE TARGET T- 2220 Br San Mateo CA	-24.52
03/07/25	SMART AND FINA 03/07 #000505002 PURCHASE SMART AND FINAL REDWOOD CITY CA	-49.45
03/10/25	CHECKCARD 0307 CHICK-FIL-A #04919 SAN MATEO CA 24427335067710035821643	-4.59
03/10/25	CHECKCARD 0307 CHICK-FIL-A #04919 SAN MATEO CA 24427335067710035823433	-4.59
03/10/25	CHECKCARD 0308 METRO BY T MOB BELLEVUE WA	-90.00
03/10/25	CHECKCARD 0308 JERSEY MIKES 20211 SUNNYVALE CA 24733095068046808127167	-11.50
03/10/25	CHECKCARD 0308 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335068710029825252	-4.49
03/10/25	TRADER JOE S # 03/08 #000426257 PURCHASE TRADER JOE S #17 SAN CARLOS CA	-14.94
03/10/25	SMART AND FINA 03/09 #000598064 PURCHASE SMART AND FINAL REDWOOD CITY CA	-36.28
03/10/25	WELLS FARGO BANK DES:RESERVE ID:1001 INDN:90753593308231 CO ID:WFRETAIL01 TEL	-170.00
03/11/25	CHECKCARD 0310 FD *CA DMV 548 *SVC 800-777-0133 CA 24116415070269183429163	-0.82

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Withdrawals and other subtractions - continued

Date	Description	Amount
03/11/25	CHECKCARD 0310 FD *CA DMV 548 *SVC 800-777-0133 CA 2411641507026918342917 1	-0.82
03/11/25	CHECKCARD 0310 FD *CA DMV 548 *SVC 800-777-0133 CA 2411641507026918342914 8	-0.76
03/11/25	CHECKCARD 0310 FD *CA DMV 548 REDWOOD CITY CA 2411641507026916465333 6	-36.00
03/11/25	CHECKCARD 0310 FD *CA DMV 548 REDWOOD CITY CA 2411641507026916465335 1	-39.00
03/11/25	CHECKCARD 0310 FD *CA DMV 548 REDWOOD CITY CA 2411641507026916465336 9	-39.00
03/11/25	CHECKCARD 0310 PANDA EXPRESS #1865 REDWOOD CITY CA 2443106507016519584462 4	-18.81
03/11/25	CHECKCARD 0311 ARCO#04495SINO SAN MATEO CA	-35.00
03/11/25	CHAVEZ SUPERMA 03/11 #000489968 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-33.81
03/11/25	SMART AND FINA 03/11 #000780575 PURCHASE SMART AND FINAL SAN MATEO CA	-30.98
03/12/25	CHECKCARD 0310 CHICK-FIL-A #04361 REDWOOD CITY CA 2442733507071002712076 9	-4.49
03/12/25	TARGET T- 2220 03/12 #000653138 PURCHASE TARGET T- 2220 Br San Mateo CA	-14.82
03/13/25	CHECKCARD 0311 CHICK-FIL-A #04919 SAN MATEO CA 2442733507171003107090 0	-4.59
03/13/25	Online Banking payment to CRD 4078 Confirmation# 1383873068	-2,330.00
03/13/25	CHECKCARD 0313 ARCO#04495SINO SAN MATEO CA	-20.00
03/13/25	COSTCO WHSE #0 03/13 #000571903 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-48.67
03/13/25	DOLLAR TREE 03/13 #000025981 PURCHASE 516 EL CAMINO REA BELMONT CA	-6.39
03/13/25	Synchrony Bank DES:CC PYMT ID:601918391301096 INDN:ROBERTA DOS SANTOS CO ID:9856794001 WEB	-200.00
03/14/25	CHECKCARD 0313 MCDONALD'S F3707 FOSTER CITY CA 2442733507274028981089 6	-12.78
03/14/25	SMART AND FINA 03/14 #000027692 PURCHASE SMART AND FINAL REDWOOD CITY CA	-40.97
03/17/25	CHECKCARD 0314 MCDONALD'S F3707 FOSTER CITY CA 2442733507374030167369 3	-14.62
03/17/25	CHECKCARD 0314 CHICK-FIL-A #04919 SAN MATEO CA 2442733507471003584300 2	-4.59
03/17/25	CHAVEZ SUPERMA 03/15 #000263226 PURCHASE CHAVEZ SUPERMARKE REDWOOD CITY CA	-31.31
03/17/25	CHAVEZ SUPERMA 03/15 #000015027 PURCHASE CHAVEZ SUPERMARKE REDWOOD CITY CA	-2.79
03/17/25	CHAVEZ SUPERMA 03/15 #000263552 PURCHASE CHAVEZ SUPERMARKE REDWOOD CITY CA	-2.75
03/17/25	SALLY BEAUTY 1 03/15 #000916261 PURCHASE SALLY BEAUTY 106 REDWOOD CITY CA	-55.67
03/17/25	DOLLAR TREE 03/15 #000024613 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-2.04
03/17/25	Online Banking transfer to CHK 0657 Confirmation# 4909434192	-40.00
03/17/25	CHECKCARD 0317 APPLE.COM/BILL 866-712-7753 CA 2469216507610125713752 0	-3.99
03/17/25	CHECKCARD 0317 APPLE.COM/BILL 866-712-7753 CA 2469216507610125713794 2	-1.99
03/17/25	CHECKCARD 0316 APPLE COM BILL CUPERTINO CA 00000000000000000229500 RECURRING	-2.99
03/17/25	CHECKCARD 0317 ARCO#82403WHIP REDWOOD CITY CA	-20.00
03/18/25	COSTCO WHSE #0 03/18 #000037416 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-8.99
03/18/25	DOLLAR TREE 03/18 #000024969 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-12.11
03/19/25	CHECKCARD 0317 CHICK-FIL-A #04919 SAN MATEO CA 2442733507771003153283 8	-4.59
03/19/25	CHECKCARD 0318 APPLE.COM/BILL 866-712-7753 CA 2469216507710251171532 4 RECURRING	-0.99

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Withdrawals and other subtractions - continued

Date	Description	Amount
03/19/25	CHECKCARD 0317 SAFEWAY #0305 REDWOOD CITY CA 24231685077276892997696	-7.19
03/19/25	CHECKCARD 0318 GEICO *AUTO 800-841-3000 DC 24692165077102774041814	-257.01
03/19/25	COSTCO WHSE #0 03/19 #000087803 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-5.23
Total withdrawals and other subtractions		**-$11,864.92**

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Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

Good News!
Soon, more funds may be available if we place a hold on your check deposit.

Starting May 19, 2025, here is what to expect if we place a hold on your check deposit and where you can find these changes in our Deposit Agreement and Disclosures after this date:

- The first $275 (previously $225) may be available the next business day.
- When you deposit checks totaling more than $6,725 (previously $5,525) on any one day, we may continue to place a longer hold.
- For certain check deposits into accounts open less than 30 days, the first $6,725 (previously $5,525) of a day's total deposits may be available the next business day.

Our Deposit Agreement and Disclosures document is available at bankofamerica.com/depositagreement. Details can be found in the sections called "Longer Delays May Apply" and "Special Rules for New Accounts". You may also find helpful information in the "When Funds are Available for Withdrawal and Deposit Holds" section of the Agreement.

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BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

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P.O. Box 25118
Tampa, FL 33622-5118

ROBERTA CAETANO ALMEIDA DOS SANTOS
620 VETERANS BLVD UNIT 221
REDWOOD CITY, CA 94063-1497

Your Adv Plus Banking

for March 20, 2025 to April 18, 2025

Account number: 3250 9586 3869

ROBERTA CAETANO ALMEIDA DOS SANTOS

Account summary

Beginning balance on March 20, 2025	$1,127.70
Deposits and other additions	5,307.70
Withdrawals and other subtractions	-5,400.70
Checks	-0.00
Service fees	-0.00
Ending balance on April 18, 2025	**$1,034.70**

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IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Deposits and other additions

Date	Description	Amount
03/20/25	Zelle payment from PACIFICA NEST LLC for "1128 Oddstad & 1018 Yosemite Mar 19"; Conf# 99b1xd8ic	200.00
03/20/25	Zelle payment from PRISCILA SOARES LOPES Conf# rvu7evq7h	150.00
03/21/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA for "Home cleaning"; Conf# 0VBG1VGL5	180.00
03/21/25	Zelle payment from SHOKO YUYAMA for "Mar 21 cleaning fee"; Conf# 99b250khf	160.00
03/24/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# mmlmxurx1	4.00
03/26/25	Zelle payment from ROBSON SILVA Conf# ywJLnhZkN	20.00
03/27/25	Zelle payment from PRISCILA SOARES LOPES Conf# otdjm75ps	130.00
03/27/25	Online Banking transfer from CHK 0657 Confirmation# 7408299668	25.00
03/28/25	Zelle payment from PACIFICA NEST LLC for "1128 Oddstad Mar 23"; Conf# 99b2ry6uf	145.00
03/28/25	Zelle payment from PRISCILA SOARES LOPES Conf# kyy2ztchx	130.00
03/31/25	Zelle payment from CHEF BIANCA BARROS LLC Conf# 99b37jus1	475.00
03/31/25	Zelle payment from SHOKO YUYAMA for "booking cleaning fee"; Conf# 99b30oz5m	160.00
03/31/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0AB819GSJ	140.00
03/31/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# q5wwmsts5	140.00
03/31/25	Zelle payment from ROBSON SILVA Conf# 2Cp5nj7Cc	100.00
03/31/25	Zelle payment from ROBSON SILVA Conf# vXH2nj7C4	38.70
04/01/25	Zelle payment from ROBSON SILVA Conf# hTjTnjHRD	240.00
04/01/25	Zelle payment from ROBSON SILVA Conf# 051znjGdR	15.00
04/02/25	BKOFAMERICA ATM 04/02 #000008876 DEPOSIT ASHTON PLAZA BELMONT CA	210.00
04/03/25	Zelle payment from PRISCILA SOARES LOPES Conf# l2idnxbre	150.00
04/03/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# k9zyc16ji	20.00
04/07/25	Zelle payment from NAN LU for "1128 Oddstad April 5"; Conf# 99b3wcy22	165.00
04/07/25	Zelle payment from SHOKO YUYAMA for "Airbnb cleaning"; Conf# 99b445xcm	160.00
04/07/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0TBH1FGHV	140.00

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When you use the QRC feature, certain information is collected from your mobile device for business purposes. To be eligible for Bank of America Life Plan, a client must have a Bank of America consumer banking relationship (checking, savings or credit card account) and be digitally active on the Bank of America website or mobile app. Go to the URL for additional details.
Bank of America Life Plan is a registered trademark of the Bank of America Corporation. Member FDIC.

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Deposits and other additions - continued

Date	Description	Amount
04/08/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning"; Conf# 99b46sfc3	210.00
04/08/25	Zelle payment from DIVINA SONIA GONCALVES Conf# ec7nfpa5p	170.00
04/10/25	Zelle payment from GLENDERSON DA COSTA for "House clean"; Conf# pb7g4knvp	285.00
04/10/25	Zelle payment from PACIFICA NEST LLC for "1128 Oddstad Apr 8 1018 Yosemite Apr 10"; Conf# 99b4e6e2p	200.00
04/11/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA for "House cleaning"; Conf# 0KB914GSP	140.00
04/14/25	Zelle payment from NAN LU for "1128 Oddstad April 13"; Conf# 99b4rspek	145.00
04/15/25	Zelle payment from PRISCILA SOARES LOPES Conf# q9h9wgbb9	130.00
04/15/25	Zelle payment from SUPER SANS LLC Conf# yc5fjx579	120.00
04/16/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning"; Conf# 99b54ym6e	190.00
04/16/25	BKOFAMERICA ATM 04/16 #000006080 DEPOSIT REDWOOD CITY MAIN REDWOOD CITY CA	150.00
04/17/25	Zelle payment from PRISCILA SOARES LOPES Conf# mhjcrdx82	150.00
04/17/25	Zelle payment from PRIYANKA SAHNI Conf# 99b592sea	120.00
Total deposits and other additions		**$5,307.70**

Withdrawals and other subtractions

Date	Description	Amount
03/20/25	CHECKCARD 0320 XFINITY MOBILE 888-936-4968 PA 24692165079103908522677 RECURRING	-42.69
03/20/25	CHECKCARD 0320 COMCAST CALIFORNIA 800-COMCAST CA 24692165079103895631390 RECURRING	-58.00
03/20/25	Online Banking transfer to CHK 0657 Confirmation# 7748348580	-10.00
03/20/25	TARGET T- 2220 03/20 #000309303 PURCHASE TARGET T- 2220 Br San Mateo CA	-11.43
03/20/25	TOTAL WINE AND 03/20 #000417024 PURCHASE TOTAL WINE AND SAN MATEO CA	-36.92
03/21/25	COSTCO WHSE #0 03/21 #000262670 PURCHASE COSTCO WHSE #0143 MOUNTAIN VIEW CA	-33.05
03/24/25	Zelle payment to Yasmin Conf# w7v86a336	-20.00
03/24/25	SMART AND FINA 03/22 #000705749 PURCHASE SMART AND FINAL SAN MATEO CA	-15.22
03/24/25	CHECKCARD 0322 WWW.TRUST20.CO TRUST20.CO IL 24064665082100003078872	-15.00
03/24/25	SMART AND FINA 03/22 #000702897 PURCHASE SMART AND FINAL SAN MATEO CA	-6.69
03/24/25	CHECKCARD 0323 ARCO#82403WHIP REDWOOD CITY CA	-27.84
03/24/25	DOLLAR TREE 03/24 #000013090 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-10.44
03/24/25	CHECKCARD 0324 ARCO#04495SINO SAN MATEO CA	-20.00
03/24/25	KeyPoint Credit DES:Transfer ID:ROBERTA CAETANO INDN:ROBERTA CAETANO DOS SA CO ID:PAYVEOWEB WEB	-275.00
03/24/25	MACYS DES:ONLINE PMT ID:631649229139224 INDN:ROBERTA CAETANO CO ID:CITICTP WEB	-18.63
03/25/25	DOLLAR TREE 03/25 #000010862 PURCHASE 516 EL CAMINO REA BELMONT CA	-17.36
03/25/25	LUCKY #710.FOS 03/25 #000872712 PURCHASE LUCKY #710.FOST FOSTER CITY CA	-5.74

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Withdrawals and other subtractions - continued

Date	Description	Amount
03/26/25	CHECKCARD 0326 Netflix 1 8445052993 CA	-24.99
03/26/25	LUCKY #710.FOS 03/26 #000965064 PURCHASE LUCKY #710.FOST FOSTER CITY CA	-3.33
03/26/25	SMART AND FINA 03/26 #000102264 PURCHASE SMART AND FINAL SAN MATEO CA	-8.28
03/26/25	Zelle payment to Thanna for "Kbelo"; Conf# t9pvejlkq	-55.00
03/26/25	Online Banking transfer to CHK 0657 Confirmation# 7602853715	-20.00
03/26/25	SMART AND FINA 03/26 #000982659 PURCHASE SMART AND FINAL REDWOOD CITY CA	-14.98
03/27/25	CHECKCARD 0325 CHICK-FIL-A #04919 SAN MATEO CA 24427335085710032308675	-4.59
03/27/25	Online Banking transfer to CHK 0657 Confirmation# 7604639825	-25.00
03/27/25	CHECKCARD 0327 ARCO#04495SINO SAN MATEO CA	-20.00
03/31/25	CHECKCARD 0327 CHICK-FIL-A #04919 SAN MATEO CA 24427335087710034926498	-4.59
03/31/25	SMART AND FINA 03/28 #000244723 PURCHASE SMART AND FINAL REDWOOD CITY CA	-64.23
03/31/25	CHECKCARD 0329 APPLE.COM/BILL 866-712-7753 CA 24692165088102413462501 RECURRING	-2.99
03/31/25	Online Banking transfer to CHK 0657 Confirmation# 7227152292	-20.00
03/31/25	CHECKCARD 0329 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335089710030866548	-4.49
03/31/25	CHECKCARD 0330 SHEIN.COM US.SHEIN.COM CA 24036295089714134953128	-11.16
03/31/25	Online Banking transfer to CHK 0657 Confirmation# 7737128602	-10.00
03/31/25	Zelle payment to Roberta Caetano for "Celular Robson"; Conf# vjamou4lp	-100.00
03/31/25	CHAVEZ SUPERMA 03/31 #000241501 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-43.50
03/31/25	Online Banking transfer to CHK 0657 Confirmation# 7945693116	-50.00
03/31/25	Zelle payment to Robson for "Emprestado"; Conf# u7n6atcks	-15.00
03/31/25	CHECKCARD 0331 ARCO#82403WHIP REDWOOD CITY CA	-20.00
03/31/25	COSTCO WHSE #1 03/31 #000729735 PURCHASE COSTCO WHSE #1042 REDWOOD CITY CA	-46.04
04/01/25	CHECKCARD 0331 MCDONALD'S F416 REDWOOD CITY CA 24427335090740284908230	-5.27
04/01/25	TARGET T- 2220 04/01 #000944675 PURCHASE TARGET T- 2220 Br San Mateo CA	-33.72
04/01/25	DOLLAR TREE 04/01 #000036788 PURCHASE 516 EL CAMINO REA BELMONT CA	-17.96
04/01/25	CHAVEZ SUPERMA 04/01 #000294715 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-28.73
04/01/25	SMART AND FINA 04/01 #000674833 PURCHASE SMART AND FINAL SAN MATEO CA	-28.24
04/02/25	Online Banking transfer to CHK 0657 Confirmation# 7959623728	-300.00
04/02/25	CHECKCARD 0402 ARCO#04495SINO SAN MATEO CA	-30.00
04/02/25	CHAVEZ SUPERMA 04/02 #000469852 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-8.06
04/02/25	APPLECARD GSBANK DES:PAYMENT ID:21861922 INDN:Roberta Santos CO ID:9999999999 WEB	-38.70
04/03/25	CHECKCARD 0401 CA DMV FEE 678-7315516 TN 24755425092280925930813	-0.27

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Withdrawals and other subtractions - continued

Date	Description	Amount
04/03/25	CHECKCARD 0401 STATE OF CALIF DMV INT 800-7770133 CA 24755425092170926518883	-14.00
04/03/25	CHECKCARD 0401 CHICK-FIL-A #04919 SAN MATEO CA 24427335092710032335521	-4.59
04/03/25	CHECKCARD 0401 CHICK-FIL-A #04919 SAN MATEO CA 24427335092710032338277	-4.59
04/03/25	LUCKY #710.FOS 04/03 #000775212 PURCHASE LUCKY #710.FOST FOSTER CITY CA	-19.30
04/04/25	PURCHASE 0403 YSI*Property Payment Re 650-6557908 CA	-2,025.17
04/04/25	SMART AND FINA 04/04 #000917040 PURCHASE SMART AND FINAL REDWOOD CITY CA	-12.24
04/07/25	CHECKCARD 0404 CHICK-FIL-A #04919 SAN MATEO CA 24427335095710036629181	-16.86
04/07/25	CHECKCARD 0404 ROSS STORES #1279 SAN CARLOS CA 24610435095004034496958	-28.41
04/07/25	PETSMART # 169 04/05 #000495170 PURCHASE PETSMART # 1691 SAN CARLOS CA	-14.21
04/07/25	CHECKCARD 0405 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335096710029746348	-4.49
04/07/25	CHECKCARD 0407 PLAYSTATION.CO FOSTER CITY CA	-2.99
04/07/25	Online Banking transfer to CHK 0657 Confirmation# 7607660453	-5.00
04/08/25	CHECKCARD 0406 SAFEWAY #0668 BELMONT CA 24231685097298416123860	-24.61
04/08/25	CHECKCARD 0408 ARCO#04495SINO SAN MATEO CA	-25.00
04/09/25	CHECKCARD 0408 APPLE.COM/BILL 866-712-7753 CA 24692165098101147510385 RECURRING	-2.99
04/09/25	CHECKCARD 0409 CINEPOLIS USA (CALIFOR 121-49532202 TX 24011345099100014847293	-25.50
04/09/25	CHECKCARD 0409 CINEPOLIS USA (CALIFOR 121-49532202 TX 24011345099100046142382	-37.27
04/09/25	Online Banking payment to CRD 4078 Confirmation# 4020726751	-100.00
04/09/25	CHECKCARD 0409 METRO BY T MOB BELLEVUE WA	-90.00
04/09/25	WELLS FARGO BANK DES:RESERVE ID:1001 INDN:90753593308231 CO ID:WFRETAIL01 TEL	-170.00
04/10/25	CHECKCARD 0408 CHICK-FIL-A #04919 SAN MATEO CA 24427335099710032042112	-7.54
04/10/25	CHECKCARD 0410 ARCO#04495SINO SAN MATEO CA	-25.00
04/10/25	CHAVEZ SUPERMA 04/10 #000450114 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-10.08
04/10/25	CHECKCARD 0410 PG E EZ PAY SAN FRANCISCOCA	-157.43
04/10/25	Zelle payment to Yasmin for "Carro 1"; Conf# u5rs1woma	-150.00
04/10/25	Online Banking transfer to CHK 0657 Confirmation# 7433796744	-25.00
04/11/25	CHECKCARD 0410 SQ *PRINT COPY XPRESS San Mateo CA 24692165100103017034393	-4.39
04/14/25	CHECKCARD 0411 TST* TAQUERIA LA PERLA PACIFICA CA 24137465101100331360930	-10.17
04/14/25	CHECKCARD 0410 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335101710030929514	-4.49
04/14/25	TARGET T- 2220 04/12 #000960260 PURCHASE TARGET T- 2220 Br San Mateo CA	-59.79
04/14/25	CHECKCARD 0412 CHICK-FIL-A #04919 SAN MATEO CA 24427335103710034663141	-4.59
04/14/25	CHECKCARD 0412 CHEESECAKE HILLSDALE SAN MATEO CA 24943005104186866927784	-90.00
04/14/25	SMART AND FINA 04/13 #000643526 PURCHASE SMART AND FINAL SAN MATEO CA	-60.32
04/14/25	CHAVEZ SUPERMA 04/14 #000075627 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-12.97
04/14/25	SMART AND FINA 04/14 #000750749 PURCHASE SMART AND FINAL SAN MATEO CA	-31.82

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Withdrawals and other subtractions - continued

Date	Description	Amount
04/14/25	LUCKY #710.FOS 04/14 #000629936 PURCHASE LUCKY #710.FOST FOSTER CITY CA	-2.49
04/14/25	CHAVEZ SUPERMA 04/14 #000475582 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-23.00
04/14/25	Synchrony Bank DES:CC PYMT ID:601918391301096 INDN:ROBERTA DOS SANTOS CO ID:9856794001 WEB	-200.00
04/16/25	Online Banking transfer to CHK 0657 Confirmation# 7984547272	-5.00
04/17/25	SMART AND FINA 04/17 #000270799 PURCHASE SMART AND FINAL SAN MATEO CA	-109.73
04/17/25	FIVE BELO 3010 04/17 #000219477 PURCHASE FIVE BELO 3010 BR FOSTER CITY CA	-9.47
04/18/25	CHECKCARD 0417 XFINITY MOBILE 888-936-4968 PA 24692165107108922521338 RECURRING	-42.69
04/18/25	CHECKCARD 0416 FOSTER CITY PROWASH - W FOSTER CITY CA 24269795107500831832805	-14.95
04/18/25	CHECKCARD 0416 SALLY BEAUTY 10659 REDWOOD CITY CA 24137465107501112326798	-10.98
04/18/25	TARGET T- 2220 04/18 #000204562 PURCHASE TARGET T- 2220 Br San Mateo CA	-18.45
Total withdrawals and other subtractions		**-$5,400.70**

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BANK OF AMERICA

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ROBERTA CAETANO ALMEIDA DOS SANTOS
620 VETERANS BLVD UNIT 221
REDWOOD CITY, CA 94063-1497

Your Adv Plus Banking

for April 19, 2025 to May 19, 2025

Account number: 3250 9586 3869

ROBERTA CAETANO ALMEIDA DOS SANTOS

Account summary

Beginning balance on April 19, 2025	$1,034.70
Deposits and other additions	9,379.51
Withdrawals and other subtractions	-6,262.60
Checks	-0.00
Service fees	-12.00
Ending balance on May 19, 2025	**$4,139.61**

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SSM-03-24-0484.B | 6398672

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and Equal Housing Lender

Deposits and other additions

Date	Description	Amount
04/21/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning"; Conf# 99b5hs0ss	200.00
04/21/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning"; Conf# 99b5o1rq4	160.00
04/21/25	Zelle payment from PACIFICA NEST LLC for "1128 Oddstad Apr 19"; Conf# 99b5hxuem	145.00
04/21/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0MB91I6Z1	140.00
04/21/25	Zelle payment from GLENDERSON DA COSTA Conf# pu9zs315i	105.00
04/22/25	Zelle payment from ROBSON SILVA Conf# 2p4lnpFm5	200.00
04/25/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0KBJ126ME	140.00
04/25/25	Zelle payment from GLENDERSON DA COSTA Conf# lwwepbgxz	105.00
04/28/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning"; Conf# 99b696oct	220.00
04/28/25	Zelle payment from ROBSON SILVA Conf# GO9Nnr49M	200.00
04/28/25	Zelle payment from ROBSON SILVA Conf# PZlAnrl4g	64.05
04/29/25	Zelle payment from PRISCILA SOARES LOPES Conf# kbi2jqew8	130.00
04/30/25	Zelle payment from SUPER SANS LLC Conf# t7szyr2cu	120.00
04/30/25	Zelle payment from ROBSON SILVA Conf# Avx1nrW3E	54.00
05/02/25	Zelle payment from PABLO M SOARES GOMES Conf# 99b6z665g	180.00
05/05/25	BKOFAMERICA ATM 05/03 #000001590 DEPOSIT REDWOOD CITY MAIN REDWOOD CITY CA	275.00
05/05/25	Zelle payment from ROBSON SILVA Conf# wcJgnt2T5	280.00
05/05/25	Zelle payment from ROBSON SILVA Conf# 1Hq7nsLLa	200.00
05/05/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99b735r1b	160.00
05/05/25	Zelle payment from PACIFICA NEST LLC for "1018 Oddstad April 28 May 3"; Conf# 99b76xxjc	110.00
05/05/25	Zelle payment from GLENDERSON DA COSTA Conf# nf5458j1c	105.00
05/05/25	Zelle payment from ROBSON SILVA Conf# FoI4nsN0N	50.00
05/06/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0FBA1N63J	140.00
05/07/25	Zelle payment from Conf# e3o3hwozg	170.00

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Security tips

Tips to help protect yourself from trending scams:

- Do not be pressured to act quickly - it could be an imposter trying to steal your money.
- If asked to transfer money unexpectedly, use caution - it could be a scam.
- Never grant remote access or download apps at the request of someone you do not know.

Learn more about trending scams.
Scan the code or visit bofa.com/HelpProtectYourself.

When you use the QRC feature, certain information is collected from your mobile device for business purposes.

SSM-10-24-0281.A | 6172088

Deposits and other additions - continued

Date	Description	Amount
05/07/25	Zelle payment from ROBSON SILVA Conf# 03JGntUrA	67.00
05/08/25	Zelle payment from YASMIN FUGIOKA Conf# T0YSQ3V2N	280.00
05/09/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning"; Conf# 99b7tcqfp	210.00
05/09/25	Zelle payment from GLENDERSON DA COSTA Conf# pqymoolbe	105.00
05/12/25	Zelle payment from ROBSON SILVA Conf# t950nuLzW	240.00
05/12/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning"; Conf# 99b838gme	190.00
05/12/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning"; Conf# 99b863vvl	160.00
05/12/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0AB91C6PL	140.00
05/12/25	Zelle payment from ROBSON SILVA Conf# hlnfnv2l1	10.00
05/13/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# rsqdxlj96	120.00
05/14/25	BKOFAMERICA ATM 05/14 #000007173 DEPOSIT FOSTER CITY FOSTER CITY CA	2,493.90
05/14/25	Zelle payment from DEEPMALA VIJ for "5-14 CLEANING"; Conf# T0YTDF58C	170.00
05/15/25	Zelle payment from NIKITA KANAYA for "Cleaning: 39445 Mission Blvd"; Conf# 0JE7KDZHM	140.00
05/16/25	Zelle payment from JOICY SOUSA Conf# v8jg0v7qm	225.00
05/16/25	Zelle payment from JOICY SOUSA Conf# y1paotzt5	5.00
05/19/25	PRIZEPICK 3423 05/17 #000234904 PMNT RCVD PRIZEPICK 3423 Pi ATLANTA GA	300.00
05/19/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning"; Conf# 99b8rh6yz	160.00
05/19/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99b8x2u7e	160.00
05/19/25	Zelle payment from SHOKO YUYAMA for "booking cleaning fee"; Conf# 99b918kse	160.00
05/19/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 05B21K6PO	140.00
05/19/25	Zelle payment from ROBSON SILVA Conf# A5Rcnx2VW	125.56
05/19/25	Zelle payment from GLENDERSON DA COSTA Conf# qby8lpogq	105.00
05/19/25	Zelle payment from JOICY SOUSA Conf# T0YTQ462W	20.00
Total deposits and other additions		**$9,379.51**

Withdrawals and other subtractions

Date	Description	Amount
04/21/25	CHECKCARD 0418 APPLE.COM/BILL 866-712-7753 CA 24692165108100169530816 RECURRING	-0.99
04/21/25	CHECKCARD 0420 COMCAST CALIFORNIA 800-COMCAST CA 24692165110101663805569 RECURRING	-58.00
04/21/25	CHECKCARD 0419 MCDONALD'S F416 REDWOOD CITY CA 24427335109740299993424	-11.61
04/21/25	Zelle payment to Robson for "Lucca"; Conf# yh01nud9t	-25.00
04/21/25	Online Banking transfer to CHK 0657 Confirmation# 7911688240	-25.00
04/21/25	CHAVEZ SUPERMA 04/20 #000886497 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-15.21
04/21/25	ARCO#82403WHIP 04/20 #000530211 PURCHASE ARCO#82403WHIPP REDWOOD CITY CA	-13.29
04/21/25	WAL WAL-MART # 04/21 #000234537 PURCHASE 600 SHOWERS DR MOUNTAIN VIEW CA	-58.20

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Withdrawals and other subtractions - continued

Date	Description	Amount
04/21/25	TARGET T- 2220 04/21 #000149977 PURCHASE TARGET T- 2220 Br San Mateo CA	-20.91
04/22/25	CHECKCARD 0420 LAZY DOG RESTAURANT 40 SAN MATEO CA 24055235111313269337282	-104.09
04/22/25	PURCHASE 0421 AMAZON RETA* BX3ZG0Q43 WWW.AMAZON.COWA	-17.00
04/22/25	PURCHASE 0421 AMAZON DIGITAL WWW.AMAZON.COWA	-8.99
04/22/25	DOLLAR TREE 04/22 #000039060 PURCHASE 516 EL CAMINO REA BELMONT CA	-27.35
04/22/25	TARGET T- 2220 04/22 #000308713 PURCHASE TARGET T- 2220 Br San Mateo CA	-24.65
04/23/25	CHECKCARD 0421 CHICK-FIL-A #04919 SAN MATEO CA 24427335112710032445185	-16.86
04/23/25	KeyPoint Credit DES:Transfer ID:ROBERTA CAETANO INDN:ROBERTA CAETANO DOS SA CO ID:PAYVEOWEB WEB	-275.00
04/24/25	COSTCO WHSE #0 04/24 #000024381 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-78.98
04/24/25	COSTCO WHSE #0 04/24 #000225923 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-5.23
04/24/25	Online Banking transfer to CHK 0657 Confirmation# 7154451077	-25.00
04/25/25	CHECKCARD 0424 MCDONALD'S F3707 FOSTER CITY CA 24427335114740296269334	-9.28
04/25/25	TARGET T- 2220 04/25 #000040699 PURCHASE TARGET T- 2220 Br San Mateo CA	-12.46
04/28/25	SMART AND FINA 04/25 #000934958 PURCHASE SMART AND FINAL REDWOOD CITY CA	-12.32
04/28/25	CHECKCARD 0426 Netflix.com 408-5403700 CA 24204295116001662509024 RECURRING	-24.99
04/28/25	CHECKCARD 0426 GEICO *AUTO 800-841-3000 DC 24692165117107497775533	-323.29
04/28/25	Online Banking transfer to CHK 0657 Confirmation# 7870250698	-50.00
04/28/25	CHECKCARD 0426 ARCO#82403WHIP REDWOOD CITY CA	-20.00
04/28/25	WAL-MART #3455 04/26 #000426287 PURCHASE Wal-Mart Store RICHMOND CA	-73.35
04/28/25	Zelle payment to MATHEUS ARAUJO SILVA for "carregador"; Conf# xmev9qvjb	-100.00
04/28/25	MARSHALLS 2240 04/28 #000734317 PURCHASE MARSHALLS 2240 BR SAN MATEO CA	-18.63
04/29/25	99 RANCH #1782 04/29 #000121422 PURCHASE 99 RANCH #1782 FOSTER CITY CA	-18.57
04/29/25	O'REILLY 3639 04/29 #000538636 PURCHASE O'REILLY 3639 SAN MATEO CA	-9.86
04/29/25	SMART AND FINA 04/29 #000266243 PURCHASE SMART AND FINAL SAN MATEO CA	-27.60
04/29/25	TJMAXX #0 1850 04/29 #000009170 PURCHASE TJMAXX #0 1850 S SAN MATEO CA	-13.20
04/29/25	Online Banking transfer to CHK 0657 Confirmation# 7197086707	-20.00
04/30/25	CHECKCARD 0428 ROSS STORES #3 PACIFICA CA 24610435119004033400722	-26.31
04/30/25	CHECKCARD 0428 SAFEWAY #0304 PACIFICA CA 24231685119321989884751	-18.96
04/30/25	CHECKCARD 0429 APPLE.COM/BILL 866-712-7753 CA 24692165119109965248827 RECURRING	-2.99
04/30/25	Online Banking transfer to CHK 0657 Confirmation# 7705454242	-15.00
05/01/25	CHECKCARD 0430 PRIZEPICKS 404-567-6666 GA 24445005121000990066033	-10.00
05/01/25	CHAVEZ SUPERMA 05/01 #000418966 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-8.71

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Withdrawals and other subtractions - continued

Date	Description	Amount
05/01/25	CHECKCARD 0501 TARGET T-1122 San Mateo CA	-2.19
05/01/25	SMART AND FINA 05/01 #000402072 PURCHASE SMART AND FINAL SAN MATEO CA	-34.78
05/02/25	APPLECARD GSBANK DES:PAYMENT ID:21861922 INDN:Roberta Santos CO ID:9999999999 WEB	-41.69
05/05/25	CHECKCARD 0502 PLAYSTATION.CO FOSTER CITY CA	-19.99
05/05/25	CHECKCARD 0503 MCDONALD'S F416 REDWOOD CITY CA 24427335123740295447716	-13.26
05/05/25	PURCHASE 0504 MICROSOFT*STORE MICROSOFT.COMWA	-1.99
05/05/25	CHECKCARD 0503 YSI*Property Payment Re 650-6557908 CA 24906415123228493708568	-2,036.42
05/05/25	DOLLAR TREE 05/04 #000030620 PURCHASE 516 EL CAMINO REA BELMONT CA	-19.56
05/05/25	SMART AND FINA 05/04 #000751401 PURCHASE SMART AND FINAL SAN MATEO CA	-4.99
05/05/25	CHECKCARD 0505 ARCO#04495SINO SAN MATEO CA	-20.00
05/05/25	Online Banking transfer to CHK 0657 Confirmation# 8047299811	-5.00
05/06/25	CHECKCARD 0506 ARCO#04495SINO SAN MATEO CA	-30.00
05/06/25	SMART AND FINA 05/06 #000824231 PURCHASE SMART AND FINAL SAN MATEO CA	-21.78
05/07/25	CHECKCARD 0505 CHICK-FIL-A #04919 SAN MATEO CA 24427335126710030592123	-4.59
05/07/25	SMART AND FINA 05/07 #000929935 PURCHASE SMART AND FINAL REDWOOD CITY CA	-13.98
05/07/25	Zelle payment to Roberta Caetano Conf# xi5fyrzpx	-67.00
05/07/25	SMART AND FINA 05/07 #000945192 PURCHASE SMART AND FINAL REDWOOD CITY CA	-36.14
05/08/25	CHECKCARD 0506 CHICK-FIL-A #04919 SAN MATEO CA 24427335127710032583343	-4.59
05/08/25	CHECKCARD 0507 BROADWAY AUTO REDWOOD CITY CA 24801975128331654770353	-20.00
05/08/25	CHECKCARD 0508 APPLE COM BILL CUPERTINO CA 00000000000000000269520 RECURRING	-2.99
05/08/25	Online Banking payment to CRD 4078 Confirmation# 2974006424	-150.00
05/08/25	CHECKCARD 0508 METRO BY T MOB BELLEVUE WA	-90.00
05/08/25	TARGET T- 2220 05/08 #000201311 PURCHASE TARGET T- 2220 Br San Mateo CA	-10.94
05/09/25	99 RANCH #1782 05/09 #000792377 PURCHASE 99 RANCH #1782 FOSTER CITY CA	-13.90
05/09/25	Online Banking transfer to CHK 0657 Confirmation# 7583169923	-20.00
05/09/25	Zelle payment to Yasmin for "Carro 3"; Conf# x16jjtv1f	-100.00
05/09/25	WELLS FARGO BANK DES:RESERVE ID:1001 INDN:90753593308231 CO ID:WFRETAIL01 TEL	-170.00
05/12/25	CHECKCARD 0509 CHICK-FIL-A #04919 SAN MATEO CA 24427335130710038133171	-19.81
05/12/25	CHECKCARD 0510 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335131710030355748	-24.03
05/12/25	SMART AND FINA 05/10 #000201896 PURCHASE SMART AND FINAL REDWOOD CITY CA	-35.81
05/12/25	DIAMOND GAS AN 05/11 #000060391 PURCHASE DIAMOND GAS AND M SAN JOSE CA	-30.00
05/12/25	CHECKCARD 0511 MCDONALD'S F843 SAN JOSE CA 24427335131740287163602	-24.13
05/12/25	CHECKCARD 0511 TARGET T-1122 San Mateo CA	-8.93
05/12/25	Online Banking transfer to CHK 0657 Confirmation# 7906909717	-20.00

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Withdrawals and other subtractions - continued

Date	Description	Amount
05/12/25	CHAVEZ SUPERMA 05/12 #000479614 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-49.84
05/12/25	DOLLAR TREE 05/12 #000028833 PURCHASE 516 EL CAMINO REA BELMONT CA	-9.67
05/13/25	COSTCO WHSE #0 05/13 #000937282 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-122.93
05/13/25	SMART AND FINA 05/13 #000370330 PURCHASE SMART AND FINAL SAN MATEO CA	-17.81
05/13/25	Synchrony Bank DES:CC PYMT ID:601918391301096 INDN:ROBERTA DOS SANTOS CO ID:9856794001 WEB	-200.00
05/14/25	CHECKCARD 0512 SAFEWAY #1138 BELMONT CA 24231685133337352940634	-9.94
05/14/25	SAFEWAY #0999 05/14 #000380219 PURCHASE SAFEWAY #0999 FOSTER CITY CA	-2.24
05/14/25	Online Banking transfer to CHK 0657 Confirmation# 7226110397	-15.00
05/15/25	CHECKCARD 0513 CHICK-FIL-A #04919 SAN MATEO CA 24427335134710031900820	-4.59
05/15/25	CHECKCARD 0513 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335134710028424073	-4.49
05/15/25	CHECKCARD 0513 SAFEWAY #0668 BELMONT CA 24231685134338413993652	-30.61
05/15/25	CHECKCARD 0515 STEVENSON CRES FREMONT CA	-24.89
05/15/25	Online Banking transfer to CHK 0657 Confirmation# 7735214692	-10.00
05/16/25	CHECKCARD 0514 SAFEWAY #0999 FOSTER CITY CA 24231685135339523714151	-48.98
05/16/25	Online Banking transfer to CHK 0657 Confirmation# 7344502171	-15.00
05/16/25	CHECKCARD 0516 PG E EZ PAY SAN FRANCISCOCA	-114.30
05/16/25	Zelle payment to Roberta Caetano for "CRV"; Conf# qk3rp0o37	-150.00
05/19/25	CHECKCARD 0515 CHICK-FIL-A #04919 SAN MATEO CA 24427335136710035665955	-4.59
05/19/25	CHECKCARD 0516 MCDONALD'S F3707 FOSTER CITY CA 24427335136740306314033	-7.20
05/19/25	CHECKCARD 0516 CHICK-FIL-A #04919 SAN MATEO CA 24427335137710038074337	-4.59
05/19/25	CHECKCARD 0517 PLAYSTATION.CO FOSTER CITY CA	-8.99
05/19/25	CHECKCARD 0517 ARCO#82403WHIPPLE ARCO REDWOOD CITY CA 24122545138342505587558	-40.00
05/19/25	SMART AND FINA 05/17 #000742877 PURCHASE SMART AND FINAL REDWOOD CITY CA	-33.15
05/19/25	CHECKCARD 0518 XFINITY MOBILE 888-936-4968 PA 24692165138104083029180 RECURRING	-42.69
05/19/25	Online Banking transfer to CHK 0657 Confirmation# 7153094846	-50.00
05/19/25	CHECKCARD 0518 ARCO#07127ARCO RICHMOND CA	-50.02
05/19/25	CHECKCARD 0518 SQ *GALI'S ANTOJITOS Richmond CA 24692165139104750000240	-20.00
05/19/25	Zelle payment to Leandro for "feira"; Conf# o8vhufd2z	-27.50
05/19/25	Zelle payment to Roberta Caetano for "cartao"; Conf# o7icjn1yu	-125.00
05/19/25	Online Banking transfer to CHK 0657 Confirmation# 8062235360	-100.00
05/19/25	PURCHASE 0519 AMAZON DIGITAL WWW.AMAZON.COWA	-9.99

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Withdrawals and other subtractions - continued

Date	Description	Amount
05/19/25	COSTCO WHSE #0 05/19 #000636140 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-157.99
05/19/25	COSTCO WHSE #0 05/19 #000941240 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-5.23
Total withdrawals and other subtractions		**-$6,262.60**

Service fees

Date	Transaction description	Amount
04/21/25	Monthly Maintenance Fee	-12.00
Total service fees		**-$12.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

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BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

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Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

ROBERTA CAETANO ALMEIDA DOS SANTOS
620 VETERANS BLVD UNIT 221
REDWOOD CITY, CA 94063-1497

Your Adv Plus Banking

for May 20, 2025 to June 17, 2025

Account number: 3250 9586 3869

ROBERTA CAETANO ALMEIDA DOS SANTOS

Account summary

Beginning balance on May 20, 2025	$4,139.61
Deposits and other additions	6,180.82
Withdrawals and other subtractions	-9,317.01
Checks	-0.00
Service fees	-12.00
Ending balance on June 17, 2025	**$991.42**

Important information about payment scams

We will never

- call and ask you to send money using Zelle® to yourself or anyone else.
- contact you via phone or text to ask for a security code.
- reach out to you and ask you to send money or provide a code. If someone unfamiliar to you does this, it is likely a scam.

Treat Zelle® payments like cash – once you send money, you are unlikely to get it back.

Learn more about trending scams at bofa.com/helpprotectyourself

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IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Deposits and other additions

Date	Description	Amount
05/20/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# m9dfzotxr	25.00
05/21/25	Zelle payment from SHOKO YUYAMA for "booking cleaning fee"; Conf# 99b9a733x	160.00
05/22/25	BKOFAMERICA ATM 05/22 #000006522 DEPOSIT FOSTER CITY FOSTER CITY CA	175.00
05/22/25	Zelle payment from DEEPMALA VIJ for "CLEANING 5-22"; Conf# T0YV64XG3	170.00
05/22/25	Zelle payment from ROBSON SILVA Conf# BjP7ny9NU	15.00
05/23/25	Zelle payment from GLENDERSON DA COSTA Conf# opyovbsst	105.00
05/23/25	PRIZEPICK 3423 05/23 #000050341 PMNT RCVD PRIZEPICK 3423 Pi ATLANTA GA	30.00
05/27/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0AB818H4A	200.00
05/27/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99b9ukkdm	192.00
05/27/25	Zelle payment from ROBSON SILVA Conf# y8XhnyKU2	170.00
05/27/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99b9on7h4	160.00
05/27/25	Zelle payment from JOICY SOUSA Conf# tp6kaq8tc	145.00
05/27/25	Zelle payment from ROBSON SILVA Conf# 3WCDnz2la	125.00
05/27/25	Zelle payment from ROBSON SILVA Conf# dxHfnzjjq	125.00
05/27/25	Zelle payment from ROBSON SILVA Conf# lyzQnyYGU	60.00
05/27/25	Zelle payment from ROBSON SILVA Conf# MDNtnz0Dh	20.00
05/28/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# n9klwm4qh	120.00
05/29/25	Zelle payment from ROBSON SILVA Conf# Gg2WnA9pe	90.00
05/30/25	Zelle payment from GLENDERSON DA COSTA Conf# k2y4nqihv	105.00
06/02/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bam6wfx	160.00
06/02/25	Zelle payment from PRIYANKA SAHNI Conf# 99bah98dn	150.00
06/02/25	Zelle payment from JOICY SOUSA Conf# T0YW3XX4R	150.00
06/02/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0LB41OHWD	140.00
06/02/25	Zelle payment from ROBSON SILVA Conf# TMM2nBixI	40.00

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Security tips

Tips to help protect yourself from trending scams:

- Hang up if you receive a suspicious call from someone saying they are from the bank. Instead, call the number on your statement or card.
- Neither Bank of America nor the U.S. government will request that you transfer money or share codes to resolve fraud.

Learn more about trending scams.
Scan the code or visit bofa.com/HelpProtectYourself.

When you use the QRC feature, certain information is collected from your mobile device for business purposes.

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Deposits and other additions - continued

Date	Description	Amount
06/02/25	Zelle payment from ROBSON SILVA Conf# faiYnB0jx	38.70
06/03/25	Zelle payment from JOAO BATISTA SOUSA ALMEIDA Conf# ryiw4it35	128.00
06/03/25	Zelle payment from JOAO BATISTA SOUSA ALMEIDA Conf# lgmhzqv9x	10.00
06/04/25	Zelle payment from ROBSON SILVA Conf# DT4tnBRVz	145.00
06/05/25	Zelle payment from DEEPMALA VIJ for "CLEANING 6-4"; Conf# T0YWJT2GB	170.00
06/05/25	Zelle payment from GLENDERSON DA COSTA Conf# petnntbo2	105.00
06/05/25	Zelle payment from ROBSON SILVA Conf# PyKvnC8Kf	26.00
06/06/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bb96su0	160.00
06/09/25	Zelle payment from PAULO SANTOS Conf# da580nqd2	350.00
06/09/25	Zelle payment from Conf# j0jv8suc3	170.00
06/09/25	Zelle payment from YANCHEN LIU for "waverley 2720 cleaning. Thanks"; Conf# r118vqfbd	170.00
06/09/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA for "Cleaning"; Conf# 0GB315HJ6	165.00
06/09/25	Zelle payment from JOICY SOUSA Conf# T0YWRX2LY	10.00
06/11/25	IHSS2 ST OF CA DES:IHSSCMIPSE ID:XXXXXXXXX INDN:CAETANO ALMEIDA DOS, CO ID:9666663698 PPD	275.12
06/11/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# pj3xza655	130.00
06/12/25	Zelle payment from NAN LU for "1128 Oddstad Jun 12 deep cleaning"; Conf# 99bbxwqav	280.00
06/12/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bbudjf7	160.00
06/13/25	BOFA FIN CTR 06/13 #000004243 DEPOSIT 700 Jefferson Ave Redwood City CA	355.00
06/16/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA for "cleaning"; Conf# 0EB61GHWK	165.00
06/16/25	Zelle payment from LETICIA RODRIGUES Conf# T0YXNXQ9X	45.00
06/16/25	Zelle payment from SANDRO SILVA LEAL Conf# 99bcdu1sk	15.00
06/16/25	Zelle payment from JOICY SOUSA Conf# T0YXQBJLT	13.00
06/17/25	Zelle payment from SHOKO YUYAMA for "booking rental cleaning fee"; Conf# 99bcjkwck	160.00
06/17/25	Zelle payment from YASMIN FUGIOKA Conf# T0YXQM8FZ	88.00
06/17/25	Zelle payment from MANOEL NETO Conf# T0YXSMMGR	15.00
Total deposits and other additions		**$6,180.82**

Withdrawals and other subtractions

Date	Description	Amount
05/20/25	CHECKCARD 0518 ROSS STORES #1453 SAN PABLO CA 24610435139004028774756	-62.44
05/20/25	CHECKCARD 0519 PRIZEPICKS 404-567-6666 GA 24445005140000973980694	-20.00
05/20/25	Zelle payment to Yasmin for "carro 5"; Conf# ttvdhghx7	-400.00
05/20/25	DOLLAR TREE 05/20 #000037188 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-24.97
05/20/25	DOLLAR TREE 05/20 #000037189 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-30.65

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Withdrawals and other subtractions - continued

Date	Description	Amount
05/21/25	CHECKCARD 0520 COMCAST / XFINITY 800-COMCAST CA 24692165140105795003427 RECURRING	-48.00
05/21/25	CHECKCARD 0519 CHICK-FIL-A #04919 SAN MATEO CA 24427335140710032585283	-4.59
05/21/25	CHECKCARD 0520 GDP*All Smog El Camino Redwood City CA 24755425140291403495072	-58.00
05/21/25	CHECKCARD 0520 ARCO#82403WHIPPLE ARCO REDWOOD CITY CA 24122545141345855477911	-55.00
05/21/25	CHAVEZ SUPERMA 05/21 #000846496 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-26.32
05/21/25	ART'S VALERO 7 05/21 #000310498 PURCHASE ART'S VALERO 7959 SAN FRANCISCO CA	-25.00
05/22/25	CHECKCARD 0520 CHICK-FIL-A #04919 SAN MATEO CA 24427335141710032668427	-4.59
05/22/25	CHECKCARD 0521 FASTRAK CSC 415-486-8655 CA 24431065141210672040919	-17.20
05/22/25	COSTCO WHSE #0 05/22 #000408308 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-46.16
05/22/25	SANMATEO SUPER 05/22 #000289506 PURCHASE 400 COUNTY CENTER REDWOOD CITY CA	-25.00
05/22/25	SMART AND FINA 05/22 #000074490 PURCHASE SMART AND FINAL SAN MATEO CA	-27.91
05/23/25	CHECKCARD 0522 FASTRAK VIOLATION CENT 415-486-8655 CA 24431065142211337288918	-117.00
05/23/25	CHECKCARD 0522 FD *CA DMV 548 REDWOOD CITY CA 24116415143348063754313	-357.00
05/23/25	CHECKCARD 0522 FD *CA DMV 548 *SVC 800-777-0133 CA 24116415143348108736994	-7.50
05/23/25	CHECKCARD 0522 DUCKY'S CARWASH 388822 REDWOOD CITY CA 24275395142900014115184	-9.99
05/23/25	CHECKCARD 0523 ARCO#04495SINO SAN MATEO CA	-25.00
05/27/25	CHECKCARD 0522 CHICK-FIL-A #04919 SAN MATEO CA 24427335143710035579819	-4.59
05/27/25	CHECKCARD 0523 FASTRAK VIOLATION CENT 415-486-8655 CA 24431065143211987370189	-8.00
05/27/25	CHECKCARD 0523 SAFEWAY #0668 BELMONT CA 24231685144349544031641	-8.53
05/27/25	CHECKCARD 0524 MCDONALD'S F416 REDWOOD CITY CA 24427335144740294684892	-15.25
05/27/25	Online Banking transfer to CHK 0657 Confirmation# 7213777672	-65.00
05/27/25	CHECKCARD 0525 SQ *GOT YA PRODUCTIONS San FranciscoCA 24692165145100458347737	-82.60
05/27/25	Online Banking transfer to CHK 0657 Confirmation# 4721900601	-20.00
05/27/25	PURCHASE 0526 Netflix.com netflix.com CA	-24.99
05/27/25	Online Banking transfer to CHK 0657 Confirmation# 7829519660	-15.00
05/27/25	Zelle payment to Joicy Conf# y0n2s8118	-35.00
05/27/25	Online Banking transfer to CHK 0657 Confirmation# 7631465300	-35.00
05/27/25	CHECKCARD 0527 ARCO#82403WHIP REDWOOD CITY CA	-39.33
05/27/25	WAL WAL-MART # 05/27 #000740628 PURCHASE 600 SHOWERS DR MOUNTAIN VIEW CA	-150.72
05/27/25	KeyPoint Credit DES:Transfer ID:ROBERTA CAETANO INDN:ROBERTA CAETANO DOS SA CO ID:PAYVEOWEB WEB	-275.00

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Withdrawals and other subtractions - continued

Date	Description	Amount
05/27/25	TJX Rew MstrCRD DES:SYF PAYMNT ID:524366304576359 INDN:CAETANOALMEIDADROBERTA CO ID:9069872103 WEB	-89.18
05/28/25	CHECKCARD 0526 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335147710017680433	-30.40
05/28/25	CHECKCARD 0528 ARCO#04495SINO SAN MATEO CA	-10.00
05/28/25	DOLLAR TREE 05/28 #000017765 PURCHASE 555 EL CAMINO REA S SAN FRANCIS CA	-42.41
05/28/25	Online Banking transfer to CHK 0657 Confirmation# 7946541345	-25.00
05/28/25	Zelle payment to Robson Silva for "Emprestado"; Conf# ua1rcj2ul	-90.00
05/29/25	CHECKCARD 0527 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335148710028302786	-4.49
05/29/25	PURCHASE 0528 AMAZON MKTPL*N66RF8OB2 Amzn.com/billWA	-17.21
05/29/25	CHECKCARD 0528 MCDONALD'S F5522 SOUTH SAN FRACA 24427335148740286031181	-6.47
05/29/25	CHECKCARD 0529 UBR* PENDING.U San FranciscoCA	-16.94
05/29/25	CHECKCARD 0529 ARCO#04495SINO SAN MATEO CA	-20.00
05/29/25	COSTCO WHSE #0 05/29 #000851394 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-36.22
05/29/25	SMART AND FINA 05/29 #000753064 PURCHASE SMART AND FINAL SAN MATEO CA	-78.46
05/29/25	TRADER JOE S # 05/29 #000264846 PURCHASE TRADER JOE S #06 SAN MATEO CA	-28.18
05/29/25	Online Banking transfer to CHK 0657 Confirmation# 7156595654	-15.00
05/30/25	CHECKCARD 0529 GEICO *AUTO 800-841-3000 DC 24692165149104434123713	-242.20
05/30/25	Zelle payment to Yasmin for "bolo e pequi 3"; Conf# utbdiqx5m	-146.50
05/30/25	TARGET T- 2220 05/30 #000212202 PURCHASE TARGET T- 2220 Br San Mateo CA	-56.27
05/30/25	Online Banking transfer to CHK 0657 Confirmation# 7265424463	-15.00
06/02/25	CHECKCARD 0529 ROSS STORES #123 SAN MATEO CA 24610435150004038093373	-39.40
06/02/25	CHECKCARD 0529 CHICK-FIL-A #04919 SAN MATEO CA 24427335150710034407665	-4.59
06/02/25	CHECKCARD 0530 SARKU JAPAN 340 SAN MATEO CA 24137465151501296127488	-26.93
06/02/25	CHECKCARD 0530 CHICK-FIL-A #04919 SAN MATEO CA 24427335151710036739650	-4.59
06/02/25	CHECKCARD 0530 PRIZEPICKS 404-567-6666 GA 24445005151500821651062	-20.00
06/02/25	Online Banking transfer to CHK 0657 Confirmation# 7878657812	-150.00
06/02/25	TARGET ST 100 06/01 #000314700 PURCHASE TARGET ST 100 WES Daly City CA	-16.47
06/02/25	Zelle payment to Thanna for "kbelo"; Conf# sj3vd3l7b	-55.00
06/02/25	CHECKCARD 0602 ARCO#82403WHIP REDWOOD CITY CA	-39.73
06/02/25	Zelle payment to MANOEL NETO for "Resenha"; Conf# vdl0tqem6	-20.00
06/02/25	COSTCO WHSE #0 06/02 #000472682 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-155.24
06/02/25	CHAVEZ SUPERMA 06/02 #000294605 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-35.89
06/02/25	APPLECARD GSBANK DES:PAYMENT ID:21861922 INDN:Roberta Santos CO ID:9999999999 WEB	-30.52
06/03/25	CHECKCARD 0601 ROSS STORES #1279 SAN CARLOS CA 24610435153004029369896	-37.97
06/04/25	Zelle payment to Roberta Caetano for "cartao"; Conf# xm82jvzhj	-145.00

continued on the next page

Withdrawals and other subtractions - continued

Date	Description	Amount
06/05/25	CHECKCARD 0603 SAFEWAY #0999 FOSTER CITY CA 24231685155361456842986	-17.99
06/05/25	CHECKCARD 0603 SAFEWAY #0919 SARATOGA CA 24231685155361456397858	-12.53
06/05/25	CHECKCARD 0603 CHICK-FIL-A #04919 SAN MATEO CA 24427335155710032053318	-4.59
06/05/25	PURCHASE 0604 Prime Video *NH6JD0F72 888-802-3080 WA	-3.79
06/05/25	PURCHASE 0604 Prime Video *N699I15D1 888-802-3080 WA	-5.99
06/05/25	PURCHASE 0603 YSI*Property Payment Re 650-6557908 CA	-2,036.95
06/05/25	PURCHASE 0604 Prime Video *N668A9MF1 888-802-3080 WA	-5.99
06/05/25	PURCHASE 0604 Prime Video *N69M135E1 888-802-3080 WA	-3.79
06/05/25	PURCHASE 0604 Prime Video *N69FO65R1 888-802-3080 WA	-3.99
06/05/25	PURCHASE 0604 Prime Video *N68GC5571 888-802-3080 WA	-19.99
06/05/25	PURCHASE 0604 Microsoft*Microsoft 365 425-6816830 WA	-1.99
06/05/25	Zelle payment to Priscila for "Deep 1"; Conf# wgy6c5j1s	-170.00
06/05/25	CHECKCARD 0605 ARCO#04495SINO SAN MATEO CA	-30.00
06/06/25	CHECKCARD 0605 APPLE.COM/BILL 866-712-7753 CA 24692165156100455511349	-3.99
06/06/25	Online Banking transfer to CHK 0657 Confirmation# 7624766591	-80.00
06/09/25	CHECKCARD 0605 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335157710030602783	-18.88
06/09/25	CHECKCARD 0605 CHICK-FIL-A #04919 SAN MATEO CA 2442733515771003434997	-11.21
06/09/25	CHECKCARD 0606 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335158710032579855	-23.16
06/09/25	SUNNYVALE FAST 06/07 #000510735 PURCHASE SUNNYVALE FAST FI SUNNYVALE CA	-7.95
06/09/25	Online Banking transfer to CHK 0657 Confirmation# 7335350757	-40.00
06/09/25	CHECKCARD 0608 APPLE.COM/BILL 866-712-7753 CA 24692165159103549808983 RECURRING	-2.99
06/09/25	CHECKCARD 0609 METRO BY T MOB BELLEVUE WA	-90.00
06/09/25	SMART AND FINA 06/09 #000697418 PURCHASE SMART AND FINAL REDWOOD CITY CA	-56.63
06/09/25	Zelle payment to Joicy for "cash"; Conf# xsk1gh1u2	-1,400.00
06/09/25	Online scheduled payment to CRD 4078 Confirmation# 4739130326	-300.00
06/09/25	WELLS FARGO BANK DES:RESERVE ID:1001 INDN:90753593308231 CO ID:WFRETAIL01 TEL	-170.00
06/10/25	CHECKCARD 0609 PANDA EXPRESS #1865 REDWOOD CITY CA 24431065161223450860734	-25.16
06/10/25	HOBBYLOBB 2270 06/10 #000036655 PURCHASE HOBBYLOBB 2270 BR SAN MATEO CA	-15.12
06/11/25	CHECKCARD 0609 IN-N-OUT REDWOOD CITY REDWOOD CITY CA 24692165161105354501880	-9.50
06/11/25	CHECKCARD 0610 MCDONALD'S F13001 MILLBRAE CA 24427335161740291064294	-7.20
06/11/25	Zelle payment to Gabi for "Festa Gabi"; Conf# tq7e7eu6s	-20.00
06/12/25	CHECKCARD 0612 ARCO#02134M & SAN JOSE CA	-60.30

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Withdrawals and other subtractions - continued

Date	Description	Amount
06/13/25	Zelle payment to Joicy for "cleaning"; Conf# p3ptt6qd6	-177.50
06/13/25	Zelle payment to Yasmin for "guarana"; Conf# yh9ml8h56	-11.00
06/13/25	Zelle payment to Yasmin for "pequi"; Conf# tvhsvqn4t	-31.00
06/13/25	Zelle payment to Renata Unha for "unha"; Conf# wdxszy0z1	-50.00
06/16/25	TARGET T- 2220 06/14 #000937760 PURCHASE TARGET T- 2220 Br San Mateo CA	-36.74
06/16/25	TARGET T- 2220 06/14 #000955867 PURCHASE TARGET T- 2220 Br San Mateo CA	-78.92
06/16/25	TARGET T- 2220 06/14 #000956142 PURCHASE TARGET T- 2220 Br San Mateo CA	-21.71
06/16/25	SMART AND FINA 06/14 #000995440 PURCHASE SMART AND FINAL SAN MATEO CA	-31.68
06/16/25	CHECKCARD 0614 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335166710028684131	-4.49
06/16/25	CHECKCARD 0615 Prime Video *NA2FM40G1 888-802-3080 WA 24692165166109464134512	-3.99
06/16/25	CHECKCARD 0615 Prime Video *NA1CE40W1 888-802-3080 WA 24692165166109509548833	-3.79
06/16/25	Zelle payment to Willdenberg Conf# znhfmqbs9	-50.00
06/16/25	BATH AND BODY 06/16 #000572621 PURCHASE BATH AND BODY WOR SAN MATEO CA	-16.39
06/17/25	CHECKCARD 0616 LEGO, Hillsdale Shoppi San Mateo CA 24204295167003654265027	-17.53
06/17/25	Synchrony Bank DES:CC PYMT ID:601918391301096 INDN:ROBERTA DOS SANTOS CO ID:9856794001 WEB	-200.00
Total withdrawals and other subtractions		**-$9,317.01**

Service fees

Date	Transaction description	Amount
05/20/25	Monthly Maintenance Fee	-12.00
Total service fees		**-$12.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

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ROBERTA CAETANO ALMEIDA DOS SANTOS
620 VETERANS BLVD UNIT 221
REDWOOD CITY, CA 94063-1497

Your Adv Plus Banking

for June 18, 2025 to July 21, 2025

Account number: 3250 9586 3869

ROBERTA CAETANO ALMEIDA DOS SANTOS

Account summary

Beginning balance on June 18, 2025	$991.42
Deposits and other additions	9,700.28
Withdrawals and other subtractions	-9,447.39
Checks	-0.00
Service fees	-0.00
Ending balance on July 21, 2025	**$1,244.31**

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IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Deposits and other additions

Date	Description	Amount
06/20/25	Zelle payment from NAN LU for "1128 Oddstad Blvd June 17,19"; Conf# 99bcr4pvz	348.00
06/23/25	Zelle payment from ROBSON SILVA Conf# sw91nGYo3	300.00
06/23/25	Zelle payment from GLENDERSON DA COSTA for "limpeza 15"; Conf# jn6qgv1v1	225.00
06/23/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA for "Cleaning"; Conf# 0XBG18HJW	165.00
06/23/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bd8h4wt	160.00
06/23/25	Zelle payment from LUIGI TARABORRELLI Conf# kp2jg54qt	150.00
06/24/25	IHSS2 ST OF CA DES:IHSSCMIPSE ID:XXXXXXXXX INDN:CAETANO ALMEIDA DOS, CO ID:9666663698 PPD	575.10
06/24/25	Zelle payment from PAVIT K GREWAL for "Pavit-Cleaning"; Conf# 99bdaw5u9	228.00
06/24/25	Zelle payment from NAN LU for "1128 Oddstad June 23"; Conf# 99bd9du8m	145.00
06/24/25	Online Banking transfer from CHK 0657 Confirmation# 8081187048	107.30
06/25/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# jwt56kcpd	130.00
06/26/25	Zelle payment from DEEPMALA VIJ for "CLEANING 6-25"; Conf# T0YYN3N2V	170.00
06/27/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bdkpr8l	160.00
06/27/25	Zelle payment from GLENDERSON DA COSTA Conf# rx4uopvhv	105.00
06/30/25	Zelle payment from ROBSON SILVA Conf# 4ArgnIGXS	300.00
06/30/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0MB21DHRT	165.00
06/30/25	BKOFAMERICA ATM 06/30 #000007213 DEPOSIT REDWOOD CITY MAIN REDWOOD CITY CA	150.00
06/30/25	Zelle payment from NAN LU for "1128 oddstad June 29"; Conf# 99bdzthc4	145.00
06/30/25	Zelle payment from ROBSON SILVA Conf# RkTYnIYfI	100.00
06/30/25	Zelle payment from JOICY SOUSA Conf# T0YYWX3V4	50.00
06/30/25	Zelle payment from ROBSON SILVA Conf# ye6gnJfPA	38.70
07/01/25	Zelle payment from JOAO BATISTA SOUSA ALMEIDA Conf# njw6cjtu4	45.00
07/02/25	GEICODigitalPa 07/02 #000936407 PMNT RCVD GEICODigitalPay Chevy Chase MD	560.00
07/03/25	Zelle payment from NAN LU for "1128 Oddstad July 3"; Conf# 99beh9ye9	145.00

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Deposits and other additions - continued

Date	Description	Amount
07/07/25	BKOFAMERICA ATM 07/04 #000003150 DEPOSIT REDWOOD CITY MAIN REDWOOD CITY CA	300.00
07/07/25	Zelle payment from GLENDERSON DA COSTA Conf# npo04ezn7	105.00
07/07/25	Zelle payment from ROBSON SILVA Conf# 6VqAnKGkF	400.00
07/07/25	Zelle payment from Conf# accb64ikj	170.00
07/07/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA for "cleaner"; Conf# 0LB51M7AR	165.00
07/07/25	Zelle payment from SHOKO YUYAMA for "booking cleaning fee"; Conf# 99beizgso	160.00
07/07/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bereq10	160.00
07/08/25	Zelle payment from SHOKO YUYAMA for "aribnb cleaning fee"; Conf# 99bezion2	160.00
07/09/25	IHSS2 ST OF CA DES:IHSSCMIPSE ID:XXXXXXXXX INDN:CAETANO ALMEIDA DOS, CO ID:9666663698 PPD	598.18
07/10/25	Zelle payment from NIKITA KANAYA for "Cleaning: 39445 Mission Blvd"; Conf# 0JFR87T8W	140.00
07/10/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# nlsupln38	50.00
07/11/25	Zelle payment from GLENDERSON DA COSTA for "cleaning"; Conf# l4qxj7wd2	105.00
07/14/25	Zelle payment from NAN LU for "1128 Oddstad July 9, 13"; Conf# 99bfmjhne	290.00
07/14/25	Zelle payment from JOICY SOUSA Conf# yflsnnnwr	200.00
07/14/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA for "cleaning"; Conf# 05BW1D734	165.00
07/14/25	Zelle payment from SANDRO SILVA LEAL for "roberta"; Conf# 99bflt8b6	10.00
07/14/25	Zelle payment from MANOEL NETO Conf# T0Z2DNS7S	10.00
07/14/25	Zelle payment from JORGE DIAS OLIVEIRA for "JANTAR"; Conf# T0Z2DKCHF	10.00
07/14/25	Zelle payment from ANGELICA GONCALVES for "comida"; Conf# 99bfm6mih	10.00
07/15/25	Online Banking transfer from CHK 0657 Confirmation# 7161008606	400.00
07/16/25	BKOFAMERICA ATM 07/16 #000009532 DEPOSIT FOSTER CITY FOSTER CITY CA	200.00
07/16/25	Zelle payment from Neel N Sheth for "home cleaning July 15 2025"; Conf# 94JgnNuSp	200.00
07/17/25	Zelle payment from DEEPMALA VIJ for "CLEANING JULY 16TH"; Conf# T0Z2QGDLV	170.00
07/17/25	Zelle payment from GLENDERSON DA COSTA Conf# nchmus2s0	105.00
07/18/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bg3u9kv	160.00
07/18/25	Zelle payment from NAN LU for "1128 Oddstad July 18"; Conf# 99bg7qb31	145.00
07/21/25	Zelle payment from PAVIT K GREWAL for "cleaning"; Conf# 99bgbcin7	170.00
07/21/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0QBL1575I	165.00
07/21/25	Zelle payment from JOICY SOUSA Conf# xc8pq3ylj	110.00
Total deposits and other additions		**$9,700.28**

Withdrawals and other subtractions

Date	Description	Amount
06/18/25	CHECKCARD 0617 XFINITY MOBILE 888-936-4968 PA 24692165168101200125738 RECURRING	-42.48
06/18/25	CHECKCARD 0618 APPLE COM BILL CUPERTINO CA	-9.99

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Withdrawals and other subtractions - continued

Date	Description	Amount
06/20/25	Zelle payment to Bruno Carro usa for "Bateria carro"; Conf# z1g24weip	-147.00
06/20/25	CHECKCARD 0617 ZORBAS PIZZA MILLBRAE I MILLBRAE CA 24765015170378713956263	-130.00
06/20/25	CHECKCARD 0617 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335169710028534077	-12.39
06/20/25	CHECKCARD 0619 AMAZON MKTPL*NA9666WF0 Amzn.com/billWA 2469216517010011205022O	-33.61
06/20/25	ARCO#82403WHIP 06/19 #000577739 PURCHASE ARCO#82403WHIPP REDWOOD CITY CA	-21.52
06/20/25	DOLLAR TREE 06/20 #000015849 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-15.33
06/20/25	Zelle payment to Joicy for "consorcio 2"; Conf# vt1930097	-200.00
06/23/25	CHECKCARD 0620 COMCAST / XFINITY 800-266-2278 CA 24692165171100930081323 RECURRING	-48.00
06/23/25	CHECKCARD 0620 AMAZON MKTPL*NO1146T91 Amzn.com/billWA 24692165171100897926080	-16.91
06/23/25	CHECKCARD 0620 APPLE.COM/BILL 866-712-7753 CA 24692165171100831897090	-9.99
06/23/25	Zelle payment to Joicy for "cash"; Conf# i21a2nfqj	-100.00
06/23/25	CHECKCARD 0621 Prime Video *NO3TV9WU2 888-802-3080 WA 24692165172101906756301	-3.99
06/23/25	CHECKCARD 0621 SARKU JAPAN 340 SAN MATEO CA 24137465173501249829226	-26.29
06/23/25	ARCO#82403WHIP 06/21 #000760905 PURCHASE ARCO#82403WHIPP REDWOOD CITY CA	-35.00
06/23/25	Zelle payment to Sone for "sandalia"; Conf# u0cgdjv4s	-25.00
06/23/25	Zelle payment to Bruno Carro usa for "pecas carro"; Conf# wds50m0r2	-395.00
06/24/25	CHECKCARD 0622 DUCKY'S CARWASH 388822 888-3882237 CA 24275395174900017249387	-29.99
06/24/25	CHECKCARD 0623 OCULUS *NHLF4UUNU2 oculus.com CA 24692165174103625842261	-11.99
06/24/25	OFFICE DEPOT 0 06/24 #000501078 PURCHASE OFFICE DEPOT 00 1 SAN CARLOS CA	-15.18
06/24/25	SAFEWAY #0305 06/24 #000104747 PURCHASE SAFEWAY #0305 REDWOOD CITY CA	-92.10
06/25/25	CHECKCARD 0625 A&A GAS FOOD M MILLBRAE CA	-25.00
06/25/25	Zelle payment to Roberta Caetano for "CRV"; Conf# tgkblmcm9	-250.00
06/26/25	Zelle payment to LIDIA DOS SANTOS for "Jantar"; Conf# ylce884yk	-15.00
06/26/25	Zelle payment to MANOEL NETO for "lago"; Conf# w042xse08	-12.00
06/26/25	TARGET T- 2485 06/26 #000053694 PURCHASE TARGET T- 2485 El Redwood City CA	-50.28
06/27/25	PURCHASE 0626 Netflix.com netflix.com CA	-24.99
06/27/25	Zelle payment to RENATA PEREIRA for "unha"; Conf# vb9p67bgu	-60.00
06/27/25	Zelle payment to Joicy for "consorcio 3 pamonha"; Conf# s8stzvjnr	-242.00
06/27/25	CHECKCARD 0627 ARCO#04495SINO SAN MATEO CA	-25.00
06/27/25	SMART AND FINA 06/27 #000600844 PURCHASE SMART AND FINAL SAN MATEO CA	-102.50
06/27/25	CHAVEZ SUPERMA 06/27 #000202557 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-41.72
06/27/25	COSTCO WHSE #0 06/27 #000256112 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-48.28

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Withdrawals and other subtractions - continued

Date	Description	Amount
06/27/25	Online Banking transfer to CHK 0657 Confirmation# 7706440740	-20.00
06/27/25	MACYS DES:ONLINE PMT ID:611733078746221 INDN:ROBERTA CAETANO CO ID:CITICTP WEB	-178.91
06/30/25	CHECKCARD 0626 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335178710030390509	-16.68
06/30/25	FOODMAXX#460 S 06/28 #000362335 PURCHASE FOODMAXX#460 SA SAN JOSE CA	-29.20
06/30/25	COSTCO WHSE #0 06/28 #000284268 PURCHASE COSTCO WHSE #0848 SAN JOSE CA	-57.28
06/30/25	COSTCO WHSE #0 06/28 #000449188 PURCHASE COSTCO WHSE #0148 SAN JOSE CA	-65.17
06/30/25	CHECKCARD 0629 APPLE.COM/BILL 866-712-7753 CA 24692165180109560784758 RECURRING	-2.99
06/30/25	Zelle payment to RENATA PEREIRA for "Airbnb"; Conf# seaivt76r	-140.00
06/30/25	CHECKCARD 0630 PLAYSTATION.CO FOSTER CITY CA	-4.99
06/30/25	Zelle payment to LETICIA RODRIGUES for "lago"; Conf# tiqlgugdi	-7.00
07/01/25	ARCO#82403WHIP 06/30 #000596520 PURCHASE ARCO#82403WHIPP REDWOOD CITY CA	-35.00
07/03/25	PURCHASE 0702 YSI*Property Payment Re 650-6557908 CA	-1,983.46
07/03/25	CHECKCARD 0703 ARCO#04495SINO SAN MATEO CA	-30.00
07/03/25	DOLLAR TREE 07/03 #000026689 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-19.44
07/03/25	CHECKCARD 0703 PLAYSTATION.CO FOSTER CITY CA	-39.99
07/03/25	KeyPoint Credit DES:Transfer ID:ROBERTA CAETANO INDN:ROBERTA CAETANO DOS SA CO ID:PAYVEOWEB WEB	-288.05
07/07/25	Zelle payment to Joicy for "consorcio 4"; Conf# s53ma8fv3	-200.00
07/07/25	Zelle payment to Roberta Caetano for "cartao"; Conf# wputvios7	-54.00
07/07/25	CHECKCARD 0703 GEICO *AUTO 800-841-3000 DC 24692165185103660306047	-71.03
07/07/25	CHECKCARD 0704 FASTRAK CSC 415-486-8655 CA 24431065185239540006221	-15.05
07/07/25	PURCHASE 0704 Microsoft*Microsoft 365 425-6816830 WA	-1.99
07/07/25	CHECKCARD 0704 ARCO#82403WHIP REDWOOD CITY CA	-51.52
07/07/25	CHECKCARD 0704 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335186710014211580	-4.49
07/07/25	Zelle payment to Yasmin Conf# wk22sn01o	-300.00
07/07/25	CHECKCARD 0705 CHICK-FIL-A #04361 REDWOOD CITY CA 2442733518710025245212	-17.67
07/07/25	CHECKCARD 0706 APPLE COM BILL CUPERTINO CA	-1.99
07/07/25	CHECKCARD 0707 APPLE.COM/BILL 866-712-7753 CA 24692165188106268315747	-0.99
07/07/25	CHECKCARD 0707 PG E EZ PAY OAKLAND CA	-166.22
07/08/25	Online Banking transfer to CHK 0657 Confirmation# 7399116625	-40.00
07/08/25	CHECKCARD 0708 METRO BY T MOB BELLEVUE WA	-90.00
07/08/25	Zelle payment to Joicy for "camping"; Conf# vhwg6sjb0	-21.00
07/08/25	WELLS FARGO BANK DES:RESERVE ID:1001 INDN:90753593308231 CO ID:WFRETAIL01 TEL	-170.00
07/09/25	CHECKCARD 0708 APPLE.COM/BILL 866-712-7753 CA 24692165189107624095246 RECURRING	-2.99
07/10/25	CHECKCARD 0709 MCDONALD'S F13001 MILLBRAE CA 24427335190740293614414	-6.76

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Withdrawals and other subtractions - continued

Date	Description	Amount
07/10/25	Zelle payment to LIDIA DOS SANTOS for "Jantar"; Conf# u9u3bvi2x	-15.00
07/10/25	CHECKCARD 0710 ARCO#05369FD G FREMONT CA	-40.22
07/10/25	Online Banking transfer to CHK 0657 Confirmation# 7218080476	-50.00
07/11/25	Online Banking payment to CRD 4078 Confirmation# 4024926318	-150.00
07/11/25	Zelle payment to Joicy for "cansorcio 5 caldo"; Conf# vd1r096e4	-210.00
07/14/25	CHECKCARD 0711 APPLE.COM/BILL 866-712-7753 CA 24692165192100274181569	-2.99
07/14/25	CHECKCARD 0712 AMAZON MKTPL*NR4BP9L60 Amzn.com/billWA 24692165193101237671000	-49.10
07/14/25	CHECKCARD 0713 AMAZON MKTPL*NR8CJ0LN1 Amzn.com/billWA 24692165194102429869831	-44.73
07/14/25	CHECKCARD 0712 CHEVRON 0091374 REDWOOD CITY CA 24692165194101957503135	-22.62
07/14/25	Online Banking transfer to CHK 0657 Confirmation# 7136405321	-25.00
07/14/25	Online Banking transfer to CHK 0657 Confirmation# 8046479608	-20.00
07/14/25	Synchrony Bank DES:CC PYMT ID:601918391301096 INDN:ROBERTA DOS SANTOS CO ID:9856794001 WEB	-200.00
07/15/25	CHECKCARD 0713 SAFEWAY #0668 BELMONT CA 24231685195406767091062	-51.33
07/15/25	Zelle payment to Bruno Carro usa for "Carro Roberta"; Conf# zprq9etn5	-450.00
07/16/25	CHECKCARD 0714 AMAZON MKTPL*OF4868JE3 Amzn.com/billWA 24692165196103773555461	-72.96
07/16/25	CHECKCARD 0715 SMOG X PRESS SAN CARLOS CA 24755425197151976185314	-61.80
07/16/25	BKOFAMERICA ATM 07/16 #000009529 WITHDRWL FOSTER CITY FOSTER CITY CA	-600.00
07/17/25	CHECKCARD 0716 AMAZON MKTPL*861678VL3 Amzn.com/billWA 24692165197105069394256	-40.58
07/17/25	CHECKCARD 0715 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335197710029715671	-4.49
07/17/25	CHECKCARD 0716 AMAZON MKTPL*6P7M74E13 Amzn.com/billWA 24692165197105069872848	-9.14
07/17/25	Zelle payment to Priscila for "Deep 2"; Conf# v75sn3vtg	-170.00
07/18/25	CHECKCARD 0716 SAFEWAY #0999 FOSTER CITY CA 24231685198410241739293	-6.55
07/18/25	CHECKCARD 0716 SAFEWAY #0999 FOSTER CITY CA 24231685198410241739301	-26.54
07/18/25	CHECKCARD 0716 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335198710029378743	-4.49
07/18/25	CHECKCARD 0716 SAFEWAY #0305 REDWOOD CITY CA 24231685198410240782880	-7.48
07/18/25	Zelle payment to RENATA PEREIRA for "Unhas"; Conf# ut0yc62db	-60.00
07/18/25	Online Banking transfer to CHK 0657 Confirmation# 7880957175	-60.00
07/18/25	Zelle payment to Joicy for "Consorcio 6"; Conf# z4ny5v294	-200.00
07/18/25	Online Banking transfer to CHK 0657 Confirmation# 7988210941	-15.00
07/21/25	CHECKCARD 0718 XFINITY MOBILE 888-936-4968 PA 24692165199106879983575 RECURRING	-42.48
07/21/25	CHECKCARD 0717 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335199710030366967	-16.68
07/21/25	CHECKCARD 0718 APPLE.COM/BILL 866-712-7753 CA 24430995199411521212259 RECURRING	-0.99

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Withdrawals and other subtractions - continued

Date	Description	Amount
07/21/25	CHECKCARD 0717 SAFEWAY #0305 REDWOOD CITY CA 24231685199411445845422	-4.70
07/21/25	CHECKCARD 0718 TST*TAQUERIA LA PERLA Pacifica CA 24692165200108020328764	-10.17
07/21/25	CHECKCARD 0718 Subway 41266 Pacifica CA 24793385199004528686081	-16.14
07/21/25	CHECKCARD 0718 SHELL OIL10008115015 PACIFICA CA 24316055200412527060501	-10.00
07/21/25	CHECKCARD 0718 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335200710031988865	-4.49
07/21/25	ARCO#82403WHIP 07/18 #000353601 PURCHASE ARCO#82403WHIPP REDWOOD CITY CA	-21.52
07/21/25	PURCHASE 0720 COMCAST / XFINITY 800-266-2278 CA	-48.00
07/21/25	Zelle payment to Bruno Carro usa for "oleo carro"; Conf# v9atj1413	-70.00
07/21/25	Online Banking transfer to CHK 0657 Confirmation# 7706590777	-25.00
07/21/25	DOLLAR TREE 07/21 #000012571 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-19.81
07/21/25	Online Banking transfer to CHK 0657 Confirmation# 7813161183	-25.00
07/21/25	Online Banking transfer to CHK 0657 Confirmation# 7213943231	-10.00
Total withdrawals and other subtractions		**-$9,447.39**

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BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

ROBERTA CAETANO ALMEIDA DOS SANTOS
620 VETERANS BLVD UNIT 221
REDWOOD CITY, CA 94063-1497

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

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Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Adv Plus Banking

for July 22, 2025 to August 19, 2025

Account number: 3250 9586 3869

ROBERTA CAETANO ALMEIDA DOS SANTOS

Account summary

Beginning balance on July 22, 2025	$1,244.31
Deposits and other additions	8,874.54
Withdrawals and other subtractions	-9,460.88
Checks	-0.00
Service fees	-0.00
Ending balance on August 19, 2025	**$657.97**

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IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Deposits and other additions

Date	Description	Amount
07/23/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# l6lp0h33k	120.00
07/23/25	Zelle payment from MESSIAS CUNHA Conf# T0Z3CYJL6	25.00
07/24/25	Zelle payment from GLENDERSON DA COSTA Conf# n0ixsf8t7	105.00
07/25/25	IHSS2 ST OF CA DES:IHSSCMIPSE ID:XXXXXXXXX INDN:CAETANO ALMEIDA DOS, CO ID:9666663698 PPD	575.46
07/25/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bh1e08h	160.00
07/28/25	BKOFAMERICA ATM 07/26 #000006768 DEPOSIT WOODSIDE PLAZA REDWOOD CITY CA	150.00
07/28/25	Online Banking transfer from CHK 0657 Confirmation# 7257247948	458.00
07/28/25	Online Banking transfer from CHK 0657 Confirmation# 7873298950	410.00
07/28/25	Zelle payment from MURILLO ESCOBAR PRADO Conf# eh0k1qlkv	305.00
07/28/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bh89s4c	210.00
07/28/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0CBN1L7CL	165.00
07/28/25	Zelle payment from NAN LU for "1128 Oddstad July 27"; Conf# 99bh9ow86	145.00
07/28/25	Zelle payment from JOICY SOUSA Conf# ulzszpxqv	85.00
07/29/25	Zelle payment from PAULA PEDROSA Conf# trui3muqo	200.00
07/30/25	Zelle payment from DEEPMALA VIJ for "FOR CLEANING ON JULY 29"; Conf# T0Z3Z4H7N	170.00
07/31/25	Zelle payment from ROBSON SILVA Conf# bvw1nS3Ng	170.00
07/31/25	Zelle payment from JOICY SOUSA Conf# ux8yxaq2t	110.00
07/31/25	Zelle payment from GLENDERSON DA COSTA Conf# p08phursi	105.00
07/31/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# qcpspwtdv	22.00
08/01/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bhv00hk	160.00
08/04/25	Zelle payment from NAN LU for "1128 Oddstad July 30, Aug 2"; Conf# 99bi1ekb8	290.00
08/04/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0FB21Z7VO	165.00
08/04/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bi5ht5c	160.00
08/04/25	Zelle payment from YASMIN FUGIOKA Conf# T0Z4DWGKJ	140.00

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Deposits and other additions - continued

Date	Description	Amount
08/04/25	Zelle payment from ROBSON SILVA Conf# RtfWnSBWU	130.00
08/04/25	Zelle payment from JOICY SOUSA Conf# T0Z4JHGGP	110.00
08/04/25	Zelle payment from ROBSON SILVA Conf# j2V3nTb57	75.00
08/04/25	Zelle payment from MESSIAS CUNHA Conf# T0Z4D5FFB	15.00
08/04/25	Zelle payment from LETICIA RODRIGUES Conf# T0Z4KJ5H4	10.00
08/07/25	Zelle payment from Conf# g2x3dastt	170.00
08/07/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bimxld2	160.00
08/08/25	IHSS2 ST OF CA DES:IHSSCMIPSE ID:XXXXXXXXX INDN:CAETANO ALMEIDA DOS, CO ID:9666663698 PPD	602.08
08/11/25	Zelle payment from FELIPE FUGIOKA Conf# fnwehyhvh	400.00
08/11/25	Zelle payment from NEEL N SHETH for "house cleaning Aug 11 2025"; Conf# Mj9BnVaUh	200.00
08/11/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0VB51JI29	165.00
08/11/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99biyjv65	160.00
08/11/25	Zelle payment from NAN LU for "1128 Oddstad Aug 10"; Conf# 99bj0oigg	145.00
08/11/25	Zelle payment from GLENDERSON DA COSTA for "cleaning"; Conf# j8w7kvpmu	105.00
08/11/25	Zelle payment from ROBSON SILVA Conf# col9nUBuj	15.00
08/12/25	BKOFAMERICA ATM 08/12 #000006101 DEPOSIT FOSTER CITY FOSTER CITY CA	150.00
08/12/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# kbyswplke	140.00
08/13/25	Zelle payment from DEEPMALA VIJ for "AUGUST 13 CLEANING"; Conf# T0Z5K6QQY	170.00
08/15/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bjgy908	160.00
08/15/25	Zelle payment from ANDRESSA BORBA INACIO Conf# j0nx837jo	66.00
08/15/25	Zelle payment from MURILLO ESCOBAR PRADO Conf# g884c7nuf	66.00
08/15/25	Zelle payment from YASMIN FUGIOKA Conf# T0Z5P8FJC	42.00
08/18/25	Zelle payment from JOICY SOUSA Conf# kv60rerlh	190.00
08/18/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA for "cleaning"; Conf# 01BE1VIT3	165.00
08/18/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bjshcx7	160.00
08/18/25	Zelle payment from NAN LU for "1128 Oddstad Aug 16"; Conf# 99bjq6njn	145.00
08/18/25	Zelle payment from YASMIN FUGIOKA Conf# T0Z5W7ZQ8	108.00
08/18/25	Zelle payment from GLENDERSON DA COSTA for "cleaning"; Conf# jfcplugbc	105.00
08/19/25	Zelle payment from COUPLE CLEANERS HOUSE CLEANING LLC Conf# T0Z66C87B	140.00
Total deposits and other additions		**$8,874.54**

Withdrawals and other subtractions

Date	Description	Amount
07/22/25	CHECKCARD 0721 AMAZON MKTPL*ZY2YG8RY3 Amzn.com/billWA 24692165202109539424381	-13.00
07/22/25	O'REILLY 3639 07/22 #000973677 PURCHASE O'REILLY 3639 SAN MATEO CA	-54.79

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Withdrawals and other subtractions - continued

Date	Description	Amount
07/22/25	Zelle payment to Marco Junior Iptv for "Tv 6 meses"; Conf# zk5oobmuz	-40.00
07/22/25	Online Banking transfer to CHK 0657 Confirmation# 7522760380	-20.00
07/22/25	Online Banking transfer to CHK 0657 Confirmation# 8023266364	-10.00
07/23/25	CHECKCARD 0722 DUCKY'S CARWASH 388822 888-3882237 CA 24275395203900010269353	-29.99
07/23/25	CHECKCARD 0722 SQ *CAFE DE CASA SOUTH South San FraCA 24692165203100875213461	-11.87
07/23/25	Online Banking transfer to CHK 0657 Confirmation# 7831383416	-10.00
07/23/25	Zelle payment to Willdenberg for "remedio"; Conf# u56kogln1	-50.00
07/24/25	CHECKCARD 0723 FASTRAK VIOLATION CENT 415-486-8655 CA 24431065204251789285231	-46.80
07/24/25	CHECKCARD 0724 ARCO#04495SINO SAN MATEO CA	-27.89
07/24/25	Online Banking transfer to CHK 0657 Confirmation# 7539189649	-150.00
07/25/25	CHECKCARD 0723 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335205710029085307	-4.49
07/25/25	CHECKCARD 0723 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335205710029087220	-4.49
07/25/25	CHECKCARD 0725 APPLE.COM/BILL 866-712-7753 CA 24692165206102968715805	-1.99
07/25/25	Zelle payment to MANOEL NETO for "roberta yuji"; Conf# w7vbimwjp	-28.00
07/25/25	DIAMOND GAS AN 07/25 #000895827 PURCHASE DIAMOND GAS AND M SAN JOSE CA	-30.00
07/25/25	DOLLAR TREE 07/25 #000044911 PURCHASE 516 EL CAMINO REA BELMONT CA	-29.28
07/25/25	TRADER JOE S # 07/25 #000641342 PURCHASE TRADER JOE S #17 SAN CARLOS CA	-27.82
07/28/25	BKOFAMERICA ATM 07/26 #000006769 WITHDRWL WOODSIDE PLAZA REDWOOD CITY CA	-600.00
07/28/25	CHECKCARD 0725 TST*KINGS WEST COAST PI Daly City CA 24692165206103384110068	-23.17
07/28/25	CHECKCARD 0725 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335207710031859887	-4.49
07/28/25	PURCHASE 0726 NETFLIX.COM NETFLIX.COM CA	-24.99
07/28/25	Zelle payment to Roberta Caetano for "CRV"; Conf# yb0r5n6kd	-260.00
07/28/25	CHECKCARD 0726 GEICO *AUTO 800-841-3000 DC 24692165207104700218261	-95.11
07/28/25	CHECKCARD 0726 CHEVRON 0094512 REDWOOD CITY CA 24692165207104772742578	-28.41
07/28/25	SMART AND FINA 07/26 #000098172 PURCHASE SMART AND FINAL REDWOOD CITY CA	-67.27
07/28/25	CHECKCARD 0726 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335208710028265824	-4.49
07/28/25	DIAMOND GAS AN 07/27 #000855484 PURCHASE DIAMOND GAS AND M SAN JOSE CA	-20.00
07/28/25	Zelle payment to Renata Unha for "limpeza"; Conf# vozszt4mx	-140.00
07/28/25	COSTCO WHSE #0 07/28 #000280559 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-130.28
07/28/25	Zelle payment to JORGE OLIVEIRA for "DMV"; Conf# ta5ndy9si	-410.00
07/29/25	99 RANCH #1782 07/29 #000924935 PURCHASE 99 RANCH #1782 FOSTER CITY CA	-36.26
07/29/25	SMART AND FINA 07/29 #000267123 PURCHASE SMART AND FINAL SAN MATEO CA	-60.00
07/30/25	CHECKCARD 0728 CHICK-FIL-A #04919 SAN MATEO CA 24427335210710032128204	-4.59

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Withdrawals and other subtractions - continued

Date	Description	Amount
07/30/25	CHECKCARD 0728 SAFEWAY #0668 BELMONT CA 24231685210424103095920	-10.58
07/30/25	CHECKCARD 0729 AFFIRM * PAY HQD0ZINM 855-423-3729 CA 24692165210107021023307 RECURRING	-79.56
07/30/25	CHECKCARD 0729 APPLE.COM/BILL 866-712-7753 CA 24692165210107156008560 RECURRING	-2.99
07/30/25	APPLECARD GSBANK DES:PAYMENT ID:21861922 INDN:Roberta Santos CO ID:9999999999 WEB	-165.35
07/31/25	LINCOLN GAS 07/31 #000588069 PURCHASE LINCOLN GAS San Francisco CA	-10.00
08/01/25	CHECKCARD 0730 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335212710029914606	-4.49
08/01/25	CHECKCARD 0730 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335212710029915017	-4.49
08/01/25	DIAMOND GAS AN 08/01 #000469755 PURCHASE DIAMOND GAS AND M SAN JOSE CA	-39.50
08/01/25	Zelle payment to Joicy for "consorcio 8"; Conf# y94h7l3e4	-200.00
08/04/25	CHECKCARD 0731 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335213710030844494	-4.49
08/04/25	CHECKCARD 0731 SAFEWAY #0305 REDWOOD CITY CA 24231685213427614994082	-12.86
08/04/25	CHECKCARD 0801 AMAZON MKTPL*ON50T5HI3 Amzn.com/billWA 24692165213100072306785	-14.25
08/04/25	CHECKCARD 0801 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335214710032577216	-13.38
08/04/25	CHECKCARD 0803 AMAZON MKTPL*TY1GJ0AN3 Amzn.com/billWA 24692165215101656748481	-21.95
08/04/25	Zelle payment to Renata Unha for "Unha"; Conf# s8ohwbmek	-50.00
08/04/25	CHECKCARD 0803 AMAZON MKTPL*651FS6K53 Amzn.com/billWA 24692165215101685052616	-21.93
08/04/25	SMART AND FINA 08/02 #000690650 PURCHASE SMART AND FINAL SAN MATEO CA	-43.69
08/04/25	CHECKCARD 0802 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335215710028827616	-4.49
08/04/25	ARCO#06139HILL 08/02 #000587657 PURCHASE ARCO#06139HILLS FOSTER CITY CA	-14.54
08/04/25	PURCHASE 0803 YSI*Property Payment Re 650-6557908 CA	-2,032.78
08/04/25	CHECKCARD 0803 MCDONALD'S F416 REDWOOD CITY CA 24427335215740288122168	-10.10
08/04/25	SMART AND FINA 08/03 #000752228 PURCHASE SMART AND FINAL REDWOOD CITY CA	-44.14
08/04/25	CHECKCARD 0803 CHEVRON 0091374 REDWOOD CITY CA 24692165215102096645436	-6.58
08/04/25	CHECKCARD 0804 MICROSOFT*MICR REDMOND WA	-1.99
08/04/25	Online Banking transfer to CHK 0657 Confirmation# 7933267594	-20.00
08/05/25	PURCHASE 0805 WEEE INC. 510-573-4967 CA	-25.21
08/05/25	TARGET T- 2485 08/05 #000134192 PURCHASE TARGET T- 2485 El Redwood City CA	-76.57
08/05/25	BATH AND BODY 08/05 #000215470 PURCHASE BATH AND BODY WOR SAN MATEO CA	-30.70
08/06/25	CHECKCARD 0805 FASTRAK VIOLATION CENT 415-486-8655 CA 24431065217260373311134	-8.00
08/06/25	CHECKCARD 0805 FASTRAK VIOLATION CENT 415-486-8655 CA 24431065217260373311944	-22.40
08/06/25	PURCHASE 0806 CINEPOLIS USA (CALIFOR WWW.CINEPOLISTX	-43.00
08/06/25	CHECKCARD 0806 CINEPOLIS USA (CALIFOR 121-49532202 TX 24011345218100033286479	-54.33
08/06/25	SMART AND FINA 08/06 #000021075 PURCHASE SMART AND FINAL SAN MATEO CA	-14.62
08/07/25	Online Banking transfer to CHK 0657 Confirmation# 7758216032	-20.00

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Withdrawals and other subtractions - continued

Date	Description	Amount
08/07/25	Zelle payment to GLEIDSON SILVA for "limpeza airbnb helper"; Conf# tu9d9cosx	-50.00
08/08/25	Online Banking transfer to CHK 0657 Confirmation# 7462491723	-25.00
08/08/25	CHECKCARD 0808 METRO BY T MOB BELLEVUE WA	-90.00
08/08/25	SMART AND FINA 08/08 #000260739 PURCHASE SMART AND FINAL REDWOOD CITY CA	-84.55
08/08/25	Zelle payment to Joicy for "consorcio 9"; Conf# wrqv4jt2u	-200.00
08/08/25	WELLS FARGO BANK DES:RESERVE ID:1001 INDN:90753593308231 CO ID:WFRETAIL01 TEL	-170.00
08/11/25	CHECKCARD 0807 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335220710030354289	-16.68
08/11/25	CHECKCARD 0808 APPLE.COM/BILL 866-712-7753 CA 24692165220103397036617 RECURRING	-2.99
08/11/25	DIAMOND GAS AN 08/09 #000468581 PURCHASE DIAMOND GAS AND M SAN JOSE CA	-25.00
08/11/25	DOLLAR TREE 08/09 #000023087 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-2.75
08/11/25	Online Banking payment to CRD 4078 Confirmation# 1476197913	-200.00
08/11/25	TARGET T- 2485 08/09 #000208461 PURCHASE TARGET T- 2485 El Redwood City CA	-49.53
08/11/25	CHECKCARD 0809 EL GRULLENSE GRILL NO 1 REDWOOD CITY CA 24801975221437338570493	-14.26
08/11/25	Zelle payment to Carlos Celso for "Rango"; Conf# vetd6r990	-20.00
08/11/25	CHECKCARD 0811 CHEVRON 0094512 REDWOOD CITY CA 24692165223105796193763	-13.47
08/11/25	Zelle payment to Robson Silva for "emprestimo"; Conf# nqhci7cy4	-85.00
08/12/25	CHECKCARD 0810 DAVE & BUSTERS #102 PWC DALY CITY CA 24116415223439580022038	-116.00
08/12/25	CHECKCARD 0811 DAVE & BUSTERS #102 DALY CITY CA 24116415223439584236790	-9.23
08/12/25	CHECKCARD 0811 DAVE & BUSTERS #102 TAB DALY CITY CA 24116415224439847286425	-10.04
08/12/25	CHECKCARD 0811 SQ *CAFE DE CASA SOUTH South San FraCA 24692165223106314577982	-11.70
08/12/25	Zelle payment to Renata Unha for "airbnb"; Conf# nishor3h8	-65.00
08/12/25	Zelle payment to Joicy for "Joicy e peixe"; Conf# qfpueb37i	-58.65
08/12/25	CHAVEZ SUPERMA 08/12 #000207089 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-47.14
08/12/25	SMART AND FINA 08/12 #000634636 PURCHASE SMART AND FINAL SAN MATEO CA	-7.57
08/12/25	COSTCO WHSE #0 08/12 #000039084 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-28.61
08/12/25	BKOFAMERICA ATM 08/12 #000006102 WITHDRWL FOSTER CITY FOSTER CITY CA	-600.00
08/12/25	TARGET T- 2220 08/12 #000244047 PURCHASE TARGET T- 2220 Br San Mateo CA	-19.60
08/13/25	CHECKCARD 0812 AFFIRM * PAY AFOG8RD5 855-423-3729 CA 24692165224107013870321 RECURRING	-79.56
08/13/25	Synchrony Bank DES:CC PYMT ID:601918391301096 INDN:ROBERTA DOS SANTOS CO ID:9856794001 WEB	-200.00
08/14/25	CHECKCARD 0813 PANDA EXPRESS #1923 FOSTER CITY CA 24431065226266132059020	-13.48
08/14/25	DIAMOND GAS AN 08/14 #000826836 PURCHASE DIAMOND GAS AND M SAN JOSE CA	-25.00

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Withdrawals and other subtractions - continued

Date	Description	Amount
08/14/25	DOLLAR TREE 08/14 #000036482 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-19.57
08/14/25	Zelle payment to Joicy for "CERVEJA"; Conf# yd4la181o	-12.00
08/15/25	Zelle payment to Carlos Celso for "sanduba"; Conf# vw7cp6ths	-35.00
08/15/25	Online Banking transfer to CHK 0657 Confirmation# 7828689853	-20.00
08/15/25	TRADER JOE S # 08/15 #000862495 PURCHASE TRADER JOE S #24 SAN MATEO CA	-37.62
08/15/25	CHECKCARD 0815 NNT RICKSHAW C SAN MATEO CA	-6.84
08/18/25	CHECKCARD 0815 AMAZON MKTPL*S16QC77Y3 Amzn.com/billWA 24692165227109671095214	-41.69
08/18/25	CHECKCARD 0816 SIXFLAGS OT ARLINGTOTX 817-640-8900 TX 24692165228100360663171	-324.71
08/18/25	CHECKCARD 0816 SIXFLAGS OT ARLINGTOTX 817-640-8900 TX 24692165228100360663247	-42.20
08/18/25	PURCHASE 0817 XFINITY MOBILE 888-936-4968 PA	-42.48
08/18/25	CHECKCARD 0816 MCDONALD'S F416 REDWOOD CITY CA 24427335228740295853289	-8.44
08/18/25	Online Banking transfer to CHK 0657 Confirmation# 7935973910	-150.00
08/18/25	DIAMOND GAS AN 08/16 #000045429 PURCHASE DIAMOND GAS AND M SAN JOSE CA	-30.00
08/18/25	REFUEL REDWOOD 08/16 #000513095 PURCHASE REFUEL REDWOOD CI REDWOOD CITY CA	-10.98
08/18/25	Zelle payment to Rose Filha Nilda for "Airbnb"; Conf# ye3fni3bk	-140.00
08/18/25	WAL-MART #3455 08/16 #000519600 PURCHASE 1400 HILLTOP MALL RICHMOND CA	-87.06
08/18/25	Zelle payment to Murillo Escobar primo de Pablo for "Corona"; Conf# q6uu24c2m	-33.20
08/18/25	CHECKCARD 0817 SQ *AQUA ADVENTURE WATE gosq.com CA 24692165229101792937653	-296.89
08/18/25	CHECKCARD 0818 CHEVRON 0091374 REDWOOD CITY CA 24692165230102081852139	-22.62
08/18/25	Zelle payment to Yasmin for "presente jojo"; Conf# j8nj2ag49	-25.00
08/18/25	TARGET T- 2220 08/18 #000902656 PURCHASE TARGET T- 2220 Br San Mateo CA	-63.77
08/18/25	SMART AND FINA 08/18 #000357320 PURCHASE SMART AND FINAL SAN MATEO CA	-19.75
08/19/25	CHECKCARD 0818 APPLE.COM/BILL 866-712-7753 CA 24430995230447458501661 RECURRING	-0.99
08/19/25	MARSHALLS 2240 08/19 #000743727 PURCHASE MARSHALLS 2240 BR SAN MATEO CA	-20.83
Total withdrawals and other subtractions		**-$9,460.88**

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BANK OF AMERICA

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Wilmington, DE 19850

Customer service information

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ROBERTA CAETANO ALMEIDA DOS SANTOS
620 VETERANS BLVD UNIT 221
REDWOOD CITY, CA 94063-1497

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Plus Banking

for August 20, 2025 to September 18, 2025

Account number: 3250 9586 3869

ROBERTA CAETANO ALMEIDA DOS SANTOS

Account summary

Beginning balance on August 20, 2025	$657.97
Deposits and other additions	9,052.42
Withdrawals and other subtractions	-9,411.39
Checks	-0.00
Service fees	-0.00
Ending balance on September 18, 2025	**$299.00**

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IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Deposits and other additions

Date	Description	Amount
08/20/25	BKOFAMERICA ATM 08/20 #000006968 DEPOSIT FOSTER CITY FOSTER CITY CA	150.00
08/20/25	SMART AND FINA 08/20 #000480227 REFUND SMART AND FINAL SAN MATEO CA	11.34
08/21/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bk9smxk	160.00
08/21/25	Zelle payment from NAN LU for "1128 Oddstad Aug 21"; Conf# 99bk9wpdn	145.00
08/22/25	Zelle payment from PAVIT K GREWAL for "Cleaning"; Conf# 99bkf33t8	170.00
08/22/25	Zelle payment from GLENDERSON DA COSTA Conf# m4ox5461y	105.00
08/25/25	Zelle payment from JOICY SOUSA Conf# T0Z6JC6HV	175.00
08/25/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0KBE1FIEH	165.00
08/25/25	Zelle payment from Conf# wjymy15xy	150.00
08/25/25	Zelle payment from JOICY SOUSA Conf# T0Z6LF9XN	16.00
08/26/25	IHSS2 ST OF CA DES:IHSSCMIPSE ID:XXXXXXXXX INDN:CAETANO ALMEIDA DOS, CO ID:9666663698 PPD	585.76
08/26/25	Online Banking transfer from CHK 0657 Confirmation# 8321702900	560.00
08/26/25	CHECKCARD 0824 ROSS STORES #2017 EL CERRITO CA 74610435237004026 23	33.06
08/27/25	Zelle payment from NAN LU for "1128 Oddstad Aug 26"; Conf# 99bkvwn06	145.00
08/28/25	Zelle payment from NEEL N SHETH for "home cleaning Aug 29 2025"; Conf# BukunZZwQ	200.00
08/28/25	Zelle payment from DEEPMALA VIJ for "8-27 CLEANING"; Conf# T0Z6ZJPNX	170.00
08/29/25	Zelle payment from JOICY SOUSA Conf# yvx08cwe6	63.00
09/02/25	Zelle payment from RENATO MELQUIADES SILVA Conf# 99blca3kv	300.00
09/02/25	Zelle payment from NICOLE CHAVEZ for "cleaning"; Conf# 99blsgau8	250.00
09/02/25	Zelle payment from RENATO MELQUIADES SILVA Conf# 99blc7cg7	165.00
09/02/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 03BY1DI37	165.00
09/02/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99blas767	160.00
09/02/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99blsc2o0	160.00
09/02/25	Zelle payment from GLENDERSON DA COSTA Conf# kerrv11aj	105.00

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Deposits and other additions - continued

Date	Description	Amount
09/03/25	BKOFAMERICA ATM 09/03 #000001726 DEPOSIT FOSTER CITY FOSTER CITY CA	300.00
09/03/25	Amazon Logistics DES:PAYMENTS ID:TLR003145248172 INDN:ROBERTA CAETANO ALMEID CO ID:9000015589 CCD	152.50
09/03/25	BKOFAMERICA ATM 09/03 #000001723 DEPOSIT FOSTER CITY FOSTER CITY CA	150.00
09/03/25	Zelle payment from ROBSON SILVA Conf# UzGDo1IyZ	150.00
09/03/25	Zelle payment from NAN LU for "1128 Oddstad Blvd Sep 2"; Conf# 99blsl4sp	145.00
09/03/25	Transfer Amazon Logistics, Inc.	105.50
09/03/25	Transfer Amazon Logistics, Inc.	80.50
09/04/25	BKOFAMERICA ATM 09/04 #000008195 DEPOSIT REDWOOD CITY MAIN REDWOOD CITY CA	500.00
09/04/25	Zelle payment from MARIA DA SILVA Conf# t3g49quqf	80.00
09/05/25	Transfer Amazon Logistics, Inc.	84.50
09/05/25	Amazon Logistics DES:PAYMENTS ID:TLR003149470702 INDN:ROBERTA CAETANO ALMEID CO ID:9000015589 CCD	24.00
09/08/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0AB51FI7O	165.00
09/08/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bmg54sr	160.00
09/08/25	Zelle payment from JOICY SOUSA Conf# vt7ntjpse	137.00
09/08/25	Zelle payment from GLENDERSON DA COSTA Conf# olq4u5giu	100.00
09/08/25	Zelle payment from Conf# hmorbykqx	100.00
09/08/25	Transfer Amazon Logistics, Inc.	86.50
09/08/25	Zelle payment from MESSIAS CUNHA Conf# T0Z89H8ZT	14.00
09/08/25	Zelle payment from ROBSON SILVA Conf# AfkKo35ap	10.00
09/08/25	Zelle payment from GLENDERSON DA COSTA Conf# mrfprhupt	5.00
09/09/25	Zelle payment from NAN LU for "1128 Oddstad Sep 9"; Conf# 99bmnxp39	145.00
09/10/25	IHSS2 ST OF CA DES:IHSSCMIPSE ID:XXXXXXXXX INDN:CAETANO ALMEIDA DOS, CO ID:9666663698 PPD	591.79
09/10/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# I7fyofj7x	120.00
09/11/25	Zelle payment from DEEPMALA VIJ for "CLEANING 9-10"; Conf# T0Z8JK3KG	170.00
09/11/25	THE HOME DEPOT 09/11 #000575676 REFUND THE HOME DEPOT #0 SAN MATEO CA	119.48
09/12/25	Amazon Logistics DES:PAYMENTS ID:TLR003162412432 INDN:ROBERTA CAETANO ALMEID CO ID:9000015589 CCD	11.50
09/15/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 06BR1U8CA	165.00
09/15/25	Transfer Amazon Logistics, Inc.	161.50
09/15/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bna6c2j	160.00
09/15/25	Zelle payment from NAN LU for "1128 Oddstad Sep 15"; Conf# 99bnf7yxq	145.00
09/15/25	Zelle payment from GLENDERSON DA COSTA Conf# o9uyljl5l	105.00
09/15/25	Transfer Amazon Logistics, Inc.	104.50
09/18/25	Zelle payment from GLENDERSON DA COSTA Conf# ljs9q0r0p	105.00

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Deposits and other additions - continued

Date	Description	Amount
09/18/25	Zelle payment from ROBSON SILVA Conf# 90RWo5Yg5	70.00
09/18/25	Zelle payment from ROBSON SILVA Conf# OSZxo5Ygk	19.99
Total deposits and other additions		**$9,052.42**

Withdrawals and other subtractions

Date	Description	Amount
08/20/25	CHAVEZ SUPERMA 08/20 #000428627 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-15.88
08/20/25	SMART AND FINA 08/20 #000873657 PURCHASE SMART AND FINAL SAN MATEO CA	-91.34
08/20/25	SMART AND FINA 08/20 #000394425 PURCHASE SMART AND FINAL SAN MATEO CA	-7.74
08/20/25	FIVE BELO 3010 08/20 #000900654 PURCHASE FIVE BELO 3010 BR FOSTER CITY CA	-20.78
08/20/25	BKOFAMERICA ATM 08/20 #000003587 WITHDRWL REDWOOD CITY MAIN REDWOOD CITY CA	-30.00
08/21/25	PURCHASE 0820 COMCAST / XFINITY 800-266-2278 CA	-48.00
08/21/25	COSTCO WHSE #0 08/21 #000401094 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-25.97
08/21/25	TARGET T- 2220 08/21 #000245611 PURCHASE TARGET T- 2220 Br San Mateo CA	-41.67
08/22/25	Zelle payment to Angelica Duarte for "Airbnb"; Conf# ymsht7ted	-140.00
08/22/25	Zelle payment to Joicy for "Consorcio 11"; Conf# wuzapap12	-200.00
08/25/25	CHECKCARD 0821 CHICK-FIL-A #04919 SAN MATEO CA 24427335234710034378452	-4.59
08/25/25	CHECKCARD 0823 SHELL OIL 12616028002 SAN JOSE CA 24316055236454297093070	-10.00
08/25/25	CHECKCARD 0823 CENTRAL FOOD EL SOBRANTE CA 2445388523600017501653	-52.59
08/25/25	Zelle payment to Carlos Celso for "sanduba"; Conf# s5kiio9kw	-15.00
08/25/25	FIVE BELO 3010 08/25 #000214252 PURCHASE FIVE BELO 3010 BR FOSTER CITY CA	-17.50
08/26/25	CHECKCARD 0824 RAIZES DO BRASIL RESTAU 510-2308681 CA 24117635237000555423266	-36.23
08/26/25	CHECKCARD 0824 ROSS STORES #2017 EL CERRITO CA 24610435237004026234036	-168.78
08/26/25	BKOFAMERICA ATM 08/26 #000009044 WITHDRWL FOSTER CITY FOSTER CITY CA	-980.00
08/26/25	Zelle payment to Roberta Caetano for "CRV"; Conf# ueqii9are	-250.00
08/27/25	CHECKCARD 0826 AFFIRM * PAY VM950UCV 855-423-3729 CA 24692165238109729483831 RECURRING	-79.56
08/27/25	PURCHASE 0826 Netflix.com 408-5403700 CA	-24.99
08/27/25	CHECKCARD 0827 Prime Video *BB1AG7UL3 888-802-3080 WA 24692165239100207762878	-3.79
08/27/25	Zelle payment to Priscila for "Deep"; Conf# tfsdvht19	-170.00
08/28/25	CHECKCARD 0826 ROSS STORES #3 PACIFICA CA 24610435239004037401218	-130.33
08/28/25	CHECKCARD 0827 GEICO *AUTO 800-841-3000 DC 24692165239100931631688	-163.36
08/28/25	COSTCO WHSE #0 08/28 #000890929 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-68.44

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Withdrawals and other subtractions - continued

Date	Description	Amount
08/28/25	Zelle payment to Stela Jundy for "Helper"; Conf# zk9ck5guy	-40.00
08/29/25	CHECKCARD 0827 CHICK-FIL-A #04919 SAN MATEO CA 24427335240710032830902	-19.81
08/29/25	Zelle payment to Joicy for "consorcio"; Conf# v0vahnll4	-200.00
09/02/25	CHECKCARD 0828 CHICK-FIL-A #04919 SAN MATEO CA 24427335241710034917177	-4.59
09/02/25	CHECKCARD 0829 APPLE.COM/BILL 866-712-7753 CA 24692165241102649387898 RECURRING	-2.99
09/02/25	CHECKCARD 0829 MARGARITAS REDWOOD CITY CA 24000975243338113259422	-71.91
09/02/25	CHECKCARD 0830 USPASSPORT 18447315515 833-7821859 FL 24906415242237414134602	-89.95
09/02/25	Zelle payment to Yasmin for "Obrigada"; Conf# sud956xdk	-30.00
09/02/25	CHECKCARD 0831 SQ *BEMBRAS MARKET SAN MATEO CA 24692165243104560704778	-23.48
09/02/25	CHECKCARD 0831 SQ *BEMBRAS MARKET SAN MATEO CA 24692165243104567092367	-27.41
09/02/25	TARGET T- 2220 08/31 #000853484 PURCHASE TARGET T- 2220 Br San Mateo CA	-48.10
09/02/25	Zelle payment to Carlos Celso Conf# s9o8wvtjr	-20.00
09/02/25	APPLECARD GSBANK DES:PAYMENT ID:21861922 INDN:Roberta Santos CO ID:9999999999 WEB	-49.95
09/03/25	Zelle payment to Stela Jundy for "Limpeza"; Conf# xjxilbaf6	-80.00
09/04/25	PURCHASE 0903 YSI*Property Payment Re 650-6557908 CA	-2,038.06
09/04/25	Zelle payment to Roberta Caetano for "cartao"; Conf# yvy2x3fvu	-175.00
09/04/25	Zelle payment to Joicy for "beer"; Conf# uhzawqovf	-25.00
09/04/25	PURCHASE 0904 MICROSOFT*MICROSOFT 36 MICROSOFT.COMWA	-1.99
09/04/25	Mobile Banking payment to CRD 4078 Confirmation# 4n0p83jsm	-315.00
09/04/25	Zelle payment to Leandro for "Amazon"; Conf# xzmvyb0w1	-338.50
09/04/25	Zelle payment to JORGE OLIVEIRA for "Yuji"; Conf# y57pkuyzf	-40.00
09/05/25	FIVE BELO 3010 09/05 #000203285 PURCHASE FIVE BELO 3010 BR FOSTER CITY CA	-12.44
09/08/25	Zelle payment to Stela Jundy for "Cleaning"; Conf# yljd8ok21	-120.00
09/08/25	CHECKCARD 0906 SAFEWAY #0668 BELMONT CA 24231685250470793376865	-52.07
09/08/25	Zelle payment to Leandro for "Amazon"; Conf# zn6m6y8hh	-195.00
09/08/25	Zelle payment to Robson Silva for "emprestado"; Conf# wgija2tcb	-10.00
09/08/25	CHECKCARD 0908 METRO BY T MOB BELLEVUE WA	-90.00
09/08/25	WAL WAL-MART # 09/08 #000300553 PURCHASE 1400 HILLTOP MALL RICHMOND CA	-97.09
09/08/25	WELLS FARGO BANK DES:RESERVE ID:1001 INDN:90753593308231 CO ID:WFRETAIL01 TEL	-100.00
09/09/25	CHECKCARD 0907 SAFEWAY #0668 BELMONT CA 24231685251471845151511	-30.26
09/09/25	CHECKCARD 0908 APPLE.COM/BILL 866-712-7753 CA 24692165251101776887628 RECURRING	-2.99
09/10/25	CHECKCARD 0909 AMAZON MKTPL*L51YS44E3 Amzn.com/billWA 24692165252102434531557	-13.15
09/10/25	CHECKCARD 0909 AFFIRM * PAY 8CD5RLFF 855-423-3729 CA 24692165252102608942135 RECURRING	-79.57
09/11/25	CHECKCARD 0909 MARKETPLACE FOSTER CIT FOSTER CITY CA 24692165253103403522550	-6.92

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Withdrawals and other subtractions - continued

Date	Description	Amount
09/11/25	THE HOME DEPOT 09/11 #000189652 PURCHASE THE HOME DEPOT #0 SAN MATEO CA	-143.58
09/11/25	CHECKCARD 0911 REFUEL REDWOOD REDWOOD CITY CA	-20.00
09/11/25	MARSHALLS #075 09/11 #000063151 PURCHASE MARSHALLS #0755 SAN MATEO CA	-32.88
09/11/25	SMART AND FINA 09/11 #000705677 PURCHASE SMART AND FINAL SAN MATEO CA	-27.43
09/11/25	Zelle payment to LUCAS ADAYME for "Robson"; Conf# ydci9a2db	-50.00
09/11/25	Online Banking transfer to CHK 0657 Confirmation# 8564374947	-20.00
09/12/25	Zelle payment to Joicy for "consorcio + cartao bradesco"; Conf# zsavcug5x	-230.00
09/12/25	TARGET T-1122 09/12 #000064780 PURCHASE TARGET T-1122 San Mateo CA	-45.97
09/15/25	CHECKCARD 0912 STARBUCKS 05934 FOSTER CITY CA 24445005256500875655658	-9.70
09/15/25	CHECKCARD 0912 CHICK-FIL-A #04919 SAN MATEO CA 24427335256710037582178	-4.59
09/15/25	CHECKCARD 0913 APPLE.COM/BILL 866-712-7753 CA 2443099525647783573984O	-9.98
09/15/25	Online Banking transfer to CHK 0657 Confirmation# 8673276779	-20.00
09/15/25	WAL WAL-MART # 09/13 #000146204 PURCHASE 1400 HILLTOP MALL RICHMOND CA	-61.25
09/15/25	RALEY'S 321 09/13 #000756756 PURCHASE RALEY'S 321 SAN PABLO CA	-21.45
09/15/25	Zelle payment to Ricardo Lyft for "Robson"; Conf# vns8qihsk	-250.00
09/15/25	Zelle payment to Stela Jundy for "airbnb"; Conf# tsl46zvoc	-40.00
09/15/25	Zelle payment to Leandro for "Amazon"; Conf# u4lh60f3n	-220.00
09/15/25	Zelle payment to Stela Jundy for "Airbnb"; Conf# zagc2y89x	-40.00
09/15/25	Synchrony Bank DES:CC PYMT ID:601918391301096 INDN:ROBERTA DOS SANTOS CO ID:9856794001 WEB	-200.00
09/16/25	CHECKCARD 0914 MARGARITAS REDWOOD CITY CA 24000975258428709920057	-77.71
09/16/25	CHECKCARD 0916 AMAZON MKTPL*JL69U8S83 Amzn.com/billWA 24692165259108525270990	-70.31
09/16/25	CHECKCARD 0915 UCSF PERIODONTIC CLINIC SAN FRANCISCOCA 24391215259163670590269	-92.00
09/16/25	Online Banking transfer to CHK 0657 Confirmation# 8304899544	-10.00
09/16/25	Online Banking transfer to CHK 0657 Confirmation# 8606873646	-40.00
09/17/25	CHECKCARD 0915 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335259710027647715	-5.48
09/17/25	CHECKCARD 0915 SAFEWAY #0305 REDWOOD CITY CA 24231685259481235898987	-19.65
09/17/25	CHECKCARD 0915 SAFEWAY #0305 REDWOOD CITY CA 24231685259481235898979	-6.99
09/17/25	PURCHASE 0917 XFINITY MOBILE 888-936-4968 PA	-42.48
09/17/25	CHECKCARD 0917 TARGET T-1122 San Mateo CA	-9.86
09/18/25	CHECKCARD 0917 FASTRAK VIOLATION CENT 415-486-8655 CA 24431065260289189251974	-76.28

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Withdrawals and other subtractions - continued

Date	Description	Amount
09/18/25	TRADER JOE S # 09/18 #000216903 PURCHASE TRADER JOE S #06 SAN MATEO CA	-44.99
09/18/25	CHECKCARD 0918 PG E EZ PAY OAKLAND CA	-221.04
Total withdrawals and other subtractions		**-$9,411.39**

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

We will automatically waive the monthly maintenance fee on your Bank of America Advantage Plus Banking® account if there is an owner under the age of 25.

Starting with statements that cycle on or after November 14, 2025, as long as there is an owner on your account that is under the age of 25 on November 14, 2025, the monthly fee will be waived until they turn 25.

To have the monthly fee waived as part of this benefit, an account owner must be under the age of 25 on November 14, 2025. Additionally, this benefit does not apply when owners under 25 are added after this date.

Soon, we will automatically waive the monthly maintenance fee on select additional consumer checking or savings accounts when you also own a Bank of America Advantage Relationship Banking® account!

We are enhancing one of the services that comes with Advantage Relationship accounts — here is how this can benefit you:

Starting November 21, 2025, if you are an owner of an Advantage Relationship account, we will automatically waive the monthly fee on select additional consumer checking and savings accounts you own. This excludes additional Advantage Relationship and fiduciary accounts, like trust and estate accounts. Keep in mind, this means any additional Advantage Relationship accounts you own will not have the monthly fee waived as part of this benefit since it is not an eligible account type.

There is nothing you need to do. We will waive the monthly fee automatically on eligible accounts — asking us to link your accounts is no longer needed.

You can find more information about our accounts at bankofamerica.com or in our Personal Schedule of Fees at bankofamerica.com/fees. If you have any questions, please visit us, or call the number on this statement.

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BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

ROBERTA CAETANO ALMEIDA DOS SANTOS
620 VETERANS BLVD UNIT 221
REDWOOD CITY, CA 94063-1497

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Plus Banking

for September 19, 2025 to October 21, 2025

Account number: 3250 9586 3869

ROBERTA CAETANO ALMEIDA DOS SANTOS

Account summary

Beginning balance on September 19, 2025	$299.00
Deposits and other additions	12,461.63
Withdrawals and other subtractions	-11,183.80
Checks	-0.00
Service fees	-0.00
Ending balance on October 21, 2025	**$1,576.83**

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IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and Equal Housing Lender

Deposits and other additions

Date	Description	Amount
09/19/25	BKOFAMERICA ATM 09/19 #000004887 DEPOSIT FOSTER CITY FOSTER CITY CA	350.00
09/19/25	Zelle payment from NEEL N SHETH for "home cleaning Sep 19 2025"; Conf# ICUCo6eQm	200.00
09/19/25	Amazon Logistics DES:PAYMENTS ID:TLR003175222402 INDN:ROBERTA CAETANO ALMEID CO ID:9000015589 CCD	98.00
09/22/25	Transfer Amazon Logistics, Inc.	536.00
09/22/25	Zelle payment from ROBSON SILVA Conf# lpSAo6NqX	370.00
09/22/25	Zelle payment from FELIPE FUGIOKA Conf# fbbfad5mn	250.00
09/22/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bnzqqt9	180.00
09/22/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 06BM1H8RD	165.00
09/22/25	Zelle payment from NAN LU for "1128 Oddstad Sep 21"; Conf# 99bo4bpcp	145.00
09/22/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# nxhe4705q	120.00
09/22/25	Zelle payment from ROBSON SILVA Conf# 7a5xo6Nr7	10.00
09/23/25	IHSS2 ST OF CA DES:IHSSCMIPSE ID:XXXXXXXXX INDN:CAETANO ALMEIDA DOS, CO ID:9666663698 PPD	591.08
09/23/25	Transfer Amazon Logistics, Inc.	320.00
09/23/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bo8unvf	160.00
09/23/25	Zelle payment from FELIPE FUGIOKA Conf# e5ao18t7e	20.00
09/25/25	Zelle payment from DEEPMALA VIJ for "CLEANING 9-24"; Conf# T0Z9XP57F	170.00
09/25/25	Zelle payment from GLENDERSON DA COSTA Conf# ryqq8qyfy	120.00
09/26/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0KB51P8OF	180.00
09/26/25	Zelle payment from NAN LU for "1128 Oddstad Sep 26"; Conf# 99boockis	145.00
09/26/25	Amazon Logistics DES:PAYMENTS ID:TLR003204122922 INDN:ROBERTA CAETANO ALMEID CO ID:9000015589 CCD	140.00
09/29/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bp1yexf	160.00
09/29/25	Zelle payment from JOICY SOUSA Conf# xmigaaa22	75.00

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Thank you for your loyalty!

We are honored that you have chosen us for your banking needs,
and thank you for being a valued customer.

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Deposits and other additions - continued

Date	Description	Amount
09/29/25	Zelle payment from JOICY SOUSA Conf# xmf1ftkpl	12.00
09/29/25	CHECKCARD 0925 MARSHALLS #0755 SAN MATEO CA 7413746526900171181	10.95
09/30/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# mt2e99lvv	300.00
10/01/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bpbh3ns	160.00
10/01/25	Zelle payment from NAN LU for "1128 Oddstad Blvd Oct 1"; Conf# 99bpbv975	145.00
10/01/25	Online Banking transfer from CHK 0657 Confirmation# 7133493075	65.00
10/02/25	Zelle payment from ROBSON SILVA Conf# GZ7fo9Xdi	300.00
10/03/25	Zelle payment from DANIELLI DE SA E SILVA Conf# ua0fcbj3g	230.00
10/03/25	Zelle payment from NEEL N SHETH for "home clean Oct 3 including garage."; Conf# GCU3oaec9	225.00
10/03/25	Zelle payment from GLENDERSON DA COSTA Conf# fkmfl3zhv	120.00
10/03/25	Online Banking transfer from CHK 0657 Confirmation# 8650360820	50.00
10/06/25	IHSS2 ST OF CA DES:IHSSCMIPSE ID:XXXXXXXXX INDN:CAETANO ALMEIDA DOS, CO ID:9666663698 PPD	585.76
10/06/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0CBK1L8ZK	205.00
10/06/25	Zelle payment from JOICY SOUSA Conf# spleftzem	160.00
10/06/25	Zelle payment from DANIELLI DE SA E SILVA Conf# x2bm6uytl	100.00
10/06/25	Online Banking transfer from CHK 0657 Confirmation# 7276338206	40.00
10/06/25	Zelle payment from MESSIAS CUNHA Conf# T0ZC4TBY3	20.00
10/07/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# ony75va4q	120.00
10/07/25	Zelle payment from Conf# fh39nesim	100.00
10/07/25	Zelle payment from JOICY SOUSA Conf# s3t2t0iim	56.00
10/09/25	Zelle payment from DEEPMALA VIJ for "CLEANING OCT 8"; Conf# T0ZCJ5H7R	170.00
10/09/25	Zelle payment from GLENDERSON DA COSTA Conf# l8nbf6u4f	105.00
10/10/25	Zelle payment from NAN LU for "1128 Oddstad Oct 7,10"; Conf# 99bqgt0l6	290.00
10/10/25	Online Banking transfer from CHK 0657 Confirmation# 7310792394	20.00
10/14/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning"; Conf# 99bqx4kvk	360.00
10/14/25	Zelle payment from MARY PACHECO Conf# znxhj2vdr	220.00
10/14/25	Zelle payment from PAVIT K GREWAL for "cleaning"; Conf# 99bqk7ykd	170.00
10/14/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0RBT1Z8NN	165.00
10/14/25	Online Banking transfer from CHK 0657 Confirmation# 8021975132	75.00
10/14/25	Zelle payment from ROBSON SILVA Conf# b6yUocvwW	70.00
10/14/25	Zelle payment from MESSIAS CUNHA Conf# T0ZCQV23D	50.00
10/14/25	Zelle payment from MESSIAS CUNHA Conf# T0ZCTWP8J	50.00
10/14/25	Zelle payment from ANDRESSA BORBA INACIO Conf# vxh2tmklf	50.00
10/14/25	Zelle payment from JOICY SOUSA Conf# t1qdsteth	20.00
10/14/25	Online Banking transfer from CHK 0657 Confirmation# 7939100039	17.00

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Deposits and other additions - continued

Date	Description	Amount
10/15/25	Transfer Amazon Logistics, Inc.	391.50
10/15/25	Zelle payment from SHOKO YUYAMA for "booking com cleaning"; Conf# 99br1b11n	160.00
10/16/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# k2epjssal	120.00
10/16/25	Zelle payment from GLENDERSON DA COSTA Conf# pejoh6bs3	105.00
10/17/25	Zelle payment from NAN LU for "1128 Oddstad Oct 15,17"; Conf# 99brba0ux	290.00
10/17/25	Transfer Amazon Logistics, Inc.	223.50
10/17/25	Amazon Logistics DES:PAYMENTS ID:TLR003246666282 INDN:ROBERTA CAETANO ALMEID CO ID:9000015589 CCD	182.00
10/20/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0YBQ148KT	165.00
10/20/25	Zelle payment from Robson Silva Conf# K0a6oeuyF	110.00
10/20/25	Transfer Amazon Logistics, Inc.	97.50
10/21/25	IHSS2 ST OF CA DES:IHSSCMIPSE ID:XXXXXXXXX INDN:CAETANO ALMEIDA DOS, CO ID:9666663698 PPD	592.84
10/21/25	Transfer Amazon Logistics, Inc.	377.50
10/21/25	Zelle payment from SHOKO YUYAMA for "booking cleaning fee"; Conf# 99brp01pf	160.00
10/21/25	Zelle payment from NAN LU for "1128 Oddstad Oct 21"; Conf# 99brqmhre	145.00
Total deposits and other additions		**$12,461.63**

Withdrawals and other subtractions

Date	Description	Amount
09/19/25	CHECKCARD 0918 APPLE.COM/BILL 866-712-7753 CA 24430995261483697074634 RECURRING	-0.99
09/19/25	FIVE BELOW 143 09/19 #000946465 PURCHASE FIVE BELOW 1436 FOSTER CITY CA	-12.44
09/19/25	COSTCO WHSE #0 09/19 #000659053 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-44.22
09/19/25	TARGET T-1122 09/19 #000206937 PURCHASE TARGET T-1122 San Mateo CA	-59.19
09/22/25	PURCHASE 0920 COMCAST / XFINITY 800-266-2278 CA	-148.00
09/22/25	CHECKCARD 0919 CHICK-FIL-A #04919 SAN MATEO CA 24427335263710037693893	-4.59
09/22/25	Zelle payment to Stela Jundy for "helper"; Conf# u9igzz5vn	-40.00
09/22/25	CHECKCARD 0920 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335264710029898855	-14.47
09/22/25	REFUEL REDWOOD 09/20 #000888200 PURCHASE 504 WHIPPLE AVE REDWOOD CITY CA	-20.87
09/22/25	CHECKCARD 0921 APPLE.COM/BILL 866-712-7753 CA 24692165264100275295197	-4.99
09/22/25	CHECKCARD 0920 MARVIN GARDENS BELMONT CA 24055225264487038324882	-10.03
09/22/25	Zelle payment to Thanna for "Marvin Gardens"; Conf# yvk8m3txd	-38.00
09/22/25	Zelle payment to Leandro for "Amazon"; Conf# y055lbq7b	-634.00
09/22/25	CHECKCARD 0921 REFUEL REDWOOD REDWOOD CITY CA	-22.99

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Withdrawals and other subtractions - continued

Date	Description	Amount
09/23/25	CHECKCARD 0921 SHELL OIL 57444212708 PACIFICA CA 2431605526548829080726 2	-10.00
09/23/25	CHECKCARD 0923 Prime Video *X435R2OS3 888-802-3080 WA 24692165266101938990891	-3.99
09/23/25	CHECKCARD 0923 REFUEL REDWOOD REDWOOD CITY CA	-20.00
09/23/25	DOLLAR TREE 09/23 #000021008 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-37.20
09/23/25	APPLECARD GSBANK DES:PAYMENT ID:21861922 INDN:Roberta Santos CO ID:9999999999 WEB	-49.95
09/24/25	CHECKCARD 0922 CHICK-FIL-A #04919 SAN MATEO CA 24427335266710030919060	-4.59
09/24/25	MARSHALLS #075 09/24 #000914594 PURCHASE MARSHALLS #0755 SAN MATEO CA	-27.80
09/24/25	DOLLAR TREE 09/24 #000032186 PURCHASE 516 EL CAMINO REA BELMONT CA	-20.73
09/24/25	Zelle payment to Leandro for "Amazon"; Conf# yve8ajy9t	-215.00
09/24/25	Zelle payment to Roberta Caetano for "CRV"; Conf# z9x1a8xb0	-250.00
09/24/25	Zelle payment to Thanna for "Corte Vivi"; Conf# uw9d7fknw	-55.00
09/25/25	CHECKCARD 0923 STARBUCKS STORE 05934 FOSTER CITY CA 24692165267103245699925	-10.00
09/25/25	CHECKCARD 0923 CHICK-FIL-A #04919 SAN MATEO CA 24427335267710031346080	-4.59
09/25/25	CHECKCARD 0925 CHEVRON 0094512 REDWOOD CITY CA 24692165268103752009681	-13.47
09/25/25	Zelle payment to Priscila for "Deep 4"; Conf# w6x06f4g9	-170.00
09/25/25	COSTCO WHSE #0 09/25 #000433536 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-67.84
09/25/25	MARSHALLS #075 09/25 #000248881 PURCHASE MARSHALLS #0755 SAN MATEO CA	-10.95
09/26/25	CHECKCARD 0925 GEICO *AUTO 800-841-3000 DC 24692165268104351903811	-299.33
09/26/25	CHECKCARD 0925 MCDONALD'S F3707 FOSTER CITY CA 24427335268740298666770	-5.35
09/26/25	CHECKCARD 0926 NETFLIX.COM LOS GATOS CA	-24.99
09/26/25	Zelle payment to Yasmin for "Amazon"; Conf# x0qe7hrl9	-140.00
09/29/25	CHECKCARD 0925 CHICK-FIL-A #04919 SAN MATEO CA 24427335269710034073846	-4.59
09/29/25	CHECKCARD 0926 AMAZON PRIME*D891Z3UK3 Amzn.com/billWA 24692165269105039433435 RECURRING	-16.30
09/29/25	CHECKCARD 0926 SHELL OIL 57444212708 PACIFICA CA 24316055270494309307537	-10.00
09/29/25	CHECKCARD 0927 UBER * PENDI San FranciscoCA	-7.10
09/29/25	CHECKCARD 0927 UBR* PENDING.U San FranciscoCA	-30.90
09/29/25	CHECKCARD 0927 CHICK-FIL-A #04612 SAN JOSE CA 24427335271710031265821	-13.10
09/29/25	CHECKCARD 0927 REFUEL REDWOOD REDWOOD CITY CA	-20.00
09/29/25	Zelle payment to Robson Silva for "emprestimo"; Conf# t8cwuafza	-10.00
09/29/25	J and M Liquor 09/27 #000526823 PURCHASE J and M Liquor San Pablo CA	-41.63
09/29/25	CHECKCARD 0928 WAL WAL-MART # RICHMOND CA	-49.16
09/29/25	LUCKY #742.PIN 09/28 #000581464 PURCHASE LUCKY #742.PINO PINOLE CA	-23.29
09/29/25	Zelle payment to Yasmin for "pneu"; Conf# zviac8ybk	-300.00
09/29/25	Zelle payment to Robson Silva for "emprestado"; Conf# wy60gyxnr	-80.00

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Withdrawals and other subtractions - continued

Date	Description	Amount
09/30/25	CHECKCARD 0928 RAIZES DO BRASIL RESTAU 510-2308681 CA 24117635272000678635263	-42.44
09/30/25	CHECKCARD 0929 APPLE.COM/BILL 866-712-7753 CA 24430995272496745697328 RECURRING	-2.99
09/30/25	REFUEL REDWOOD 09/29 #000531900 PURCHASE 504 WHIPPLE AVE REDWOOD CITY CA	-3.88
09/30/25	COSTCO WHSE #0 09/30 #000143123 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-122.25
09/30/25	FIVE BELOW 143 09/30 #000137153 PURCHASE FIVE BELOW 1436 FOSTER CITY CA	-27.34
10/01/25	CHECKCARD 0929 SAFEWAY #0305 REDWOOD CITY CA 24231685273497763948418	-10.97
10/01/25	CHECKCARD 1001 APPLE.COM/BILL 866-712-7753 CA 24692165274109225638537	-4.99
10/01/25	REFUEL REDWOOD 09/30 #000786400 PURCHASE 504 WHIPPLE AVE REDWOOD CITY CA	-3.88
10/01/25	CHECKCARD 1001 24 Hour Fitness USA, I 800-4326348 CA 24204295274001101924022	-49.99
10/01/25	Zelle payment to Robson Silva for "Happy meal lucca"; Conf# z269ddw8c	-10.00
10/01/25	TJX Rew MstrCRD DES:SYF PAYMNT ID:524366304576359 INDN:CAETANOALMEIDADROBERTA CO ID:9069872103 WEB	-112.95
10/03/25	CHECKCARD 1001 SAFEWAY #3008 PACIFICA CA 24231685275500196202382	-28.54
10/03/25	Zelle payment to Roberta Caetano for "credit card payment"; Conf# znhizss4n	-190.00
10/03/25	SMART AND FINA 10/03 #000937509 PURCHASE SMART AND FINAL REDWOOD CITY CA	-50.40
10/06/25	PURCHASE 1003 YSI*Property Payment Re 650-6557908 CA	-2,039.12
10/06/25	CHECKCARD 1003 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335277710033519427	-4.49
10/06/25	PURCHASE 1004 Microsoft*Microsoft 365 425-6816830 WA	-1.99
10/06/25	CHECKCARD 1004 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335278710029723180	-18.01
10/06/25	CHECKCARD 1004 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335278710029723198	-4.49
10/06/25	Zelle payment to Joicy for "jogo e compras"; Conf# zhrgnlbly	-27.00
10/07/25	Mobile Banking payment to CRD 4078 Confirmation# 15eem1xl7	-310.00
10/08/25	WELLS FARGO BANK DES:RESERVE ID:1001 INDN:90753593308231 CO ID:WFRETAIL01 TEL	-100.00
10/10/25	BKOFAMERICA ATM 10/10 #000009086 WITHDRWL FOSTER CITY FOSTER CITY CA	-600.00
10/10/25	TARGET T-1122 10/10 #000254681 PURCHASE TARGET T-1122 San Mateo CA	-15.29
10/14/25	CHECKCARD 1010 CHICK-FIL-A #04919 SAN MATEO CA 24427335284710037260417	-17.68
10/14/25	PURCHASE 1012 AMAZON MKTPL*NF86G0592 Amzn.com/billWA	-67.96
10/14/25	PURCHASE 1011 AMAZON MKTPL*NM3W63LC0 Amzn.com/billWA	-30.72
10/14/25	CHECKCARD 1012 AMAZON MKTPL*NF38S5UL1 Amzn.com/billWA 24692165285100012320949	-54.93
10/14/25	CHECKCARD 1011 TOTAL WINE AND MORE SAN MATEO CA 24116415285511920581090	-17.64
10/14/25	CHECKCARD 1011 CHICK-FIL-A #04919 SAN MATEO CA 24427335285710032369097	-15.73
10/14/25	CHECKCARD 1011 CHICK-FIL-A #04919 SAN MATEO CA 24427335285710032374279	-4.59
10/14/25	Zelle payment to Sandra Cabelo for "Kbelo"; Conf# tnxglxko1	-280.00

continued on the next page

Withdrawals and other subtractions - continued

Date	Description	Amount
10/14/25	PURCHASE 1012 AMAZON MKTPL*NF6FY25U2 Amzn.com/billWA	-7.67
10/14/25	CHECKCARD 1012 TST* STACKS - REDWOOD C REDWOOD CITY CA 24137465285300798365707	-200.34
10/14/25	TARGET T-0321 10/12 #000933942 PURCHASE TARGET T-0321 Redwood City CA	-59.19
10/14/25	MARSHALLS #027 10/12 #000917198 PURCHASE MARSHALLS #0271 REDWOOD CITY CA	-12.55
10/14/25	Zelle payment to Angela for "Sanduiche"; Conf# ue3kt29m2	-38.00
10/14/25	DOLLAR TREE 10/13 #000033170 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-13.31
10/14/25	CHECKCARD 1013 PANDA EXPRESS #1865 REDWOOD CITY CA 24431065287307136876716	-16.48
10/14/25	AUTOZONE 0934 10/13 #000805926 PURCHASE AUTOZONE 09342 1 REDWOOD CITY CA	-115.35
10/14/25	MARSHALLS #027 10/13 #000115942 PURCHASE MARSHALLS #0271 REDWOOD CITY CA	-26.37
10/14/25	DOLLAR TREE 10/13 #000025331 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-7.25
10/14/25	Synchrony Bank DES:CC PYMT ID:601918391301096 INDN:ROBERTA DOS SANTOS CO ID:9856794001 WEB	-200.00
10/15/25	Zelle payment to Leandro for "Amazon"; Conf# wr69oe09u	-192.00
10/16/25	CHECKCARD 1015 AMAZON RETA* NM8YT5MG1 WWW.AMAZON.COWA 24011345288100081525179	-90.10
10/16/25	CHAVEZ SUPERMA 10/16 #000843407 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-18.00
10/16/25	Zelle payment to SPARKLING HOUSE CLEANING SERVICES for "Airbnb"; Conf# ww9fnhm9a	-158.70
10/16/25	BKOFAMERICA ATM 10/16 #000002269 WITHDRWL FOSTER CITY FOSTER CITY CA	-50.00
10/17/25	TARGET T-1122 10/17 #000211286 PURCHASE TARGET T-1122 San Mateo CA	-26.39
10/17/25	Online Banking transfer to CHK 0657 Confirmation# 7275220719	-310.00
10/20/25	CHECKCARD 1017 FASTRAK VIOLATION CENT 415-486-8655 CA 24431065290309046338626	-8.00
10/20/25	CHECKCARD 1017 FASTRAK VIOLATION CENT 415-486-8655 CA 24431065290309046341026	-59.64
10/20/25	CHECKCARD 1017 CHICK-FIL-A #04919 SAN MATEO CA 24427335291710037263925	-19.78
10/20/25	CHECKCARD 1018 APPLE.COM/BILL 866-712-7753 CA 24430995291519035620770 RECURRING	-0.99
10/20/25	Zelle payment to Leandro for "Amazon"; Conf# uky2vmjuj	-405.50
10/20/25	CHECKCARD 1018 ROSS STORE #2202 SAN MATEO CA 24610435292004027352086	-207.00
10/20/25	SMART AND FINA 10/18 #000197691 PURCHASE SMART AND FINAL SAN MATEO CA	-44.91
10/20/25	PURCHASE 1019 AMAZON DIGITAL WWW.AMAZON.COWA	-12.99
10/20/25	CHAVEZ SUPERMA 10/19 #000801346 PURCHASE CHAVEZ SUPERMARKE REDWOOD CITY CA	-55.60
10/20/25	Online Banking transfer to CHK 0657 Confirmation# 7897294489	-20.00
10/20/25	COSTCO WHSE #0 10/20 #000915270 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-46.98
10/20/25	Zelle payment to Robson Silva for "emprestado"; Conf# vzszrl51p	-10.00
10/20/25	MARSHALLS #075 10/20 #000028653 PURCHASE MARSHALLS #0755 SAN MATEO CA	-83.53
10/21/25	CHECKCARD 1021 XFINITY MOBILE 888-936-4968 PA 24692165294108217619543	-42.48
10/21/25	Zelle payment to Yasmin Conf# u94l9kdbv	-176.00
10/21/25	SMART AND FINA 10/21 #000500120 PURCHASE SMART AND FINAL SAN MATEO CA	-59.31

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Withdrawals and other subtractions - continued

Date	Description		Amount
10/21/25	BKOFAMERICA ATM 10/21 #000002185 WITHDRWL FOSTER CITY	FOSTER CITY CA	-590.00
10/21/25	Zelle payment to Willdenberg for "remedio"; Conf# vm194ato6		-50.00
10/21/25	Zelle payment to Leandro for "Amazon"; Conf# vbd204cy9		-377.50
Total withdrawals and other subtractions			**-$11,183.80**

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Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

Announcing a new look and feel for our Deposit Agreement and Disclosures document.

Starting November 14, 2025, you can visit bankofamerica.com/depositagreement to see the updates we have made to simplify the document. You can also request a copy at any financial center, or call us at the number on this statement.

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BANK OF AMERICA

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Customer service information

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ROBERTA CAETANO ALMEIDA DOS SANTOS
620 VETERANS BLVD UNIT 221
REDWOOD CITY, CA 94063-1497

Your Adv Plus Banking

for October 22, 2025 to November 17, 2025

Account number: 3250 9586 3869

ROBERTA CAETANO ALMEIDA DOS SANTOS

Account summary

Beginning balance on October 22, 2025	$1,576.83
Deposits and other additions	9,153.93
Withdrawals and other subtractions	-9,560.36
Checks	-0.00
Service fees	-0.00
Ending balance on November 17, 2025	**$1,170.40**

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IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Deposits and other additions

Date	Description	Amount
10/22/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# pppimasb9	146.00
10/22/25	Zelle payment from UILTON OLIVEIRA DA SILVA Conf# fjito7der	142.83
10/23/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# p3jpfg9np	351.91
10/23/25	Zelle payment from DEEPMALA VIJ for "CLEANING ON OCT 22"; Conf# T0ZDYPRXR	170.00
10/24/25	Amazon Logistics DES:PAYMENTS ID:TLR003274495652 INDN:ROBERTA CAETANO ALMEID CO ID:9000015589 CCD	191.50
10/27/25	Transfer Amazon Logistics, Inc.	432.00
10/27/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 04BG14JM2	200.00
10/27/25	BKOFAMERICA ATM 10/27 #000004648 DEPOSIT FOSTER CITY FOSTER CITY CA	150.00
10/27/25	Zelle payment from NAN LU for "1128 Oddstad Oct 27"; Conf# 99bsh4rcw	145.00
10/27/25	Zelle payment from GLENDERSON DA COSTA Conf# o4m3z0wms	105.00
10/27/25	Online Banking transfer from CHK 0657 Confirmation# 7758124537	50.00
10/27/25	Zelle payment from JOICY SOUSA Conf# xckui6aj4	50.00
10/27/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# ohszb35o2	38.00
10/30/25	Transfer Amazon Logistics, Inc.	349.50
10/30/25	BKOFAMERICA ATM 10/30 #000005176 DEPOSIT FOSTER CITY FOSTER CITY CA	300.00
10/31/25	Zelle payment from FELIPE FUGIOKA Conf# gf5tv49mm	350.00
10/31/25	Amazon Logistics DES:PAYMENTS ID:TLR003290685142 INDN:ROBERTA CAETANO ALMEID CO ID:9000015589 CCD	98.00
10/31/25	Zelle payment from JOICY SOUSA Conf# zn96o8urp	13.00
11/03/25	Transfer Amazon Logistics, Inc.	209.50
11/03/25	Zelle payment from JOICY SOUSA Conf# wxetpjpht	180.00
11/03/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 01BK1VJDF	165.00
11/03/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning"; Conf# 99bte9grq	160.00
11/03/25	Zelle payment from NAN LU for "1128 Oddstad Nov 3"; Conf# 99btf735k	145.00

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Deposits and other additions - continued

Date	Description	Amount
11/03/25	Zelle payment from GLENDERSON DA COSTA Conf# oihqf3zoc	120.00
11/03/25	Zelle payment from ROBSON SILVA Conf# lZ0toj2gH	50.00
11/03/25	Online Banking transfer from CHK 0657 Confirmation# 8596687109	30.00
11/04/25	BKOFAMERICA ATM 11/04 #000006589 DEPOSIT FOSTER CITY FOSTER CITY CA	560.00
11/04/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# k4ytvj444	150.00
11/04/25	Online Banking transfer from CHK 0657 Confirmation# 7529138654	10.00
11/05/25	Transfer Amazon Logistics, Inc.	293.50
11/05/25	Zelle payment from DEEPMALA VIJ Conf# T0ZGCCSV2	170.00
11/05/25	Zelle payment from PAULO SANTOS Conf# enj8bnqlo	120.00
11/05/25	Online Banking transfer from CHK 0657 Confirmation# 8531432891	60.00
11/06/25	BKOFAMERICA ATM 11/06 #000007015 DEPOSIT FOSTER CITY FOSTER CITY CA	150.00
11/07/25	Amazon Logistics DES:PAYMENTS ID:TLR003304586362 INDN:ROBERTA CAETANO ALMEID CO ID:9000015589 CCD	322.00
11/07/25	Zelle payment from GLENDERSON DA COSTA Conf# jcm4a3vax	120.00
11/10/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 09B113J5J	165.00
11/10/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bu55byd	160.00
11/10/25	Zelle payment from NAN LU Conf# 99bu99c2j	145.00
11/10/25	Zelle payment from Conf# d7r6kg8sj	100.00
11/10/25	Zelle payment from JOICY SOUSA Conf# zn64glp9p	80.00
11/10/25	Zelle payment from ROBSON SILVA Conf# R6UBol1zu	20.00
11/12/25	IHSS2 ST OF CA DES:IHSSCMIPSE ID:XXXXXXXXX INDN:CAETANO ALMEIDA DOS, CO ID:9666663698 PPD	584.69
11/12/25	Transfer Amazon Logistics, Inc.	321.50
11/12/25	Zelle payment from NEEL N SHETH for "home cleaning Nov 12 2025."; Conf# 1oNNolzHv	200.00
11/13/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# m385zwsn5	250.00
11/17/25	Zelle payment from PAVIT K GREWAL for "cleaning"; Conf# 99bv0htpy	190.00
11/17/25	Zelle payment from JOICY SOUSA Conf# T0ZHDL7BF	180.00
11/17/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 09B91TJJW	165.00
11/17/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# j86yct42o	150.00
11/17/25	Zelle payment from NAN LU for "1128 Oddstad Nov 16"; Conf# 99buzjrtu	145.00
Total deposits and other additions		**$9,153.93**

Withdrawals and other subtractions

Date	Description	Amount
10/22/25	CHECKCARD 1022 COMCAST / XFINITY 800-266-2278 CA 24692165295109064417634	-50.00
10/22/25	PURCHASE 1021 AMAZON DIGITAL WWW.AMAZON.COWA	-8.99

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Withdrawals and other subtractions - continued

Date	Description	Amount
10/22/25	COSTCO WHSE #0 10/22 #000075900 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-51.83
10/23/25	Mobile Banking payment to CRD 4078 Confirmation# iutrpctdj	-651.23
10/23/25	Zelle payment to Roberta Caetano for "CRV"; Conf# z6cw1pn4r	-250.00
10/23/25	99 RANCH #1782 10/23 #000737393 PURCHASE 99 RANCH #1782 FOSTER CITY CA	-18.90
10/23/25	Zelle payment to Yasmin for "beer"; Conf# wt4sslyk4	-20.00
10/23/25	Zelle payment to Priscila for "Deep"; Conf# q3k7opc59	-170.00
10/23/25	REFUEL REDWOOD 10/23 #000236856 PURCHASE REFUEL REDWOOD CI REDWOOD CITY CA	-2.99
10/24/25	FIVE BELOW 143 10/24 #000226837 PURCHASE FIVE BELOW 1436 FOSTER CITY CA	-50.72
10/24/25	CHECKCARD 1024 TARGET T-1122 San Mateo CA	-8.65
10/27/25	CHECKCARD 1024 CHICK-FIL-A #04919 SAN MATEO CA 24427335298710037340452	-18.23
10/27/25	Zelle payment to Leandro for "Amazon"; Conf# y88edq6ro	-191.50
10/27/25	CHECKCARD 1025 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335299710029074373	-8.99
10/27/25	CHECKCARD 1025 MARVIN GARDENS BELMONT CA 24055225299527667276462	-49.49
10/27/25	CHECKCARD 1026 CHEVRON 0094512 REDWOOD CITY CA 24692165299103155863497	-24.76
10/27/25	PURCHASE 1026 Netflix.com 408-5403700 CA	-24.99
10/27/25	REDWOOD CITY G 10/26 #000944556 PURCHASE REDWOOD CITY GROC REDWOOD CITY CA	-77.12
10/27/25	Online Banking transfer to CHK 0657 Confirmation# 7953048938	-40.00
10/27/25	Zelle payment to Leandro for "Amazon"; Conf# v8a3tja9c	-332.00
10/27/25	Online Banking transfer to CHK 0657 Confirmation# 7958110222	-50.00
10/27/25	CHAVEZ SUPERMA 10/27 #000463137 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-28.33
10/27/25	SMART AND FINA 10/27 #000044304 PURCHASE SMART AND FINAL SAN MATEO CA	-12.49
10/28/25	PURCHASE 1028 AMAZON MKTPL*N475C1SI1 Amzn.com/billWA	-37.27
10/28/25	Zelle payment to MICHELLE BIANCO for "flores"; Conf# ujuzr0o2l	-35.00
10/28/25	CHECKCARD 1028 ARCO#04495SINO SAN MATEO CA	-40.00
10/28/25	TRADER JOE S # 10/28 #000910076 PURCHASE TRADER JOE S #06 SAN MATEO CA	-32.07
10/28/25	FIVE BELOW 143 10/28 #000127787 PURCHASE FIVE BELOW 1436 FOSTER CITY CA	-11.56
10/29/25	CHECKCARD 1027 TST*TAQUERIA LA PERLA Pacifica CA 24692165301105035970802	-10.17
10/29/25	CHECKCARD 1027 CHICK-FIL-A #04919 SAN MATEO CA 24427335301710030166032	-9.19
10/29/25	DOLLAR TREE 10/29 #000028852 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-51.27
10/29/25	FIVE BELOW 143 10/29 #000854070 PURCHASE FIVE BELOW 1436 FOSTER CITY CA	-27.34
10/29/25	HOBBYLOBBY 10/29 #000856879 PURCHASE HOBBYLOBBY SAN MATEO CA	-30.94
10/29/25	SMART AND FINA 10/29 #000066276 PURCHASE SMART AND FINAL SAN MATEO CA	-34.66
10/30/25	CHECKCARD 1028 CA DMV KHE SFWY BLMNT BELMONT CA 24755425302163028730395	-332.00

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Withdrawals and other subtractions - continued

Date	Description	Amount
10/30/25	CHECKCARD 1029 CA DMV FEE 678-7315516 TN 24755425302273021269570	-6.47
10/30/25	CHECKCARD 1028 ROSS STORES #1279 SAN CARLOS CA 24610435302004036367958	-89.62
10/30/25	CHECKCARD 1030 APPLE.COM/BILL 866-712-7753 CA 24692165303106584675956 RECURRING	-2.99
10/30/25	THE HOME DEPOT 10/30 #000113411 PURCHASE THE HOME DEPOT #0 SAN MATEO CA	-25.15
10/30/25	TARGET T-1122 10/30 #000641017 PURCHASE TARGET T-1122 San Mateo CA	-37.57
10/30/25	Zelle payment to Yasmin for "Amazon"; Conf# tdgvdhmsx	-349.50
10/30/25	ARCO#07127ARCO 10/30 #000283898 PURCHASE ARCO#07127ARCO RICHMOND CA	-25.43
10/31/25	CHECKCARD 1030 FASTRAK VIOLATION CENT 415-486-8655 CA 24431065304317277057629	-31.20
10/31/25	SMART AND FINA 10/31 #000404762 PURCHASE SMART AND FINAL SAN MATEO CA	-67.80
10/31/25	SMART AND FINA 10/31 #000375448 PURCHASE SMART AND FINAL SAN MATEO CA	-20.57
10/31/25	CHAVEZ SUPERMA 10/31 #000060069 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-39.59
10/31/25	DOLLAR TREE 10/31 #000016638 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-35.93
10/31/25	REFUEL REDWOOD 10/31 #000889315 PURCHASE REFUEL REDWOOD CI REDWOOD CITY CA	-20.00
11/03/25	CHECKCARD 1031 SAFEWAY #0999 FOSTER CITY CA 24231685305534582324207	-5.74
11/03/25	CHECKCARD 1031 CHEVRON 0092755 MILLBRAE CA 24692165304108122903196	-10.00
11/03/25	CHECKCARD 1031 CHICK-FIL-A #04919 SAN MATEO CA 24427335305710035937748	-19.23
11/03/25	PURCHASE 1031 AMAZON DIGITAL WWW.AMAZON.COWA	-9.99
11/03/25	CHAVEZ SUPERMA 11/01 #000897779 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-39.21
11/03/25	FIVE BELOW 143 11/01 #000826127 PURCHASE FIVE BELOW 1436 FOSTER CITY CA	-29.24
11/03/25	Zelle payment to Leandro for "Amazon"; Conf# zrx7xvuuz	-72.00
11/03/25	Zelle payment to YULMER HERRERA Conf# vnk9lvn8f	-50.00
11/03/25	BKOFAMERICA ATM 11/03 #000006176 WITHDRWL FOSTER CITY FOSTER CITY CA	-40.00
11/03/25	Zelle payment to Roberta Caetano for "cartao provident"; Conf# s9cit8py2	-543.00
11/03/25	APPLECARD GSBANK DES:PAYMENT ID:21861922 INDN:Roberta Santos CO ID:9999999999 WEB	-49.95
11/04/25	CHECKCARD 1104 MICROSOFT*MICR REDMOND WA 00000000000000000164009 RECURRING	-1.99
11/04/25	HOBBYLOBBY 11/04 #000053106 PURCHASE HOBBYLOBBY SAN MATEO CA	-39.44
11/04/25	TARGET T-1122 11/04 #000050127 PURCHASE TARGET T-1122 San Mateo CA	-115.11
11/05/25	CHECKCARD 1103 SAFEWAY #0668 BELMONT CA 24231685308537833997819	-21.68
11/05/25	CHECKCARD 1104 YSI*Property Payment Re 650-6557908 CA 24906415308242501868949	-2,039.37
11/05/25	Zelle payment to Thanna for "corte"; Conf# sg9739n4f	-55.00
11/05/25	99 RANCH #1782 11/05 #000172922 PURCHASE 99 RANCH #1782 FOSTER CITY CA	-16.40
11/05/25	Zelle payment to Leandro for "Amazon"; Conf# w15ozgt9t	-243.50
11/06/25	CHECKCARD 1106 FOSTER CITY CA FOSTER CITY CA	-24.95
11/07/25	CHECKCARD 1106 MCDONALD'S F3707 FOSTER CITY CA 24427335310740298603185	-5.46

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Withdrawals and other subtractions - continued

Date	Description	Amount
11/07/25	PETCO 1313 11/07 #000394998 PURCHASE PETCO 1313 SAN MATEO CA	-24.11
11/07/25	TARGET T-1122 11/07 #000254076 PURCHASE TARGET T-1122 San Mateo CA	-54.80
11/10/25	CHECKCARD 1106 CHICK-FIL-A #04919 SAN MATEO CA 24427335311710033717136	-9.19
11/10/25	CHECKCARD 1106 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335311710029988253	-12.83
11/10/25	CHECKCARD 1107 PANDA EXPRESS #1865 REDWOOD CITY CA 2443106531232216218159 1	-11.76
11/10/25	Zelle payment to Robson Silva Conf# wkmf0y1d9	-1.00
11/10/25	CHECKCARD 1108 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335313710029875656	-18.66
11/10/25	CHECKCARD 1108 METRO BY T MOB BELLEVUE WA	-90.00
11/10/25	SMART AND FINA 11/09 #000343761 PURCHASE SMART AND FINAL REDWOOD CITY CA	-28.04
11/10/25	Zelle payment to Yasmin for "Amazon"; Conf# ux22hy9nl	-79.17
11/10/25	COSTCO WHSE #0 11/10 #000155183 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-26.57
11/10/25	Zelle payment to Robson Silva for "carro"; Conf# sx1jzmmi4	-20.00
11/10/25	WELLS FARGO BANK DES:RESERVE ID:1001 INDN:90753593308231 CO ID:WFRETAIL01 TEL	-100.00
11/12/25	CHECKCARD 1111 GEICO *AUTO 800-841-3000 DC 24692165315105405478349	-283.09
11/12/25	CHECKCARD 1111 GET COVERED LLC GETCOVEREDINSNY 24011345315100110560962	-64.58
11/12/25	SMART AND FINA 11/11 #000194757 PURCHASE SMART AND FINAL SAN MATEO CA	-23.60
11/12/25	SMART AND FINA 11/12 #000564277 PURCHASE SMART AND FINAL REDWOOD CITY CA	-53.86
11/12/25	Zelle payment to Yasmin for "Amazon"; Conf# uvaoupbg6	-321.50
11/13/25	CHECKCARD 1111 CHICK-FIL-A #04919 SAN MATEO CA 24427335316710031612904	-9.19
11/13/25	TARGET T-0321 11/13 #000942977 PURCHASE TARGET T-0321 Redwood City CA	-84.59
11/13/25	BATH AND BODY 11/13 #000427532 PURCHASE BATH AND BODY WOR REDWOOD CITY CA	-56.98
11/13/25	SMART AND FINA 11/13 #000622717 PURCHASE SMART AND FINAL REDWOOD CITY CA	-25.94
11/14/25	BKOFAMERICA ATM 11/14 #000004579 WITHDRWL FOSTER CITY FOSTER CITY CA	-580.00
11/14/25	Zelle payment to Jaiane for "consorcio Roberta"; Conf# uk8mdjens	-200.00
11/14/25	Synchrony Bank DES:CC PYMT ID:601918391301096 INDN:ROBERTA DOS SANTOS CO ID:9856794001 WEB	-200.00
11/17/25	CHECKCARD 1114 CHICK-FIL-A #04919 SAN MATEO CA 24427335319710038101908	-12.65
11/17/25	PURCHASE 1117 XFINITY MOBILE 888-936-4968 PA	-42.55
11/17/25	REFUEL REDWOOD 11/16 #000112012 PURCHASE REFUEL REDWOOD REDWOOD CITY CA	-12.70
11/17/25	COSTCO WHSE #0 11/17 #000271862 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-50.33
11/17/25	TJX Rew MstrCRD DES:SYF PAYMNT ID:524366304576359 INDN:CAETANOALMEIDADROBERTA CO ID:9069872103 WEB	-86.91
Total withdrawals and other subtractions		**-$9,560.36**

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BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

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Tampa, FL 33622-5118

ROBERTA CAETANO ALMEIDA DOS SANTOS
620 VETERANS BLVD UNIT 221
REDWOOD CITY, CA 94063-1497

Your Adv Plus Banking

for November 18, 2025 to December 18, 2025

Account number: 3250 9586 3869

ROBERTA CAETANO ALMEIDA DOS SANTOS

Account summary

Beginning balance on November 18, 2025	$1,170.40
Deposits and other additions	10,015.45
Withdrawals and other subtractions	-10,549.60
Checks	-0.00
Service fees	-0.00
Ending balance on December 18, 2025	**$636.25**

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SSM-03-25-0560.B | 7786995

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Deposits and other additions

Date	Description	Amount
11/18/25	BKOFAMERICA ATM 11/18 #000007392 DEPOSIT FOSTER CITY FOSTER CITY CA	650.00
11/18/25	Zelle payment from FELIPE FUGIOKA Conf# cj4gskumq	70.00
11/18/25	Zelle payment from FELIPE FUGIOKA Conf# gn6cfxbtj	60.00
11/20/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0XBQ1PJPO	165.00
11/20/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# k97l3f5er	100.00
11/21/25	Zelle Scheduled payment from MARY PACHECO for "For mary pacheco apartment cleaning"; Conf# xdw2wpxm6	170.00
11/21/25	Zelle payment from DEEPMALA VIJ for "CLEANING NOV 19"; Conf# T0ZHY2JKT	170.00
11/21/25	Zelle payment from PACIFICA NEST LLC for "1128 Oddstad Nov 21"; Conf# 99bvkf9op	145.00
11/24/25	IHSS2 ST OF CA DES:IHSSCMIPSE ID:XXXXXXXXX INDN:CAETANO ALMEIDA DOS, CO ID:9666663698 PPD	588.23
11/24/25	Zelle payment from SHOKO YUYAMA for "booking guests room cleaning fee"; Conf# 99bvpb17l	160.00
11/24/25	Zelle payment from AURELIO DE LIMA SILVA Conf# yxrwtdo74	50.00
11/24/25	Zelle payment from YASMIN FUGIOKA Conf# T0ZJ9S37L	46.00
11/24/25	Zelle payment from ANDRESSA BORBA INACIO Conf# x4ft2upvo	25.00
11/25/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# mzdapj7r4	100.00
11/26/25	Zelle payment from ANDRESSA BORBA INACIO Conf# zpj1yjsl2	25.00
11/28/25	Zelle payment from JOICY SOUSA Conf# y5vjn0lvt	360.00
11/28/25	Zelle payment from SHOKO YUYAMA for "booking cleaning fee"; Conf# 99bwci7v8	160.00
12/01/25	Zelle payment from ROBSON SILVA Conf# zgDUoqqyG	300.00
12/01/25	Zelle payment from NEEL N SHETH for "home cleaning Dec 1 2025"; Conf# Gq9GoqYI8	200.00
12/01/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 08BP1ZZ11	165.00
12/02/25	Zelle payment from SANCLAIR ALVES DOS SANTOS Conf# nwnephbym	120.00
12/02/25	PURCHASE REFUND 1130 AMAZON DIGITAL SEATTLE WA 24011345335100185442118	10.99
12/03/25	BOFA FIN CTR 12/03 #000003410 DEPOSIT 909 E Hillsdale B Foster City CA	2,099.00

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Deposits and other additions - continued

Date	Description	Amount
12/03/25	Zelle payment from DEEPMALA VIJ for "CLEANING DEC 3"; Conf# T0ZK9NWRQ	170.00
12/04/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bx4gvbq	160.00
12/04/25	Zelle payment from ROBSON SILVA Conf# tPyPorPkt	54.80
12/05/25	IHSS2 ST OF CA DES:IHSSCMIPSE ID:XXXXXXXXX INDN:CAETANO ALMEIDA DOS, CO ID:9666663698 PPD	589.30
12/08/25	Zelle payment from ROBSON SILVA Conf# YkJjosoAD	260.00
12/08/25	Zelle payment from JOICY SOUSA Conf# T0ZKQYZFJ	180.00
12/08/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 0GBV14ZIG	165.00
12/08/25	Zelle payment from Conf# ddavw22fx	100.00
12/08/25	Zelle payment from ROBSON SILVA Conf# 2RBKosGmF	40.00
12/08/25	Zelle payment from ROBSON SILVA Conf# 3U69osGmR	10.00
12/09/25	Zelle payment from MESSIAS CUNHA Conf# T0ZKWQFGR	352.00
12/09/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99bxso07b	250.00
12/09/25	BKOFAMERICA ATM 12/09 #000004853 DEPOSIT FOSTER CITY FOSTER CITY CA	150.00
12/10/25	Zelle payment from ROBSON SILVA Conf# LdSTotxRQ	125.00
12/10/25	CHECKCARD 1209 GEICO *AUTO 800-841-3000 DC 7469216534310270604	105.13
12/10/25	Zelle payment from ANA PAULA DINIS Conf# oe89c446e	60.00
12/11/25	Zelle payment from PAVIT K GREWAL for "cleaning"; Conf# 99by0l85g	190.00
12/11/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# ne6xxfs36	90.00
12/11/25	Zelle payment from ROBSON SILVA Conf# gFjLotOzg	35.00
12/15/25	Zelle payment from ALVARO LUIS BEGAZO VALDIVIA Conf# 07BZ1VZK8	165.00
12/15/25	Zelle payment from SHOKO YUYAMA for "airbnb cleaning fee"; Conf# 99byi776t	160.00
12/15/25	Zelle payment from ROBSON SILVA Conf# jCWNouWSQ	150.00
12/16/25	Zelle payment from ROBSON SILVA Conf# njmToveEJ	150.00
12/16/25	Zelle payment from Conf# wdte8ylqk	130.00
12/17/25	Zelle payment from YASMIN CAETANO FUGIOKA Conf# lrv7r4moq	65.00
12/18/25	Zelle payment from DEEPMALA VIJ Conf# T0ZLV5QDZ	170.00
Total deposits and other additions		**$10,015.45**

Withdrawals and other subtractions

Date	Description	Amount
11/18/25	CHAVEZ SUPERMA 11/18 #000659636 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-38.24
11/18/25	Zelle payment to Lucas Torres carro for "Carro Felipe"; Conf# yof8d5qmc	-500.00
11/18/25	MARSHALLS #075 11/18 #000929147 PURCHASE MARSHALLS #0755 SAN MATEO CA	-21.99
11/18/25	CHECKCARD 1118 TARGET T-1122 San Mateo CA	-8.44
11/19/25	CHECKCARD 1117 ROSS STORE #2202 SAN MATEO CA 24610435322004037783159	-52.15

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Withdrawals and other subtractions - continued

Date	Description	Amount
11/19/25	CHECKCARD 1118 APPLE.COM/BILL 866-712-7753 CA 24692165322101570456823 RECURRING	-0.99
11/19/25	PURCHASE 1119 AMAZON DIGITAL WWW.AMAZON.COWA	-12.99
11/20/25	TRADER JOE S # 11/20 #000630641 PURCHASE TRADER JOE S #06 SAN MATEO CA	-54.48
11/21/25	CHECKCARD 1119 CHICK-FIL-A #04919 SAN MATEO CA 24427335324710033058080	-19.78
11/21/25	Zelle payment to NAYARA FRANCINI OLIVEIRA for "consorcio Roberta 2"; Conf# uokwxxb7q	-202.00
11/21/25	Zelle payment to Priscila for "Deep ultimo"; Conf# spz17gb67	-170.00
11/21/25	REDWOOD CITY G 11/21 #000782595 PURCHASE REDWOOD CITY GROC REDWOOD CITY CA	-103.49
11/21/25	SMART AND FINA 11/21 #000647104 PURCHASE SMART AND FINAL REDWOOD CITY CA	-57.82
11/21/25	SMART AND FINA 11/21 #000619314 PURCHASE SMART AND FINAL REDWOOD CITY CA	-14.22
11/24/25	CHECKCARD 1120 CHICK-FIL-A #04919 SAN MATEO CA 24427335325710034408978	-16.81
11/24/25	CHECKCARD 1121 STARBUCKS 14608 SAN CARLOS CA 24445005326001156276062	-7.45
11/24/25	PURCHASE 1121 AMAZON DIGITAL WWW.AMAZON.COWA	-8.99
11/24/25	CHECKCARD 1121 ROSS STORES #1279 SAN CARLOS CA 24610435326004029454054	-72.14
11/24/25	Zelle payment to Joicy for "cerveja"; Conf# wvi0zmtui	-12.50
11/24/25	DIAMOND GAS AN 11/22 #000014584 PURCHASE DIAMOND GAS AND M SAN JOSE CA	-43.19
11/24/25	HOBBYLOBBY 11/22 #000231000 PURCHASE HOBBYLOBBY SAN MATEO CA	-54.13
11/24/25	FIVE BELOW 143 11/22 #000242888 PURCHASE FIVE BELOW 1436 FOSTER CITY CA	-24.06
11/24/25	CHECKCARD 1122 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335327710030331081	-19.21
11/24/25	COSTCO WHSE #1 11/23 #000310048 PURCHASE COSTCO WHSE #1042 REDWOOD CITY CA	-19.47
11/24/25	DOLLAR TREE 11/23 #000022595 PURCHASE 312 WALNUT ST REDWOOD CITY CA	-17.95
11/25/25	DOLLAR TREE 11/25 #000014563 PURCHASE 516 EL CAMINO REA BELMONT CA	-22.11
11/26/25	Zelle payment to Roberta Caetano for "pagamento carro"; Conf# tccepv2sf	-252.00
11/26/25	TARGET T-0321 11/26 #000047590 PURCHASE TARGET T-0321 Redwood City CA	-21.96
11/28/25	CHECKCARD 1126 Netflix.com netflix.com CA 24906415330244164058158 RECURRING	-24.99
11/28/25	CHECKCARD 1128 PG E EZ PAY OAKLAND CA	-192.45
11/28/25	Zelle payment to ROMULO CAETANO DE MOURA for "Consorcio 3 Roberta"; Conf# x27gylmsw	-204.00
11/28/25	APPLECARD GSBANK DES:PAYMENT ID:21861922 INDN:Roberta Santos CO ID:9999999999 WEB	-49.95
12/01/25	CHECKCARD 1127 SAFEWAY #1138 BELMONT CA 24231685332564130762126	-71.46
12/01/25	CHECKCARD 1128 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335333710027851788	-22.71
12/01/25	CHECKCARD 1129 APPLE.COM/BILL 866-712-7753 CA 24692165333102093052971 RECURRING	-2.99
12/01/25	CHECKCARD 1129 REFUEL REDWOOD REDWOOD CITY CA	-20.00
12/01/25	SMART AND FINA 11/29 #000215265 PURCHASE SMART AND FINAL SAN MATEO CA	-27.44

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Withdrawals and other subtractions - continued

Date	Description	Amount
12/01/25	Zelle payment to Yasmin for "sanduiches"; Conf# xz5o03brd	-40.00
12/01/25	Zelle payment to Joicy for "Natanzinho danca"; Conf# zg0okg663	-25.00
12/01/25	PURCHASE 1130 AMAZON DIGITAL WWW.AMAZON.COWA	-10.99
12/01/25	REDWOOD CITY G 11/30 #000106767 PURCHASE REDWOOD CITY GROC REDWOOD CITY CA	-20.44
12/01/25	COSTCO WHSE #0 12/01 #000042349 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-51.75
12/01/25	Zelle payment to Leandro for "Conta"; Conf# wpk1zhp41	-200.00
12/02/25	CHECKCARD 1202 ARCO#04495SINO SAN MATEO CA	-20.00
12/02/25	MACY'S 42 12/02 #000912386 PURCHASE MACY'S 429 SAN MATEO CA	-20.80
12/02/25	VICTORIA'S SEC 12/02 #000752038 PURCHASE VICTORIA'S SECRET SAN MATEO CA	-25.24
12/03/25	CHECKCARD 1201 SAFEWAY #0999 FOSTER CITY CA 24231685336568355723008	-6.00
12/03/25	WAL-MART #3455 12/02 #000730430 PURCHASE 1400 HILLTOP MALL RICHMOND CA	-49.96
12/03/25	99 RANCH #1782 12/03 #000167714 PURCHASE 99 RANCH #1782 FOSTER CITY CA	-27.06
12/03/25	DOLLAR TREE 12/03 #000030737 PURCHASE 516 EL CAMINO REA BELMONT CA	-23.98
12/03/25	CHECKCARD 1203 MICROSOFT*MICR REDMOND WA 00000000000000000279410 RECURRING	-1.99
12/03/25	TRADER JOE S # 12/03 #000455106 PURCHASE TRADER JOE S #17 SAN CARLOS CA	-27.49
12/04/25	CHECKCARD 1202 ROSS STORE #2202 SAN MATEO CA 24610435337004036494553	-21.91
12/04/25	CHECKCARD 1202 CHICK-FIL-A #04919 SAN MATEO CA 24427335337710030483013	-32.44
12/04/25	CHECKCARD 1204 REFUEL REDWOOD REDWOOD CITY CA	-20.00
12/04/25	BURLINGTON STO 12/04 #000340800 PURCHASE BURLINGTON STORES MILPITAS CA	-16.40
12/04/25	Mobile Banking payment to CRD 5387 Confirmation# bmc3010zo	-1,857.78
12/05/25	CHECKCARD 1203 CHICK-FIL-A #04919 SAN MATEO CA 24427335338710032631717	-16.96
12/05/25	CHECKCARD 1204 AFFIRM * PAY SGV07A6J 855-423-3729 CA 24692165338107122823461 RECURRING	-28.98
12/05/25	PURCHASE 1204 YSI*Property Payment Re 650-6557908 CA	-2,208.27
12/05/25	CHAVEZ SUPERMA 12/05 #000816808 PURCHASE CHAVEZ SUPERMARKE SAN MATEO CA	-51.57
12/05/25	FIVE BELOW 143 12/05 #000319818 PURCHASE FIVE BELOW 1436 FOSTER CITY CA	-13.13
12/05/25	SMART AND FINA 12/05 #000145149 PURCHASE SMART AND FINAL REDWOOD CITY CA	-59.78
12/05/25	TRADER JOE S # 12/05 #000045774 PURCHASE TRADER JOE S #17 SAN CARLOS CA	-10.98
12/08/25	CHECKCARD 1205 CHICK-FIL-A #04919 SAN MATEO CA 24427335340710036632279	-9.19
12/08/25	CHECKCARD 1206 REFUEL REDWOOD REDWOOD CITY CA	-20.00
12/08/25	Zelle payment to KARINY SILVA for "consorcio Roberta 4"; Conf# vfs7qnf8g	-206.00
12/08/25	CHAVEZ SUPERMA 12/06 #000461564 PURCHASE CHAVEZ SUPERMARKE SUNNYVALE CA	-20.64
12/08/25	CHECKCARD 1206 ROSS STORES #1279 SAN CARLOS CA 24610435341004033725169	-41.22
12/08/25	CHECKCARD 1207 SQ *BEMBRAS MARKET San Mateo CA 24692165341100566768610	-40.17
12/08/25	SMART AND FINA 12/07 #000232651 PURCHASE SMART AND FINAL SAN MATEO CA	-3.89

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Withdrawals and other subtractions - continued

Date	Description	Amount
12/08/25	CHECKCARD 1207 TARGET T-1122 San Mateo CA	-1.99
12/08/25	CHECKCARD 1207 TST*OCEAN BAR & GRILL - Redwood City CA 24692165342100982250168	-87.45
12/08/25	Zelle payment to Yuji Fugioka Conf# z1hl80e88	-1.00
12/08/25	Zelle payment to Yuji Fugioka Conf# v5wdd8p2k	-39.00
12/08/25	CHECKCARD 1208 METRO BY T MOB BELLEVUE WA	-90.00
12/08/25	DOLLAR TREE 12/08 #000017721 PURCHASE 516 EL CAMINO REA BELMONT CA	-10.85
12/08/25	TRADER JOE S # 12/08 #000177535 PURCHASE TRADER JOE S #24 SAN MATEO CA	-14.47
12/09/25	CHECKCARD 1208 Lacoste USA INC NEW YORK NY 24793385342003104728081	-76.81
12/09/25	CHECKCARD 1208 CINEPOLIS USA 197-29331553 TX 24000775342100032701189	-32.00
12/09/25	CHECKCARD 1209 CINEPOLIS USA 197-29331553 TX 24000775343100001618736	-9.87
12/09/25	Zelle payment to MINNA AHMAD Conf# uja1jm1ug	-20.00
12/09/25	WELLS FARGO BANK DES:RESERVE ID:1001 INDN:90753593308231 CO ID:WFRETAIL01 TEL	-100.00
12/10/25	CHECKCARD 1208 CHICK-FIL-A #04361 REDWOOD CITY CA 24427335343710027809115	-4.49
12/10/25	CHECKCARD 1209 PROGRESSIVE *INSURANCE 800-776-4737 OH 24692165343102700240702	-130.91
12/10/25	CHECKCARD 1209 MCDONALD'S F3707 FOSTER CITY CA 24427335343740292081520	-5.46
12/10/25	BKOFAMERICA ATM 12/10 #000004984 WITHDRWL FOSTER CITY FOSTER CITY CA	-40.00
12/10/25	COSTCO WHSE #0 12/10 #000537757 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-133.69
12/10/25	Zelle payment to DONGYU LI Conf# tqfdinz3r	-70.00
12/10/25	SMART AND FINA 12/10 #000561226 PURCHASE SMART AND FINAL SAN MATEO CA	-10.48
12/11/25	CHECKCARD 1209 CHICK-FIL-A #04919 SAN MATEO CA 24427335344710032014288	-4.59
12/11/25	CHECKCARD 1209 CHICK-FIL-A #04919 SAN MATEO CA 24427335344710032014270	-4.59
12/11/25	CHECKCARD 1211 REFUEL REDWOOD REDWOOD CITY CA	-30.00
12/11/25	SMART AND FINA 12/11 #000626385 PURCHASE SMART AND FINAL SAN MATEO CA	-55.27
12/12/25	CHECKCARD 1210 SAFEWAY #0999SB FOSTER CITY CA 24231685345578117401768	-11.76
12/12/25	CHECKCARD 1210 CHICK-FIL-A #04919 SAN MATEO CA 24427335345710033183982	-4.59
12/12/25	CHECKCARD 1211 YOUSA LAW WWW.YOUSALAW.CA 24011345346100005330110	-500.00
12/12/25	CHECKCARD 1211 MCDONALD'S F3707 FOSTER CITY CA 24427335345740298158163	-8.95
12/12/25	Zelle payment to WALDEMIR FILHO for "Consorcio Roberta 5"; Conf# u51xmk6bw	-208.00
12/12/25	WAL-MART #3455 12/12 #000889200 PURCHASE 1400 HILLTOP MALL RICHMOND CA	-74.66
12/15/25	CHECKCARD 1211 CHICK-FIL-A #04919 SAN MATEO CA 24427335346710035139742	-25.36
12/15/25	CHECKCARD 1213 TST*CALIFORNIA BURGER C South Lake TaCA 24692165347106444111422	-38.15
12/15/25	TARGET T-3452 12/12 #000634882 PURCHASE TARGET T-3452 South Lake Ta CA	-32.79

continued on the next page

Withdrawals and other subtractions - continued

Date	Description	Amount
12/15/25	CHECKCARD 1213 HEAVENLY SPORTS MARRIOT SOUTH LAKE TACA 24610435348004018074990	-42.41
12/15/25	CHECKCARD 1214 VALET PARKING STATELINE NV 24943005348343391166919	-35.00
12/15/25	Zelle payment to Joicy for "Airbnb"; Conf# xtd7qsmu3	-120.00
12/15/25	CHAVEZ SUPERMA 12/15 #000231898 PURCHASE CHAVEZ SUPERMARKE REDWOOD CITY CA	-49.29
12/16/25	CHECKCARD 1214 TST*BLUE DOG PIZZA - ST South Lake TaCA 24692165349108439784468	-68.77
12/16/25	FIVE BELOW 143 12/16 #000956348 PURCHASE FIVE BELOW 1436 FOSTER CITY CA	-26.41
12/16/25	MARSHALLS #075 12/16 #000040338 PURCHASE MARSHALLS #0755 SAN MATEO CA	-56.98
12/16/25	COSTCO WHSE #0 12/16 #000086971 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-5.23
12/16/25	Zelle payment to Roberto Lima tradutor for "Traducoes"; Conf# selqranuy	-261.00
12/17/25	Osaka Marketpl 12/17 #000297975 PURCHASE Osaka Marketpla Foster City CA	-34.83
12/17/25	Synchrony Bank DES:CC PYMT ID:601918391301096 INDN:ROBERTA DOS SANTOS CO ID:9856794001 WEB	-200.00
12/18/25	PURCHASE 1218 XFINITY MOBILE 888-936-4968 PA	-42.55
12/18/25	SMART AND FINA 12/18 #000364242 PURCHASE SMART AND FINAL SAN MATEO CA	-35.39
Total withdrawals and other subtractions		**-$10,549.60**

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

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LEASE AGREEMENT - CALIFORNIA

This Lease Agreement ("Lease" or "Agreement") is entered into by Essex Management Corporation, a California Corporation (hereinafter "Landlord"), as agent for the owner of the Property, Yasmin Fugioka, Leandro jr Messias da Cunha (singularly and collectively "Resident") for the rental of the Leased Premises on the terms and conditions set forth in this Lease. Landlord and Resident are referred to in this Lease as "the Parties." The Parties agree that they may enter into this Lease by electronic means, although traditional hard copies with ink signatures may be used instead at the option of the Landlord.

1. **PROPERTY:** Commonly known as San Marcos ("Property" or "Community"). The Property location and contact information is:

Address: 2601 Hilltop Drive, Richmond, CA, 94806	
Phone Number: (510) 669-9393	**Email:** SanMarcos@essex.com
Website: https://www.essexapartmenthomes.com/current-resident	

2. **LEASED PREMISES:** Landlord rents to Resident the Premises located at **2601 Hilltop Drive, Apt. #0138, Richmond, CA 94806** ("Leased Premises", "Premises", or "Unit") for use as a residence and for no other purpose.

3. **RESIDENT(S) AND OTHER AUTHORIZED OCCUPANTS**: *All occupants 18 and over must be identified in this paragraph, sign this Lease and are jointly and severally responsible for all obligations of Resident under this Lease.*

Resident: Yasmin Fugioka	**Phone Number:** (415) 574-8317	**Email:** yfugioka@gmail.com
Resident: Leandro jr Messias da Cunha	**Phone Number:** (510) 804-4651	**Email:** 62991959132leandro@gmail.com
Resident:	**Phone Number:**	**Email:**
Resident:	**Phone Number:**	**Email:**
Resident:	**Phone Number:**	**Email:**
Resident:	**Phone Number:**	**Email:**
Resident:	**Phone Number:**	**Email:**

Authorized Occupants other than Resident: ("Authorized Occupants").

4. **TERM & DELAY IN POSSESSION:**

(a) Initial Term of Lease: 12 Months, commencing on 2/1/2025 ("Commencement Date") and terminating on 1/31/2026 ("Initial Termination Date") subject to earlier cancellation or termination as provided in this Lease or applicable law and subject to the renewal provisions of the "HOLDING OVER" paragraph below.

(b) Resident understands that, for reasons beyond the control of the Landlord, Landlord may not be able to provide occupancy to Resident on said Commencement Date. If, for any reason, Landlord is unable to provide occupancy to Resident by the scheduled Commencement Date, Resident's remedy in this event shall be limited to termination of this agreement and prompt refund of any moneys paid. Landlord shall have no liability to Resident in this event other than the responsibility to promptly refund any moneys paid.

5. **HOLDING OVER: UNLESS ANOTHER LEASE IS SIGNED BY THE PARTIES HERETO OR UNLESS WRITTEN NOTICE OF ELECTION NOT TO RENEW IS GIVEN BY EITHER PARTY THIRTY (30) DAYS BEFORE THE EXPIRATION OF THIS LEASE, THIS LEASE SHALL BE AUTOMATICALLY RENEWED FOR A TERM EQUAL TO THE INITIAL LEASE TERM IDENTIFIED IN PARAGRAPH 4, OR 12 MONTHS, WHICHEVER IS LESS (each, a "Renewal Term"). THE TERMS AND CONDITIONS OF THE LEASE MAY BE AMENDED FOR ANY RENEWAL TERM BY LANDLORD USING THE PROCESS PROVIDED FOR IN CALIFORNIA CIVIL CODE ("CIV. CODE") § 827, REGARDLESS OF LEASE PERIOD. THE RENEWAL TERM SHALL NOT BE MONTH-TO-MONTH UNLESS THE INITIAL LEASE TERM IS MONTH-TO-MONTH.**

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6. RENT:

(a) Resident shall pay to Landlord, as rent for the Premises, monthly base rent of **$2,750** ("Monthly Base Rent"). Rent shall be paid in full, in advance, on or before the first (1st) day of each month using a method identified in this lease. All payments, including Rent and all other charges due Landlord hereunder shall be payable to San Marcos. Payment may be made on-line through Landlord's Residential Portal located on Landlord's website identified in Paragraph 1. Payment by cash, cashier's check, money order, or certified check must be made at a Walk-In-Payment System ("WIPS") location. To utilize WIPS, contact the Management Office to receive a mobile barcode or printed payslip. Resident can find the WIPS location nearest Resident by visiting paynearme.com/yardicashmap, and entering Resident's Zip Code. Please plan on at least three (3) business days between the date Resident makes a payment at a WIPS location and the date it is received by Landlord. Payment may also be made by personal check mailed to PO BOX 209437 Austin, TX 78720-9281. Payment of rent and any other charges due to Landlord is not accepted in person on site unless Landlord directs Resident to do so in writing (for example, in a notice to pay rent or surrender possession). If Resident makes any payment by check, it may be converted into an electronic funds transfer (EFT). The check will be copied and the account information on it used to electronically debit Resident's account for the amount of the check. The debit from Resident's account may occur as early as the same day as the check is received. The debit will be shown on Resident's regular account statement. Resident's original check will be destroyed and, a copy of it will be kept to the extent required by applicable laws. If the EFT cannot be processed for technical reasons, Resident authorizes the copy of the check to be processed in place of the original check. Landlord may also accept money transfers from designated third-party financial services companies. Resident should contact Landlord to determine if Landlord will accept this method of payment and for required information should Resident wish to utilize this option. It is Resident's responsibility to be certain that each payment is made on or before its due date. Notwithstanding the foregoing, Landlord reserves the right to make changes at any time to the acceptable methods for payment of rent upon no less than sixty (60) days' written notice to Resident.

(b) If Landlord serves Resident with a three (3) day notice to pay rent or surrender possession, which Landlord may do on any date after the first (1st) day of the month, any payment tendered following service of said notice must be in the form of a cashier's check or certified check.

(c) Landlord shall apply any payment made by Resident to any obligation of Resident to Landlord in Landlord's sole discretion. Landlord shall have this right notwithstanding any allocation or direction by Resident to Landlord, which allocation shall be voidable at Landlord's sole election, regardless of whether such direction or allocation appears on the face of the form of payment or in a separate writing.

(d) The failure to pay any amount as outlined in this Lease including, but not limited to the payment of rent, late fees, utilities, storage, parking, pet rent, and all other amounts shall be considered a material breach of the Lease.

7. LATE CHARGE AND NSF CHARGE: Landlord and Resident agree that the actual cost to Landlord when Resident fails to pay amounts due under this Agreement on time, or pays by a check which is subsequently dishonored by the bank, is difficult or impossible to ascertain, but the parties agree that Landlord does, in the event of late payment or in the event of a dishonored check, incur costs, such as additional bookkeeping and administrative expense, bank charges, lost opportunity, cost of the late payment, etc. The parties accordingly agree that, any time the rent for any given month is paid after the **fifth (5th)** day of such month, Resident will in that month as a fair estimate of Landlord's costs and not a penalty, pay to Landlord a late charge in the sum of **$85**. Resident acknowledges and agrees that where Landlord does not receive payment of any amount due under the Lease due to Resident's check being dishonored, or returned for Non-Sufficient Funds (NSF), Resident agrees to pay Landlord, as a fair estimate of Landlord's costs and not as a penalty a charge of **$25.00** for the first dishonored check and **$35.00 f**or any subsequent dishonored check. Both parties agree that the payment of these sums does not constitute an agreement Resident may pay rent, or any other amount due under the Lease, late or by dishonored check. Rent and any other amount due under the lease remains due on the first (1st) day of the month, unless otherwise stated in this Agreement.

8. SECURITY DEPOSIT: Resident shall pay to Landlord, as security, the sum of the security deposit of **$1,975** ("Security Deposit"). Landlord may, but shall not be obligated to, apply all or part of any Security Deposit to any of Resident's obligations hereunder. Application of the Security Deposit to any obligation is in addition to any other remedies available to Landlord as a result of Resident's breach of this Lease and doing so will not deprive Landlord from the right to terminate the tenancy for such breach. Resident agrees to restore the Security Deposit to its full amount within ten (10) days of written demand by Landlord. Failure to do so is a material breach of this Lease.

At the termination of Resident's tenancy, the Security Deposit shall be applied and accounted for in accordance with the provisions of Civ. Code § 1950.5 and any other applicable statutes. Resident acknowledges and agrees that:

(a) After Resident has moved from and cleaned the Premises to the same level of cleanliness that existed at the time of Resident's initial occupancy, as disclosed by the Move-In Inspection Report incorporated herein by reference, Landlord will determine whether Resident is eligible for a refund of any or all of the Security Deposit;

(b) The amount of the refund will be determined in accordance with the following conditions and procedures:

(i) After the Resident has moved from the Premises, Landlord will inspect the Premises;

(ii) Landlord will refund to Resident the amount of the Security Deposit less any amount needed to pay the cost of the following:

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a. Damages that are not due to ordinary wear and tear and are not listed on the Move-In Inspection Report (see Cleaning Guidelines in Community Handbook);

b. Charges for late payment of rent and returned checks; and

c. Unpaid amounts owing to Landlord, including, but not limited to, monthly base rent, unpaid utility bills and any related administrative costs, charges for unreturned keys and access devices, amounts outstanding under any other agreements between Landlord and Resident which contemplate use of the Security Deposit in the event of a default.

(c) Resident may not use any portion of the Security Deposit toward the last month's rent.

(d) Landlord's right to possession of the Premises for Resident's default shall not be in any manner limited because Landlord holds or applies the Security Deposit, or any portion thereof;

(e) Subject to applicable law, Landlord shall not be obligated to pay Resident interest in connection with the Security Deposit.

(f) The Security Deposit is applicable to all Residents jointly, and need not be accounted for until the permissible statutory period after such time as all Residents have vacated the Premises, which requires the return of possession of the Premises to Landlord, return of the keys and provision of Resident's new address to the Landlord. If Landlord does not have the Resident's forwarding address, the Security Deposit will be sent to the Resident's last known address.

(g) Any refund due will be made payable jointly to all Residents and it shall be the responsibility of all Residents to work out between themselves the manner of dividing the Security Deposit.

(h) If the Security Deposit is later increased by agreement of the Parties for any reason, the additional Security Deposit will be disbursed by Landlord in accordance with this paragraph at the end of the statutory period following the end of the Resident's tenancy. Removal of cause for the increase in the deposit, will not be grounds for early disbursement of the Security Deposit.

9. PERMITTED OCCUPANTS:

(a) The Premises shall be occupied only by the Resident(s) and the Authorized Occupants set forth in Paragraph 3. Any person who is not listed in Paragraph 3 is a "Guest." A Guest may not stay at the Premises for more than seven (7) consecutive days, or a total of fourteen (14) days in a 12-month period, without written permission from Landlord. Guests who stay longer than these limits are considered unauthorized occupants, and their continued occupancy is a material breach of the Lease. Resident is responsible for ensuring that any person who becomes an adult occupant of the Premises (after the commencement of the Lease term) reviews the terms and conditions of the Lease, including the Proposition 65 Warning in Paragraph 20, and works with Landlord to be added to Paragraph 3. Resident is responsible for any violation of this Lease by Resident's Guest(s). No other persons have permission to occupy the Premises unless such permission is in writing and signed by Landlord or its authorized agent.

(b) The acceptance of rent from any other individual shall be deemed to be the payment of rent on behalf of the Resident named in Paragraph 3, and shall not constitute permission for the person making the payment to occupy the Premises.

(c) Should any person not named above in Paragraph 3 make any claim to right of possession of the Premises, such person shall be deemed the guest or invitee of the named Resident and, at Landlord's sole option, their claim to right of possession may be denied.

(d) The Authorized Occupants identified in Paragraph 3 shall be deemed to occupy the Premises under the named Resident who are signatory to this Lease and shall thus be deemed the invitee of said named Resident. Accordingly, should any such individual not be named in any unlawful detainer action to regain possession of the Premises, and should any such individual thereafter make a claim to right of possession of the Premises, that claim shall be denied on the basis that said individual is the invitee of the named Resident and does not have an independent claim to right of possession of the Premises.

(e) Resident understands that the number of occupants cannot exceed Landlord's occupancy standards for the floorplan of the Premises, which generally is no more than two persons per bedroom plus one additional person. If the household composition changes such that the number of occupants exceeds this occupancy standard, Resident agrees that such over-utilization shall be grounds for Landlord to terminate this Agreement, solely at Landlord's option.

10. UTILITIES: Resident is responsible for utilities as set forth in the Utilities Addendum attached to this Lease.

11. JOINT AND SEVERAL LIABILITY AND AUTHORITY: All persons signing this Lease as Resident shall be jointly and severally liable for all obligations under this Lease, whether or not they remain in actual possession of the Premises. The giving by any individual Resident of a notice of termination of tenancy shall not terminate the Lease as to that Resident unless all Residents vacate the Premises by the agreed date. Landlord may, however, treat any such notice as a notice binding against all Residents of the Premises, and may institute unlawful detainer proceedings against all Residents in the event that they do not restore possession of the Premises to Landlord on or before the end of the notice period. Conversely, Landlord may, at its sole option, in the event that one or more Resident gives notice but all Residents do not return possession of the Premises to Landlord within the notice period, continue the tenancy in effect and, if Landlord does so, all Residents, including the Resident giving notice, shall remain fully liable for all obligations arising under this Lease whether or not they remain in occupancy of the Premises.

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12. NOTICES AND AUTHORIZED MANAGER:

(a) Any notice which Landlord gives to Resident shall be deemed properly served (whether or not actually received by Resident) if served in the manner prescribed in Code of Civil Procedure ("Civ. Proc.") § 1162. If Landlord fails to serve the notice in accordance with the provisions of Civ. Proc. § 1162, but Resident actually receives the notice, the actual receipt shall be deemed to cure any defects in the manner of service and the notice shall be deemed properly and personally served. Service upon any Resident of the Premises shall be deemed valid service upon all Residents. It is not necessary to individually serve each Resident.

(b) Resident is hereby notified that Essex Management Corporation is authorized to manage the property on the Owner's behalf and to accept service of process, notices or demands on behalf of the Landlord. Service may be effected on this entity at **1100 Park Place, Suite 200, San Mateo, CA 94403** Attention: Legal Department. Telephone **(650) 655-7800**.

13. PEST CONTROL:

(a) The Premises and/or the Property is covered by a contract for regular pest control service. Pursuant to applicable law, concurrently with signing this Lease, you are being provided with a copy of the legally required notice provided by the registered pest control company entitled Pesticide Notice/Disclosure.

(b) Resident and Landlord both have inspected the Premises prior to leasing and acknowledge there is no visible evidence of the presence or infestation of insects or vermin, including bedbugs, in the Premises. Resident agrees to inspect all personal belongings for signs of bedbugs and other insects or vermin prior to bringing personal belongings into the unit and further agrees not to bring into the Premises any belongings which Resident suspects may be infested with bedbugs, insects or other vermin.

(c) Resident agrees to maintain the cleanliness of the Premises in a sanitary condition and keep it free and clear of all rubbish, undisposed food items (including pet food) and overcrowding of furniture, possessions and other items in such a manner that prevents the occurrence of an infestation of insects, bedbugs or vermin. Resident agrees to report, in writing, any suspected infestations of bedbugs, ants, fleas, roaches, or other insects or vermin immediately to Landlord.

(d) If the premises is not maintained by the Resident in a sanitary condition as described in subparagraph (c) above or Resident allows individuals or items carrying bedbugs, fleas, roaches or other insects or vermin into the Premises, or has an infestation that cannot be traced to another source, the resulting infestation will be deemed damage to the Premises and Resident will be responsible for all costs of treatment to the Premises, their personal belongings and surrounding units as necessary to eradicate the infestation (costs including but not limited to lost rents, pest control services, and tenant relocation). The choice of treatment shall be at the discretion of Landlord in consultation with Landlord's pest control vendor.

(e) Resident acknowledges that pest or insect infestations may occur from time-to-time through no fault of the Landlord and Landlord does not guarantee a pest or insect free environment. Landlord shall not be liable for naturally occurring conditions which might attract pests or insects, and Resident releases and waives any right to sue Landlord for claims resulting in any physical injury, illness or economic loss which Resident may suffer as a result of or incidental to pests or insects at or near the Property. Resident agrees to timely cooperate with all pest control efforts at and within the Premises and the Property. Resident shall follow all instructions from Landlord and/or Landlord's pest control company with respect to treatment and eradication whether infestation is in Resident's unit, another unit or elsewhere on the Property at Resident's sole expense. Resident shall make arrangements to dispose of any furniture or other items infested with pests. Such items may not be disposed of at the Property. If the Resident fails to cooperate in a timely manner, Resident may bear additional responsibility for the cost associated with treating neighboring residents or other vermin.

14. INFORMATION ABOUT BED BUGS: Landlord hereby provides the following general information about bed bug identification, behavior, biology, the importance of cooperation for prevention and treatment, and the importance of and for prompt written reporting of suspected infestations to Landlord:

(a) Bed Bug Appearance: Bed bugs have six legs. Adult bed bugs have flat bodies about 1/4 of an inch in length. Their color can vary from red and brown to copper colored. Young bed bugs are very small. Their bodies are about 1/16 of an inch in length. They have almost no color. When a bed bug feeds, its body swells, may lengthen, and becomes bright red, sometimes making it appear to be a different insect. Bed bugs do not fly. They can either crawl or be carried from place to place on objects, people, or animals. Bed bugs can be hard to find and identify because they are tiny and try to stay hidden.

(b) Life Cycle and Reproduction: An average bed bug lives for about 10 months. Female bed bugs lay one to five eggs per day. Bed bugs grow to full adulthood in about 21 days.

(c) Survival: Bed bugs can survive for months without feeding.

(d) Bed Bug Bites: Because bed bugs usually feed at night, most people are bitten in their sleep and do not realize they were bitten. A person's reaction to insect bites is an immune response and so varies from person to person. Sometimes the red welts caused by the bites will not be noticed until many days after a person was bitten, if at all.

(e) Common Signs and Symptoms of a Possible Bed Bug Infestation:

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(i) Small red to reddish brown fecal spots on mattresses, box springs, bed frames, mattresses, linens, upholstery, or walls.

(ii) Molted bed bug skins, white, sticky eggs, or empty eggshells.

(iii) Very heavily infested areas may have a characteristically sweet odor.

(iv) Red, itchy bite marks, especially on the legs, arms, and other body parts exposed while sleeping. However, some people do not show bed bug lesions on their bodies even though bed bugs may have fed on them.

(f) More Information: For more information, see the Internet Web sites of the United States Environmental Protection Agency and the National Pest Management Association.

(g) This Agreement requires Resident to cooperate fully with Landlord in the prevention and treatment of any infestation, including the duty to report any signs of infestations. Prompt treatment and Resident cooperation is important when battling bed bugs. Early reporting allows the pests to be identified and treated before the infestation spreads. As a tenant, Resident is the first line of defense against bed bug infestations and should create living environments that deter bed bugs. Resident cooperation is shown to expedite the control of bed bugs and to prevent spreading of infestation. This includes reducing unreasonable amounts of clutter that creates hiding places for bed bugs, and regular checking of beds and laundering of linens.

15. **ACCESS TO PREMISES:** The parties agree that the provisions of Civ. Code § 1954 (and any other applicable statute or amendments which might be enacted subsequent to the execution of this Lease) govern the rights and duties relating to Landlord's access to the Premises. The parties further agree that Landlord or Landlord's agents may enter the Premises for any reasonable business purpose at reasonable times. Resident agrees that, should Resident deny Landlord access to the Premises when Landlord is in compliance with statutory requirements and entitled to access, any such denial of access shall be deemed a material breach of this Lease.

16. **MISSTATEMENTS ON APPLICATION:** Resident has completed an application in connection with executing this Lease. Landlord has relied upon the statements set forth in said application in deciding to rent the Premises to Resident. Resident agrees any misstatements of fact in the Resident's application shall be deemed a material and incurable breach of this Lease.

17. **RESIDENTIAL USE OF PREMISES:** Resident agrees that the Premises are rented for residential use only unless the Parties have executed a separate Live Work Addendum. Resident shall not use the Premises as a business address, nor shall Resident conduct any business activities on the Premises. Conducting business activities includes, without limitation, using the Premises as a mailing address for a business enterprise, having a business telephone line in the Premises, having business clients meet with Resident at the Premises, having business stationery setting forth the address of the Premises as a business address, assembling or manufacturing any product upon the Premises, or otherwise holding out the Premises as the address of any business. Resident may, however, to the extent consistent with the restrictions set forth in this Paragraph, use a portion of the Premises as a "home office." Nothing set forth herein shall be deemed as disallowing any use of the Premises that cannot be prohibited legally.

18. **ASSIGNMENT AND SUBLETTING:** Resident shall not assign this Lease nor sublet all or any part of the Premises. Permitting any person to occupy the Premises who is not named as a Resident in this Lease or authorized to occupy the Premises pursuant to this Lease shall be deemed an improper subletting of the Premises and shall subject the tenancy to termination. Use of home-sharing or short-term rental websites is a violation of this Paragraph. Any attempted subletting or assignment in violation of this provision shall be voidable at Landlord's discretion. Any assignment or subletting, including through home-sharing or short-term rental platforms, may be treated by the Landlord as a non-curable material breach of this lease.

19. **CONDITION OF PREMISES-ALTERATIONS:** Resident has inspected and accepts (a) the Premises; (b) all improvements; (c) furnishings; and (d) fixtures therein as being in good condition, and agrees to maintain the same in good condition. Any exceptions to Resident's acceptance of the Premises must be set forth in the Move-In Inspection Report executed by the Resident and Landlord and incorporated herein by reference. Furthermore, Resident agrees not to alter (including, but not limited to, installing cameras or security systems), install fixtures or improvements in, install or remove major appliances (including but not limited to washer/dryer, dishwasher, etc.), paint or redecorate the Premises or any part of the Property without the prior written consent of Landlord. Resident shall not make any repairs whatsoever without Landlord’s express written consent, except where authorized by law. All costs of restoring the Premises or Property to its prior condition resulting from Resident's violation hereof or violation by Resident guests or invitees shall be paid by Resident within three (3) days after written demand for payment. For the purposes of safety and quiet enjoyment Resident shall not install or use portable washers or dryers on the Premises without Landlord's prior written consent.

20. **PROPOSITION 65 WARNING:** The Premises as well as the common areas in and around the Community contain at least one of the following chemical(s) known to the State of California to cause cancer and/or reproductive toxicity and for which warnings are now required. These chemicals include, but are not limited to: tobacco smoke, lead and lead components, asbestos, formaldehyde, pool chemicals, carbon monoxide, benzene, and gasoline or diesel engine exhaust. Based on these exposures, the following warning is required:

⚠ **WARNING**: Building materials containing urea-formaldehyde resins, such as insulation, pressed wood materials, finishes, or adhesives, on this property can expose you to chemicals including formaldehyde, which is known to the State of California to cause cancer. Fireplaces, fire pits, barbeques, or unvented gas space heaters, natural gas-powered appliances, as well as exhaust from motor vehicles in parking areas or from other maintenance equipment, on this property can expose you to chemicals including carbon monoxide, which is known to the State of California to cause birth defects or other reproductive harm, and benzene, which

is known to the State of California to cause cancer and birth defects or other reproductive harm. Talk to your landlord or the building manager about how and when you could be exposed to these chemicals in your building. For additional information go to www.P65Warnings.ca.gov/apartments.

21. **DUTY TO CLEAN AND VENTILATE:** Resident hereby acknowledges that mold and mildew can grow in the Premises if the Premises is not properly maintained and ventilated. Resident agrees to comply with the Mold Addendum which is attached to and a part of this Lease.

22. **LIABILITY/INDEMNIFICATION/HOLD HARMLESS:**

(a) Landlord does not provide or guarantee a noise-free environment. Living in a community means that it is likely Resident will be able to hear sounds common to a community environment while inside the Premises. While Landlord will attempt to enforce quiet hours, the provision of such quiet hours shall not be deemed a guarantee of any kind that Resident will not be exposed to common community noise while on the Property and in the Premises.

(b) Landlord shall not be liable to Resident, occupants or to any guests or invitees of Resident for any claim, damage, illness, physical injury or loss (including economic) to any person or property arising from any cause including, but not limited to, theft, burglary, assault, vandalism, fire, flood, water leaks, rain, hail, ice, snow, smoke, lightning, wind, explosion, interruption of utilities, earthquake, pests, insects or vermin, communicable or infectious disease or any other cause (collectively, "Cause"). Resident releases and waives any right to sue Landlord for any and all claims resulting in any physical injury, illness or economic loss which Resident may suffer as a result of or incidental to any such Cause at or near the Property.

(c) Resident understands and agrees that Landlord will not have any liability for loss or damage to Resident's personal property. Resident agrees that the Agreement will not terminate and Landlord will not be liable for any interruption of services or accommodations to Resident caused by casualty, strike, riot, orders or acts of public authorities, acts of third parties, including other residents, or any other cause beyond Landlord's control, except as provided in Paragraph 35.

(d) Resident agrees to hold harmless, protect, indemnify, and defend Landlord from and against any claims arising out of or relating to the use, occupancy or maintenance of the Premises by Resident, whether such claims arise during and/or after Resident's tenancy. Resident agrees Landlord shall have the right to appoint defense counsel, at Resident's expense, in the event of any such claim against Landlord. Any insurance obtained by Resident or Landlord will not limit Resident's liability, and Resident will be responsible for the payment of any deductible if there is a covered loss.

23. **SUBORDINATION:** This Lease and all rights of Resident arising hereunder are expressly agreed to be subject and subordinate in all respects to the lien of any present or future mortgages which are or may be placed upon the Property by Landlord or assigns of Landlord and to all other rights acquired by the holder of any such mortgage(s).

24. **SUCCESSORS IN INTEREST:** If the Property is sold or the ownership interest is otherwise transferred, the successor in interest of Landlord shall be deemed the assignee of all rights arising hereunder, and shall be entitled to enforce the provisions of this Lease as necessary against Resident. Nothing in this provision shall be construed as conflicting or superseding the foregoing "SUBORDINATION" clause or as requiring a continuation of the tenancy in the event of a foreclosure or other involuntary transfer of ownership.

25. **COMPLIANCE WITH APPLICABLE LAWS:** Resident agrees not to use or permit the Premises to be used for any purpose which violates local, state or federal law. Resident further agrees to defend Landlord against any claims arising from, or relating to, and reimburse and indemnify Landlord for all claims, loss, damage, fines and penalties alleged against or incurred by Landlord as a result of, Resident's alleged or actual violation of any statute, ordinance, regulation or other governmental restriction.

26. **COMPLIANCE WITH COMMUNITY HANDBOOK:** Resident acknowledges receipt of a copy of the Community Handbook ("Handbook"), which is incorporated into and made a part of this Lease. Resident agrees to abide by said Handbook in all respects. Any Handbook terms may be changed on thirty (30) days' notice, and Resident agrees to abide by any such changes. Failure to comply with the Handbook shall be deemed a breach of this Lease.

27. **NO SOLICITING:** Solicitation is prohibited in the Community. Except as prohibited by applicable law, soliciting of any kind by Resident, Resident's guests or Resident's invitees is a material violation of this Agreement.

28. **CONDUCT OF RESIDENT:**

(a) Resident agrees not to harass, annoy, or endanger any other Resident, neighbor or other person, or create or maintain a nuisance, or disturb the peace or solitude or quiet enjoyment of any other Resident, neighbor or other person, or commit waste in or about the Premises.

(b) Resident agrees not to harass, verbally abuse, denigrate, endanger or otherwise disrespect Landlord's employees, agents and/or contractors or interfere with the operations of the Property or the work of Landlord's employees or agents.

(c) Certain acts are contrary to the safety, well-being, peace, and enjoyment of the other Residents of the Property. These include, but are not limited to, the use or exhibition of firearms or ammunition and operating drones with cameras or other photograph or video capability, or any other flying remote-controlled device with such capabilities in any common areas of the Property.

Such acts are prohibited.

(d) Resident agrees not to deface or damage any part of the Premises or the Community or permit the same to be done, or keep any flammable or explosive materials or any substance considered dangerous, hazardous or toxic under any governmental law or regulation in the Premises.

(e) Resident agrees not to do or permit anything to be done in the Premises that Landlord deems hazardous or which will cause a cancellation of or an increase in the premiums for any insurance for the Community.

(f) Resident is responsible for the conduct of Resident's guests or invitees while they are on the Property as well as all household members (including minors).

(g) A Resident conducting any of the activities set forth in this Paragraph, or who allows his or her guests, invitees or household members (including minors) to conduct any of the activities set forth in this Paragraph shall have materially and incurably breached this Agreement.

29. ANIMALS: No animals are permitted on the Property or the Premises without the prior written consent of the Landlord and Resident's execution of an Animal Addendum. Any such consent may be revoked at any time, with or without cause, by giving three (3) days' written notice. The presence of any pets for which written permission has not been given or which, if given, is not currently in force, even if such pets are "just visiting", shall be deemed a material breach of this Lease. If Resident has a pet without the written consent of Landlord in addition to all other remedies of Landlord, Resident agrees to pay within three (3) days of written demand any and all carpet cleaning charges and fumigation costs. Accommodation Animals are not considered pets, but written permission must be granted, and an Animal Addendum executed before an accommodation animal is brought onto the Premises. A disabled individual who requires an animal in order to be able to use and enjoy the Premises or the Property shall comply with Paragraph 55.

30. LIQUID-FILLED FURNITURE AND AQUARIUMS: Waterbeds and other liquid-filled furniture are allowed only under in compliance with Civ. Code § 1940.5. No aquariums over ten (10) gallons are permitted without prior written consent of Landlord. If Resident installs any liquid-filled furniture, Landlord has the right to increase the Security Deposit by an amount to be determined in the written authorization, which in no event shall be more than one-half of one month's rent.

31. SMOKE DETECTORS: Resident acknowledges that the Premises are equipped with an operable smoke detector(s). Resident agrees to not interfere with the presence or operability of such smoke detectors and to report immediately to Landlord, in writing, any defects in the condition of any smoke detectors. Resident further agrees that, if the smoke detector(s) is/are battery operated, pursuant to Civ. Code § 1942.1, as part of the consideration of the rental, Resident assumes responsibility to: (a) ensure the battery is in operating condition at all times; and (b) replace the battery as needed. Under no circumstances shall Resident remove the battery of a smoke detector without immediately replacing the battery with a new one.

32. FIRE SPRINKLER(S): If the Premises is equipped with fire sprinklers, Resident agrees not to interfere with their operation in any way. The following actions are prohibited: throwing items at the sprinklers, hanging items on the sprinklers, painting the sprinklers, blocking areas around sprinklers and tapping into or otherwise blocking water lines to sprinklers. Resident shall immediately report to Landlord any broken or damaged sprinklers in the Premises,

33. CARBON-MONOXIDE DEVICE(S): If a carbon-monoxide device has been installed within the Premises, Resident acknowledges that the carbon-monoxide device was operable at the time Resident took possession of the Premises. Resident is responsible for notifying Landlord if Resident becomes aware of an inoperable or deficient carbon-monoxide device within the Premises. Landlord shall correct any reported deficiencies or inoperabilities in the carbon-monoxide device. Resident agrees to not interfere with the presence or operability of any carbon-monoxide device. Resident further agrees that, if the carbon-monoxide device(s) is battery operated, pursuant to Civ. Code § 1942.1, as part of the consideration of the rental, Resident assumes responsibility to: (a) ensure the battery is in operating condition at all times; and (b) replace the battery as needed. Under no circumstances shall Resident remove the battery of a carbon-monoxide device without immediately replacing the battery with a new one.

34. EMINENT DOMAIN OR CONDEMNATION: Should the Premises or the land on which the Premises are located, or any part thereof, or any portion of the Community, be condemned or taken for public use, then Landlord shall be entitled to receive any and all just compensation offered or awarded, and Resident shall not be entitled to receive any amount of any settlement or award of compensation arising out of any such eminent domain or condemnation.

35. SIGNIFICANT DAMAGE TO OR DESTRUCTION OF PREMISES:

(a) If the Premises or Property are damaged by fire, flood or other casualty, necessitating repairs that require Resident to vacate the Premises for any length of time, in the sole and absolute discretion of Landlord, Landlord shall have the option either (1) to repair the damage or otherwise restore the Premises, with this Agreement continuing in full force and effect, or (2) give notice to Resident, at any time after such damage occurs or repairs become necessary, terminating this Agreement as of a date to be specified in such notice. Landlord shall not be required to repair any damage by fire or other cause or to make any repairs of any property installed in the Premises by Resident.

(b) If Landlord elects to terminate, Resident's tenancy shall terminate on the date specified by Landlord, and all interest of the Resident in the Premises shall terminate. If Landlord elects to repair the damage and/or make the significant repairs and continue this Agreement, the "DUTY TO COOPERATE" and "SIGNIFICANT REPAIRS" provisions of this Agreement shall

apply. Under no circumstance shall Landlord have any obligation to pay lodging costs or other expenses to Resident, except as shall be required by law or ordinance.

36. RENOVATIONS AND REPAIRS:

(a) Landlord may undertake renovations, improvements and/or repairs to the Premises from time to time that may require Landlord or Landlord's agent to enter the Premises and may also require Resident to vacate the Premises for any length of time. Resident must allow such entry and must vacate the Premises as needed and otherwise cooperate with Landlord in its efforts to perform the work. To the extent possible, Landlord shall give Resident written notice of the need to enter the Premises and potentially vacate the Premises, which notice shall include Landlord's best estimation of the length of time Landlord anticipates Resident will need to be absent from the Premises.

(b) If the renovations, improvements and/or repairs are required because of the conduct of Resident or the conduct of Resident's household, invitees or guests (such as misuse of plumbing, causing a fire, etc.), then Landlord shall be relieved of any obligation to provide or pay for alternative accommodations and Resident shall remain responsible for both rent and the cost of alternative lodging during the time when Resident must vacate the Premises for any work to be completed. Resident shall be fully liable for all loss and/or destruction, whether partial or whole, caused by Resident or any of Resident's invitees or guests.

37. DUTY TO COOPERATE: Failure to vacate upon Landlord notice or return to the Premises or otherwise cooperate with Landlord's efforts to conduct renovations, improvements and/or repairs at the Property is a material breach of this Lease and grounds for termination of this Agreement.

38. VEHICLES: Resident agrees to register all vehicles with the management and comply with the Community Handbook and Handbook Provisions, addenda to this Lease and all posted signs related to vehicles and parking on the Property.

39. CRIMINAL CONDUCT PROHIBITED:

(a) Resident and Authorized Occupants, guests, and invitees, whether on or off of the property, are prohibited from engaging in any criminal and/or unlawful activity, from engaging in any act intended to facilitate criminal and/or unlawful activity, and/or permitting the dwelling unit to be used for criminal and/or unlawful activity. Resident agrees to be responsible for the actions of Authorized Occupants, guests and invitees, regardless of whether Resident knew or should have known about any such actions.

(b) ANY VIOLATION OF THE ABOVE PROVISION SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF RESIDENT'S TENANCY. Landlord may, in its sole discretion, determine whether a violation has occurred and need not await any court or law enforcement determination before determining to terminate Resident's tenancy under this Paragraph.

(c) Resident hereby authorizes property management/owner to use police generated reports for any such violation as reliable direct evidence, and/or as business records as a hearsay exception, in all eviction hearings.

40. SAFETY CONCERNS:

(a) Landlord makes no representations or guarantees to Resident concerning the security of the Premises or the Community, including, but not limited to individual units, common areas and mail areas. Landlord is under no obligation to Resident to provide any security measure or take any action not required by statute. The presence of courtesy patrols, patrol cars, access gates, surveillance cameras or other deterrents do not guarantee that crime can or will be prevented. Resident is responsible for planning and taking action with respect to the safety of Resident and their property as if such systems and deterrents did not exist.

(b) Landlord does not accept packages, letters, or other deliveries (collectively “Deliveries”) on behalf of Resident. Resident acknowledges that Landlord does not accept any responsibility or liability for any lost, stolen, and/or damaged, Deliveries and Resident agrees to hold Landlord and Landlord's agents harmless from any loss or damage related to any of Resident's Deliveries.

(c) Landlord may install surveillance cameras in some of the common areas of the Property. These cameras may or may not be monitored and the footage recorded by these cameras may or may not be kept by Landlord for any length of time. Landlord may remove such cameras, or install additional cameras, at any time without notice to Resident. Recordings made by surveillance equipment, if any, are the sole and exclusive property of Landlord.

(d) Landlord has no obligation to obtain criminal background checks on any existing or future Resident and bears no responsibility or liability related to the criminal background or actions (whether past, present or future) of any person, even if Landlord has actually run a criminal background check on applicants. Resident shall not rely on the fact that Landlord may have run a criminal background check on Resident or any other applicant when deciding whether to enter into this Agreement. Landlord has not made and does not make any representations as to the background of any existing or future Resident.

(e) Resident agrees to report immediately all suspected or actual criminal activity on or near the Property to the appropriate local law enforcement agencies and, after doing so, to Landlord, and shall provide Landlord with such law enforcement agency's

incident report number and incident report upon request.

41. MEGAN'S LAW DATABASE:

(a) Notice: Pursuant to California Penal Code ("Penal Code") § 290.46, information about specified registered sex offenders is made available to the public via an internet web site maintained by the Department of Justice at www.meganslaw.ca.gov. Depending on an offender's criminal history, this information will include either the address at which the offender resides or the community of residence and ZIP Code in which he or she resides.

(b) Since the information is equally available to Resident and Landlord, and Landlord cannot discriminate against registered sex offenders pursuant to Penal Code § 290.46 et seq., Landlord has not made any inquiry of any applicant or resident as to whether he or she is a registered sex offender. Resident is advised that Landlord may not notify Resident if Landlord learns or is advised that a registered sex offender is living in the Community. The existence of registered sex offenders in the Community is not grounds for terminating this Agreement.

42. OPTION TO TERMINATE: Resident is expected to remain a Resident for the entire term specified in this Lease. If Resident fails to do so, Resident will be responsible to Landlord for all damages provided by law, including (but not limited to) rent due through the end of the Lease term, minus rents paid by a replacement tenant (if any). This amount will vary depending upon how long it takes the Landlord to find a replacement tenant. Therefore, this amount cannot be determined in advance and it is difficult to estimate.

(a) To avoid this uncertainty, Resident may choose to exercise an early termination option. Resident may choose to pay a flat fee in advance to terminate the lease early, rather than remaining liable for rent due through the end of the lease term. To exercise this option, Resident must deliver to Manager:

(i) A written notice stating that Resident has elected to exercise this option;

(ii) An early termination option fee in the amount of **$2,750.00** ("Early Termination Fee") and reimbursement of all move-in concessions as provided in any concession agreement executed by the Parties; and

(iii) Rent and other amounts due through the accelerated termination date.

(b) After making a reasonable endeavor to estimate accurately the approximate costs associated with an early termination of the lease, which the Parties agree is difficult or impossible to ascertain at the inception of this Lease since we cannot predict at this time how long it will take to prepare and relet the Premises at some future date or the costs associated with marketing the Premises, Resident and Landlord agree a termination charge equal to the Early Termination Fee is presumed to be the amount of damage suffered by Landlord if Resident elects to terminate this Agreement before the termination date set forth in the Agreement.

(c) When Landlord has received the written notice and payment, and has signed the notice, the Lease termination date will be amended. The new termination date will be the date specified in the notice which must be at least thirty (30) days after the written election and payment are given to Landlord.

(d) Exercise of the early termination option will affect only Resident's rent obligations after the accelerated termination date; Resident must comply with all other Lease obligations.

(e) The notice will not accelerate the termination date if:

(i) Resident is in default under the lease at the time that Resident gives notice of Resident's exercise of the option;

(ii) Resident provides the notice unaccompanied by the fee above; or

(iii) Resident does not properly exercise the early termination option by following the procedure specified above, but vacates the property before the termination date specified in the Lease.

43. ENTIRE AGREEMENT: This Lease, including all addenda and the Handbook, set forth the entire agreement among the Parties with respect to the matters set forth in it. It shall not be altered nor modified unless such alteration or modification is in writing and signed by all signatories to this Lease, unless the change is required by law, is the result of an error or omission by Landlord, or Landlord provides the required notice for the change as required by law. No verbal agreements or representations have been made or relied upon by either party or any agent or employee of either party, and neither party nor any agent or employee of either party is entitled to alter any provisions of this Lease by any verbal representations or agreements to be made subsequent to the execution of this Lease. The foregoing notwithstanding, if Resident holds over after the expiration of the Lease term pursuant to paragraph 5, Landlord may change any provision of this Lease without the consent of Resident in the manner prescribed by Civ. Code § 827.

44. PARAGRAPH HEADINGS: The paragraph headings are inserted only for convenience and are not intended to define or limit the scope or intent of any clause.

45. SEVERABILITY AND PROVISIONS REQUIRED BY LAW: If a provision or paragraph of this Lease is legally invalid, or declared by a court to be unenforceable, such provision or paragraph will be deemed deleted and the rest of this Lease will remain in effect. To the extent any provision of this Agreement is in direct conflict with any provisions of applicable law, such provision is hereby deleted. Any provision specifically required by applicable law which is not included in this Lease is hereby inserted as an additional

provision of this Lease, but only to the extent required by applicable law and then only so long as the provision of the applicable law is not repealed or held invalid by a court of competent jurisdiction.

46. **EVENTS OF DEFAULT:** Resident shall be guilty of material breach of this Lease if Resident: (a) fails to pay any rent or other sum payable under this Lease on the date it becomes due; (b) breaches any other provision, term, covenant or condition of this Lease; (c) vacates or abandons the Premises before expiration of the full term of this Lease, or any extension of the term; (d) permits the leasehold interest of Resident to be levied upon or attached by process of law; or (e) makes an assignment for the benefit of creditors.

47. **WAIVER:** Landlord's failure to require strict compliance with any provision of this Lease or to exercise any rights arising under this Lease shall not be deemed a waiver of Landlord's right to enforce any such provision or to insist upon any such right. The fact that Landlord may have accepted late payment(s) on one or more occasions shall not be deemed a waiver of Landlord's right to insist upon timely payment of rent nor to exercise any remedy available for late payment of rent. Acceptance of rent following a breach of this Lease shall not be deemed to constitute a waiver of such breach. No custom or practice which may develop between the Parties in the course of tenancy shall be construed to waive the right of Landlord to enforce any provision of this Lease.

48. **USE OF PERSONAL INFORMATION:** For details on what personal information Landlord collects and for what purposes, and Resident's privacy rights and how to exercise them, visit Essex's Privacy Policy at www.essexapartmenthomes.com/privacy-policy.

49. **TIME IS OF THE ESSENCE:** Time is of the essence with respect to the provisions of this Lease. This provision shall be interpreted in its strictest sense irrespective of the relative hardship to the Parties.

50. **ATTORNEY'S FEES:** In the event of any litigation relating to this Agreement or the rights or liabilities of any party arising under this Agreement, the prevailing party of such litigation shall be entitled to its costs, including reasonable attorneys' fees, incurred in such litigation, not to exceed a maximum total of two thousand dollars ($2,000) fees and costs. If any such litigation is dismissed prior to trial, the parties agree that there shall be no prevailing party for purposes of an award of attorney's fees and/or costs. An unlawful detainer action shall be considered an action relating to this Lease and thus subject to this provision.

51. **SURRENDER:** Upon expiration or termination of this Lease, Resident shall vacate and surrender the Premises to Landlord vacant of all occupants and in the condition required to be maintained under this Agreement. Resident shall also return all keys and remote access devices (if applicable) to Landlord or pay Landlord's then applicable charge for non-returned keys and remotes (if applicable).

52. **ATTACHMENTS/ADDENDA:** Resident acknowledges receipt of a copy of the attachments/addenda listed below, which are incorporated into and made part of this Lease. Resident agrees to abide by said attachments/addenda in all respects. Any failure to comply with any of the attachments or addenda shall be deemed a breach of this Lease.

Amenities Activities
Community Handbook
Parking Agreement
Rent Concession Agreement
Renter's Insurance Addendum
SmartRent Addendum
Utilities Addendum
Mold Addendum - California
Pesticide Addendum
California Tenant Act of 2019 Addendum
Smoking Policy Addendum

53. **NON-DISCRIMINATION:** There shall be no discrimination against or segregation of any persons on account of race, color, national origin, ancestry, creed, religion, sex and gender, gender identity, gender expression (including transgender individuals who are transitioning, have transitioned, or are perceived to be transitioning to the gender with which they identify**)**, sexual orientation, genetic information, marital status(including registered domestic partnership status), familial status, age, source of income, national origin, ancestry, immigration status, citizenship, primary language, handicap, physical or mental disability, medical condition, genetic information, Civil Air Patrol status, military and veteran status or any other protected classification under state or federal law, in the sale, lease, sublease, transfer, use, occupancy, tenure or enjoyment of Premises, nor shall the Landlord or any person claiming under or through Landlord establish or permit any such practice or practices of discrimination or segregation with reference to the selection, location, number, use or occupancy of tenants, lessees, or vendees in the Premises, or any other consideration made unlawful by federal, state, or local laws, and/or retaliation for protesting illegal discrimination related to one of these categories.

54. **REQUESTS FOR ACCOMMODATIONS OR MODIFICATIONS:** A disabled person, for all purposes under this Lease, shall be provided reasonable accommodations or reasonable modifications to the extent necessary to provide the disabled person with an opportunity to use and occupy the Premises in a manner equal to that of a non-disabled person. If Resident believes Resident or a member of Resident's household requires an accommodation or modification as a result of a disability, Resident should contact Landlord to begin the interactive process.

55. **CREDIT REPORTS:** Resident expressly authorizes Landlord and/or Landlord's agent to disclose information about Resident and Resident's tenancy to credit reporting agencies including, but not limited to, the amount and timing of payments due pursuant to the Lease including payment of Monthly Base Rent, good behavior, problematic behavior, and any debt outstanding, which may then be used in a tenant record, credit report and/or credit score for the Resident. For the avoidance of doubt, Resident's failure to pay the full amount(s) owed to Landlord on the date such amount(s) is due pursuant to the Lease will result in a negative credit report submitted to a credit reporting agency. Further, Resident expressly authorizes Landlord and/or Landlord's agent to obtain Resident's

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consumer credit report, which Landlord may use if attempting to collect past due rent payments, late fees, or other charges from Resident, both during the term of the Lease and thereafter.

56. CAMERAS: Resident acknowledges and agrees that Landlord shall have the right, but not the obligation, to use and/or install cameras at the Property and Resident hereby consents to Landlord's use of Resident's image and/or likeness, in each case for marketing and/or surveillance purposes.

57. SIGNATORIES: The individuals signing below as "Resident," whether or not in actual possession of the Premises, are jointly and severally responsible for all obligations arising under this Lease, including all obligations to pay rent. This Lease shall not be considered to be in full force and effect until signed by Landlord or Landlord's authorized agent. Landlord may, without liability, refuse to enter into this Lease and may refuse to allow Resident to occupy the Premises at any time prior to Landlord signing this Lease. Each Resident shall be fully liable for all obligations arising under this Lease, and Landlord may enforce the provisions of this Lease as against Resident if, for any reason or by any means, Resident obtains access to the Premises before such time as this Lease has been signed by Landlord or Landlord's authorized agent.

THE UNDERSIGNED EXPRESSLY UNDERSTAND(S) AND ACKNOWLEDGES THAT PARAGRAPH 5 CONTAINS PROVISIONS UNDER WHICH THIS LEASE MAY AUTOMATICALLY RENEW AS A TENANCY FOR SUCCESSIVE TERMS MATCHING THE SHORTER OF THE INITIAL LEASE TERM IDENTIFIED IN PARAGRAPH 4 OR 12 MONTHS UPON THE EXPIRATION OF THE LEASE IF RESIDENT REMAINS IN POSSESSION AFTER THE EXPIRATION OF THE LEASE OR FAILS TO GIVE NOTICE OF RESIDENT'S INTENT NOT TO RENEW OR EXTEND BEFORE THE EXPIRATION OF THE LEASE.

RESIDENT:

[redacted] 01 / 23 / 2025

Yasmin Fugioka Date

Leandro jr Messias da Cunha Date

LANDLORD:
Essex Management Corporation, a California Corporation, as Agent for Owner

By:

Print Name: Title: Community Manager Date

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RECREATIONAL FACILITY USE AND ACTIVITIES PARTICIPATION ADDENDUM

This Recreational Facilities Use and Activities Participation Addendum ("Addendum") dated 01/23/2025 is attached to and made a part of the lease agreement dated 01/23/2025 (the "Lease") by and between Essex Management Corporation, a California Corporation, as agent for Owner ("Landlord"), and Yasmin Fugioka, Leandro jr Messias da Cunha (individually and collectively referred to herein as "Resident") for the rental of the premises located at 2601 Hilltop Drive, Apt. #0138, Richmond, CA 94806 ("Premises" or "Unit") within the community commonly known as San Marcos (the "Community" or "Property"). Landlord and Resident are collectively referred to herein as "Parties." All terms not specifically defined herein shall have the same definition as found in the Lease. Resident and Landlord agree as follows:

Resident, as well as Resident's Authorized Occupants, guests, and/or invitees (collectively "Guests"), may have access to recreational facilities at the Community, and/or Shared Amenities (defined below, if any) at neighboring properties, which may include a fitness center, pool, spa, sauna, business center, billiard room, tanning equipment or similar amenities (collectively "Recreational Facilities."). Landlord may offer Resident the opportunity to participate in activities, events, and/or services, such as socials, fitness classes, and other optional activities, which may or may not require payment of a fee prior to participation ("Activities").

Resident, for good and valuable consideration, including, but not limited to the opportunity to use the Recreational Facilities and participate in Activities, hereby acknowledges and agrees to the following terms governing use of the Recreational Facilities and participation in Activities at the Community:

1. **RULES:** To use the Recreational Facilities and/or participate in the Activities, Resident must be in material compliance with Resident's Lease including, but not limited to, current on all amounts due and payable under the Lease. Resident further agrees to abide by all of the rules and regulations which may be adopted from time to time, with or without notice to Resident, by Landlord, which may be set forth in the Community Handbook, posted at the Recreational Facilities, or otherwise conveyed to Resident verbally or in writing by Landlord by and through its employees or agents ("Rules"). Any Resident asked to leave a Recreational Facility and/or Activity for failure to comply with Resident's Lease or violation of the Rules shall not be deemed a reduction in housing service and shall not be grounds for a reduction in rent.

2. **ASSUMPTION OF RISK:** Resident understands and acknowledges that accidents sometimes occur during the use of the Recreational Facilities and/or participation in Activities. Resident further understands and acknowledges that Resident's use of the Recreational Facilities and/or participation in the Activities could result in loss of or damage to Resident's property, illness, serious injury to Resident's body or to others, and/or Resident's death. Resident has been informed of the risks. **Understanding and acknowledging all possible risks, Resident hereby knowingly, voluntarily and willingly assumes all risks and dangers associated with Resident's use of the Recreational Facilities and/or participation in the Activities up to and including personal injury or death.**

3. **AUTHORIZED OCCUPANTS, GUESTS, INVITEES:** The terms of this Addendum shall also apply to Resident's Authorized Occupants, guests, and/or invitees, together with the heirs, assigns, estates and legal representatives of them all, (collectively "Guests"). Resident's Guests must be accompanied by a resident of the Community at all times. Residents are responsible for all behavior of their Guests using the Recreational Facilities and/or participating in the Activities. Resident further acknowledges and agrees that some Recreational Facilities and/or Activities may not be open to Guests, at Landlord's sole discretion. Resident shall be solely responsible for the compliance of the Guests with the Lease, this Addendum, and the Rules.

4. **CHANGES IN ACTIVITIES AND RECREATIONAL FACILITIES:** Landlord may change, expand, remove or add Recreational Facilities at any time in its sole discretion. There is no set schedule of Activities and Landlord may decide to discontinue Activities at any time without notice.

5. **ALCOHOL:** At some Activities, alcohol may be served and/or purchased. Resident must be 21 or older to consume alcoholic beverages. Participants under the age of 18 must be with a responsible adult to attend any functions at which alcohol is served.

6. **VOLUNTARY PARTICIPATION:** Participation in Activities and use of Recreational Facilities is purely voluntary and at the Resident's or Resident's Guest's own risk. Prior to participating in any Activity or using any Recreational Facility or Shared Facility, Resident and Resident's Guests agree to fully ascertain, appreciate and understand the risks and assume same.

7. **WAIVER AND RELEASE:** In consideration of being allowed to use the Recreational Facilities and participate in the Activities, and having assumed all risks of same, Resident hereby expressly releases, waives, covenants not to sue the Owner of the Property, owner of the Recreational Facilities, Essex Property Trust, Inc., Essex Management Corporation, each of their affiliates and subsidiaries and each and every officer, agent, and employee of each of the foregoing entities (collectively, the "Released Parties") from all claims, causes of action, or demands of every kind which Participant may have in the future or that any person

claiming through Resident may have in the future against any of the Released Parties by reason of any injury to person or property, or death, directly or indirectly resulting from, or in connection with, Resident's or Resident's Guest's use of the Recreational Facilities or participation in the Activities.

8. **INDEMNITY:** Resident agrees to indemnify, defend and hold harmless each and every one of the Released Parties for any liability of any kind whatsoever arising from Resident's and/or Resident's Guest's use of the Recreational Facilities and/or participation in the Activities, except for claims arising out the gross negligence or willful misconduct of one of the Released Parties in failing to correct a dangerous situation at or in the Recreational Facilities after receiving notice of same.

9. **SEVERABILITY:** If any provision of this Addendum is invalid or unenforceable under applicable law, such provision shall be ineffective to the extent of such invalidity or unenforceability only without invalidating or otherwise affecting the remainder of this Addendum.

ACKNOWLEDGMENT AND UNDERSTANDING. By signing below, Resident certifies that Resident is at least eighteen (18) years of age, has carefully read this RECREATIONAL FACILITIES USE AND ACTIVITIES PARTICIPATION ADDENDUM. Resident fully understands its terms, and understands that he/she has given up substantial rights by signing this Addendum and has signed it freely and voluntarily without any inducements, coercion, assurance or guarantee being made to me. RESIDENT INTENDS RESIDENT'S SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE, WAIVER AND AGREEMENT AS STATED HEREIN OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

RESIDENT:

[redacted] 01 / 23 / 2025

Yasmin Fugioka Date

Leandro jr Messias da Cunha Date

LANDLORD:
Essex Management Corporation, a California Corporation, as Agent for Owner

By:

Print Name: Title: Community Manager Date

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COMMUNITY HANDBOOK

Welcome! We are honored you have chosen an Essex community for your home. At Essex, if it's important to you, it's important to us. Our goal is to treat you with respect and make your experience here enjoyable. We strive to foster a lasting relationship and provide you with personal service and amenities to make life a little easier.

This Community Handbook contains our policies and house rules, which help make your community a comfortable, friendly and welcoming place for all. This Community Handbook is part of your lease agreement with us and needs to be followed the same as any other provision of your lease. Please take time to read through this Handbook and become familiar with it. If you have any questions, don't hesitate to contact an associate in the Community Office.

Important Contact Information

Our associates are here to assist you with any questions or concerns you may have. Please feel free to call or email during regular business hours. If you are unable to contact us during regular business hours, which are posted on our website listed in your Lease, we will be happy to arrange an appointment time that meets your needs. Below are some of the most common numbers you may need during your residency with us.

Community Office

Phone: (510) 669-9393 (“Community Phone”)

Email: SanMarcos@essex.com

Maintenance Service

For Emergency Service Requests, please contact us via the Community Phone.

For Non-Emergency Service Requests:

Online Resident Portal: https://san-marcos.residentservice.com

Via Phone: Call our Community Phone

IN CASE OF EMERGENCY ALWAYS CONTACT 911 FIRST IF NEEDED

Community and Unit Maintenance

Move-in Unit Inspection Form

We want you to be happy with your new home right from the start, so we'll provide you with a move-in inspection form to guide you in a thorough inspection of your Unit. The completed form will reflect our mutual agreement as to the condition of your Unit when you move in. If you don't fill it out and return the form within 48 hours that means nothing in your Unit needs to be repaired or cleaned.

Maintenance Services

Maintenance services are available to residents during the hours indicated at the beginning of this Handbook. **Non- emergency** maintenance requests should be submitted through the Online Resident Portal listed at https://san-marcos.residentservice.com.

When you move in, your Unit will be fully equipped with lightbulbs in all permanent fixtures. After that, you're responsible for the replacement of regular lightbulbs, but we'll take care of fluorescent, appliance, and exterior light fixtures. When those need replacing, please submit a maintenance request.

Maintenance Emergencies

If you have a maintenance emergency, please immediately call the number indicated in the "Contact Information" at the beginning of this Handbook.

What is a maintenance emergency?

- Fire, potential fire hazard, criminal activity, significant property damage, storm damage, flood, being trapped in an elevator, no electrical power or other electrical problem, no heat, no hot water, no water at all, smell of gas or your refrigerator has failed.
- A serious roof leak, water leak, plumbing leak, overflowing tub or flooding in your Unit.
- The only toilet in your Unit is not working or is overflowing is definitely a maintenance emergency – but please try to unclog it with a plunger before calling.

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- Similarly, if your only tub or sink is broken or clogged, that is an emergency. If the water is not overflowing and/or you have another bathroom, we will address the problem the next working day.
- Your front door, sliding glass door or windows will not lock or are broken. We want you to be safe, so please call us immediately if your locks are not working.
- If you can't get into your Unit because the access gates or your garage door are not working, or the entrance is blocked.

If you no longer need us after calling in for a maintenance emergency, please call back so we can cancel the dispatch.

Lockout Service

We may assist with lockouts and admit any authorized occupant with appropriate identification into the Unit during office hours. Please note that this service, if provided, will be provided for a fee. Unfortunately, we are not able to provide after-hours lockout services. Please see the Access Cards, Keys, Remotes, Directories and Lockout Policy Addendum for more information. For properties with SmartRent access devices, please see your SmartRent Addendum for more information.

Pest Control

Our pest control company treats the community on a regular basis. If you require additional pest control assistance, contact the Community Office. We will be happy to help you get rid of any unwanted insect or pests.

Building Exterior and Grounds

We try to keep the grounds and public areas clean, neat and attractive for everyone to enjoy. Help us stay beautiful:

- Please do not leave personal belongings in the common areas. When we come across something that's been left out all night, we have to assume it is trash and dispose of it properly.
- Please make sure your garbage goes straight from your Unit to the community garbage bins, and to clear personal belongings from outside your front door.
- Please show respect for landscaped areas, shrubbery and trees. We work hard to keep the grounds looking great, and appreciate your help in keeping them that way.
- Please keep your holiday decorations tasteful and remove them no more than a week after the holiday, local parade or festival.
- All shopping carts should remain at the store. They are not to be brought to the Community.
- The design of our Community depends on a clean, uncluttered look to our windows. As a result, please don't place foil, stickers, decals, posters, tinfoil, colored blinds or any other window treatments in window areas.
- No alterations or attachments of any kind are to be placed on or affixed to any portion of the exterior of the building. Any objects that may deface the building are not permitted. Do not make holes in doors, exterior walls, windows or railings.

Patios and Balconies

Nothing should be placed on balcony railings and, for your safety, please limit the people and belongings on your balcony. A safe guideline is no more than 40 pounds per square foot. While balcony sizes vary, the maximum occupancy for a 4' x 8' balcony is 6 people, plus some standard patio furniture.

An attractive community can't exist without your cooperation, especially when it comes to maintaining good-looking patios and balconies. Bicycles, approved outdoor furniture and well-kept potted plants (subject to size limitations) are the only items permitted on patios and balconies (subject to management discretion). Leaving items outside is at your own risk; we encourage you to use appropriate storage facilities where available. Please keep your patio (including walls and railings) free of flags, garbage containers, boxes, appliances, indoor furniture, exercise equipment, debris, awnings, gazebos, bamboo or other privacy screens and tents.

If you have a private patio or balcony enclosed by a fence, railing, or other structure then you can use those private areas to dry laundry so long as you comply with the following:

- No more than two drying lines or racks may be in use at any one time.
- Items may not be left on the drying lines or racks for more than 24 hours (i.e., all items must be removed within 24 hours of being put out on the drying lines or racks).
- Drying lines or racks must be free standing (that means no, you cannot affix them to any part of the building).

- No drying lines or racks may be attached or affixed in any manner to any portion of the building, fence, railing, wall, building support structure, or light fixtures.
- Drying lines or racks cannot be higher than the patio, balcony, or deck fence or railing.
- Drying lines or racks cannot be clearly visible from the sidewalk or street.
- Drying lines or racks cannot block entrance to or egress from the unit, create a health or safety hazard, or interfere with walkways or utility service equipment.
- Drying lines or racks cannot interfere with the maintenance of the Community.
- Clothes may not be draped over fence or balcony railings, or hung from any building fixtures.

If you want to install plants, shades or furniture, please check with your Community Manager first. He or she can help make sure your choices fit within your Community's guidelines and general appearance.

Satellite Dish/Antenna

We will allow you to install one (1) satellite dish or antenna (collectively referred to below as a satellite dish) for personal, private use in the Unit under the following conditions:

- The satellite dish must be three (3) feet or less in diameter.
- The satellite dish may only be installed on the inside balcony, patio or terrace that is under your exclusive control. The satellite dish, or any part of it, cannot extend beyond the balcony, patio or terrace railing. Allowable locations may not provide an optimal signal, or any signal. We can't promise that the Unit will provide a suitable location for receiving a satellite signal.
- You are prohibited from making physical modifications to the Unit and are prohibited from installing said satellite dish in the common areas of the Community, including, but not limited to, exterior walls, roofs, window sills, common balconies or stairways.
- You can't install the satellite dish in a manner that causes physical or structural damage to the Unit, excluding ordinary wear and tear, including, but not limited to, holes drilled through exterior walls.
- You must install, maintain and remove said satellite dish in a manner which is consistent with industry standards.
- You must indemnify, protect and defend us against, and hold us harmless from, all claims, losses, damages, costs and expenses, including, but not limited to, reasonable attorneys' fees, expenses and court costs relating to any personal injury or Community damage arising from the installation, operation, maintenance and/or removal of said satellite dish.
- If requested, you must provide the Community Office with a copy of any liability insurance coverage maintained by Resident for said satellite dish. Landlord reserves the right to require that such insurance shall name Landlord as an "additional insured."

Personal Barbecue Grills

Due to locally enforced regulations from the International Fire Code, charcoal and propane barbecues as well as all other open-flame cooking devices cannot be operated on combustible balconies or within 10 feet of combustible buildings. Accordingly, Residents are not permitted to use any barbecue on the balcony, or under an overhang. Storage of these devices within your home, storage facility, garage or balcony is also prohibited. The only exception permissible is if the cooking device is an electric grill or utilizes liquefied-petroleum (including propane) and the gas container has a water capacity no larger than 2.5 pounds [nominal 1 pound (0.454kg) LP-gas capacity]. These accepted cooking devices have very small containers like the ones used for camping stoves.

Political Signs

A "political sign" is one that relates to any of the following: an election or legislative vote, including an election of a candidate to public office; the initiative, referendum or recall process; and issues that are before a public commission, public board or elected local body for a vote.

You may only post political signs in the window or door of your Unit if you comply with the following:

- The signs may not be more than 6 square feet in size; or posted or displayed in violation of any local, state or federal law.

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- You may not install or allow a political sign to be installed that causes any damage to or alteration of the Unit such as drilling holes; nailing into outside walls, door frames, window sills, railings, etc.; or affixing tape or other sticky material in a way that will cause damage to paint or other finishes.
- Resident may post and shall remove any political signs in compliance with the time limits set by the ordinance for the jurisdiction where the Unit is located. Resident shall be solely responsible for any violation of any local ordinance. If no local ordinance exists or if the local ordinance does not include a time limit for posting and removing political signs on private property, political signs may not be posted more than ninety (90) days prior to the date of the election or vote to which the sign relates and must be removed ten (10) days following the date of the election or vote.
- Resident is strictly liable for any damages or injury that results from such installation and for the cost of repairs or repainting that may be reasonably necessary to restore the leased Unit to its condition prior to the posting of the political sign(s).

Be a Good Neighbor

Alcohol intoxication, disorderly conduct and excessive noise are not allowed in the Community. Anyone consuming alcohol at our Community must be at least 21 years old and in the privacy of your Unit. Alcohol is allowed in common areas only when permitted or approved by the Community Office.

Disturbances and Noises

Noise can be a nuisance and we ask all of our residents to be considerate of their neighbors when entertaining, using their television or stereo, or using appliances or vacuum cleaners late at night. If you live in an upstairs Unit, avoid running, jumping or slamming doors. If your Unit has some or all hard surface flooring (e.g. wood, tile, concrete), **you are required to ensure at least 75% of the hard surface flooring is covered with a carpet or rug**, with a particular focus on ensuring areas of high foot traffic in your Unit are covered. Please observe the quiet hours of your community, which are generally 10pm-7am, but may vary from community to community.

If you believe your neighbor is causing a disturbance or not observing the quiet hours, try politely talking to them before contacting the Community Office. They probably don't realize they were bothering anyone. If their response is not satisfactory, call the Community Office or our courtesy patrol. And if your neighbors come to you with a concern about noise coming from your Unit, please try your best to accommodate them.

Garbage Removal

Trash is regularly removed from our garbage receptacles. Please make sure you are putting your garbage in one of them. If the receptacle nearest you is full, please take your garbage to another one. Garbage bags left on the ground are a genuine health hazard and can attract unwanted pests. If you regularly have trouble finding an empty garbage receptacle, report the problem to the Community Office. Also, for your safety, once garbage is placed in a trash receptacle, please don't attempt to remove it.

- Trash must be disposed of properly, preferably in tightly tied plastic bags or closed containers. Please use a plastic bag or trash liner to carry refuse to the dumpster or trash chutes, where provided. This prevents waste from dripping on carpet or concrete and preserves the appearance and cleanliness of your home.
- Place all household refuse inside proper refuse containers, and do not place any items outside or around the containers. All boxes placed in these containers must be broken down, allowing for maximum usage of this service.
- Don't be a litterbug. Make sure that papers, gum, candy wrappers or any other trash is placed in appropriate receptacles.
- If we are required to repeatedly clean up excessive trash around your Unit, we may charge you for the time spent doing so.
- Do not empty ashtrays into the parking lot or dispose of other items from vehicles by leaving them in the parking area.
- Do not put furniture or other large items in the trash. Please make other arrangements for disposing of such items. You may be responsible for extra pickup charges due to inappropriate items in the dumpsters or dumpster area.
- If your Community has garbage chutes, use moisture-proof bags to carry waste to the trash drops on each floor to prevent stains on the carpeting. All garbage should be deposited directly into the garbage chutes and must be completely contained in sealed bags. We are not responsible for hauling away non-trash items such as old furniture, etc. If you have large, oversized disposable items that do not fit in garbage chutes, where provided, please notify us. DO NOT FORCE LARGE ITEMS INTO THE CHUTE. You will be held responsible for any cleanup costs due to garbage bag leaks, breakage or any noted garbage trails in the Community.
- Please remember to recycle and compost where available. If you have questions about recycling and/or composting procedures and opportunities at your Community, please ask the Community Office.

Pets

Your Community Management Team can tell you about any special restrictions, deposits, documentation or agreements required if you have a pet. We also have a few other basic rules and guidelines.

- If you're considering a new pet and would like more information, please contact your Community Office for details.
- Most communities do not allow more than two pets per Unit.
- Certain breeds are not allowed. A full list is contained in the Animal Addendum you will need to sign before bringing an animal home.
- We also can't allow any wild, exotic, endangered or poisonous creatures (animals, reptiles, birds, etc.) to be in residence at your Community.
- Animals must be housebroken, spayed and neutered, and have no vicious tendencies or history of threatening or causing physical harm to persons, property or other animals by biting, scratching, chewing, etc.
- Please make sure your animal does not disturb the quiet enjoyment of others by barking, scratching, whining, howling, crying or in any other way.
- Don't neglect your animal. If we suspect any animal is being neglected, mistreated or abandoned, we will contact Animal Control or a similar agency so the animal can be removed and cared for properly.
- Please watch your animals on patios or balconies – animals should not be left on patios or balconies while you are away. And while we don't want any animals injured, you cannot enclose any outdoor space with wire or screens or similar materials to contain the animal outdoors.
- Please keep your animal under control at all times. Dogs should be on a leash no longer than 8'. Cats must remain inside your Unit or be leashed or in a carrier when outside.
- You are responsible for any messes your animal creates. Please clean up after your animal both in your Unit and around the Community. If you have cats, dispose of litter in sealed trash bags in proper trash receptacles. Do not dispose of litter in toilets.
- You are responsible for any damage your animal may cause. When you move out, if there is evidence of fleas or other pests, you will be charged for the costs of fumigation or other appropriate treatment. Likewise, if your animal has damaged the Unit (carpet, woodwork, paint, etc.), you are responsible for the costs of repair.
- An aquarium is fine, but if it holds more than 10 gallons of water, you'll need insurance for it.
- For rules about other types of pets or accommodation animals, please check with the Community Office. They'll be happy to provide more information.

Weapons and Firearms

Displaying or discharging fireworks, guns, slingshots, or any type of firearm or weapon is strictly prohibited. **Violation of this policy by any resident, occupant or guest will result in the *immediate termination of the lease contract.***

Green Community

We require the cooperation and support of everyone in our Community in a wide range of sustainability and energy conservation initiatives and programs. Please ensure that all household members and guests comply with all the Community's sustainability and energy conservation practices and guidelines applicable to the Unit and the Community.

- Please operate any ENERGY STAR® rated appliances in the Unit in accordance with standard operating instructions. If you require instructions, please reach out to the Management Office.
- Immediately notify your Community Office if any appliance in the Unit is damaged in any way or not working properly.
- Do not tamper with, interrupt or replace any energy, water, carbon reduction, or other sustainable measures installed and maintained by Landlord, including, but not limited to, energy efficient bulbs; lighting controls, such as automatic sensors; sun shielding blinds and devices; thermostats and/or air-conditioning/heating controls; door/window weather stripping; and low-flow and water efficient devices, such as faucet aerators and showerheads.
- Please follow all recycling, composting and waste sorting and management practices as required by local ordinances and in accordance with Community policies.

- After using the amenities in common spaces, please turn off the lights, television, and other electrical equipment to reduce energy usage.

Caring for Your Unit, Appliances and Plumbing

Carpet and Vinyl Floor Coverings

We recommend that you vacuum at least once a week. Using plastic trays under plants can prevent water damage and bleaching, and acting quickly to clean up spills allows you to cope with them before they dry and become set in the carpet.

- Use only approved carpet and vinyl cleaners and agents.
- If you want to have your carpets cleaned, please let us know. We will be happy to schedule a cleaning for you (although it generally will be at your cost).

Counter Tops

- Do not place hot vessels directly on counter tops – use a trivet or pot holder.
- Cut all food items on a cutting board instead of on the counter, or you may damage the surface.
- For Units with granite countertops, please use non-abrasive and granite-specific cleaners.

Dishwasher

- To prevent the drain from clogging, scrape your dishes before loading.
- Load dishwasher-safe plastic and wooden items in the top rack.
- Also, please only use dishwashing detergent in the dishwasher. Other types of soap will cause excessive bubbles and may damage the floors, appliances and cabinets. If you have excess bubbles, use laundry softener to stop the bubbling and call us so we can assist.
- Carefully load dishes to not interfere with the action of the rinsing arm.

Living Conditions

You must keep your Unit clean and uncluttered to allow easy passage throughout. Windows and doors should not be blocked. Flammable materials may not be stored in the Unit.

We may require the removal of items, newspapers, trash, etc. that are deemed to be a fire or health hazard. Also, you may not add appliances, such as dishwashers, washing machines, dryers, freezers, etc. to the Unit without prior written consent of the Community Office.

Garbage Disposal

- The "garbage" disposal, is not for garbage. It's only for certain types of food waste. Nothing large should be placed in it.
- Run cold water before and during disposal operation.
- Occasionally sharpen the blades by running cold water, inserting ice cubes and operating the disposal.
- To deodorize, run cold water and insert orange or lemon peels.
- Please DO NOT use drain-cleaning chemicals. They're really rough on the pipes and the environment.

Please DO NOT dispose of bones, celery, onion peels, cornhusks, corn silks, watermelon seeds, artichoke leaves, coffee grounds, grease, oil, fat, pasta or rice, all of which will cause clogging and damage the disposal. In addition, don't put metal, glass, cloth or fish tank rocks down the disposal. It damages the blades. Also, take care not to drop silverware into the disposal.

- If the disposal will not operate when the switch is in the "On" position, turn the disposal off and locate and depress the red "Reset" button on the underside of the disposal unit. If the disposal still does not operate, contact the Community Office for help.

Refrigerator

Clean the interior and exterior of your refrigerator with a mild cleaning solution of baking soda and warm water. Avoid using any abrasive cleansers, gritty soaps and heavy-duty cleaning agents.

Sinks/Drains

Keep your drains clear by not disposing any of the following in them:

- Grease: Collect it in a container and put in the garbage.
- Paper towels/rags: Discard these in the garbage. Do not flush down the toilet.
- Excessive toilet paper: Using large amounts of toilet paper does not give it time to dissolve, resulting in overflows.
- Excess hair: Remove hair from sink or tub; do not rinse down the drain.

Microwaves

Do not put anything metal in microwaves. This includes spoons, pots and pans with metal trim, recycled paper towels which have trace metals, aluminum foil, metal twist ties, poultry pins, meat thermometers, and Styrofoam plates (which may contain trace metals).

Washer and Dryer

If you have a washer/dryer, clean the interior and exterior with a mild solution of baking soda and warm water – please don't use abrasive, gritty or heavy-duty cleansers. For the best performance, empty the dryer lint tray after each load. Also, please leave your washer open when not in use to allow it to dry out and prevent mildew growth.

Fireplace

If your Unit has a fireplace, follow these basic care and safety precautions:

- Do not use flammable liquids such as gasoline, kerosene or lighter fluid.
- Burn only seasoned wood, cut to the proper length. Use only paper to start fires. Do not burn tires, trash or other items in your fireplace.
- If you use manufactured fireplace logs, follow the manufacturer's instructions.
- Open your damper before starting a fire; always use an iron fireplace grate and keep the fireplace screen closed until all embers are cold. It only takes a spark to start real trouble, so please be careful and stay safe.
- Dispose of the ashes when the embers are completely cold. For your safety, wait at least 48 hours for the embers to cool.

If you have a gas fireplace:

- Be sure to keep the glass clean and the vents unobstructed and able to do their job.
- NOT TO PLACE ANYTHING IN THE FIREPLACE. they are natural gas burning and there should be no wood, paper, gasoline, kerosene or lighter fluid.

If you believe your fireplace is not working properly, please let us know so we can call a technician.

Fire Sprinklers

If there is a fire suppression sprinkler system in the ceiling of your Unit, leave the sprinkler heads alone. They are sensitive and can be easily broken off. If they are broken off or accidentally triggered, it will cause immediate flooding in your Unit, (and possibly your neighbor's) and you will be responsible for the cost of cleaning it up.

If a sprinkler head is broken, immediately submit an emergency maintenance service request and call the fire department to report the breakage and minimize damages due to flooding.

Tips for Preventing Mold & Mildew

As part of your Lease, you signed a Mold Addendum. That document controls our respective legal obligations, and we wanted to provide you with some additional tips for preventing organic growth within your Unit. You can help minimize organic growth by taking the following precautions:

- Open windows frequently when the weather is dry to allow an exchange of air and permit the introduction of sunlight throughout your Unit. Even in winter, cracking your windows after showers or cooking can help mitigate excessive moisture from getting trapped inside. It may help if you run the fan on your furnace to circulate fresh air through your Unit during these times.
- In damp or rainy weather conditions, keep windows and doors closed.

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- If possible, maintain a temperature of between 55° and 75° Fahrenheit within your Unit at all times.
- Regular cleaning (including dusting, vacuuming, mopping and use of environmentally safe household cleaners) is important to remove household dirt and debris that mold feeds on. Thoroughly dry any spills on carpeting.
- Periodically clean and dry the walls and floors around the sink, bathtub, shower, toilets, windows and patio doors using a common household disinfecting cleaner.
- Regularly, wipe down and dry areas where moisture sometimes accumulates, like countertops, windows and windowsills.
- Use any preinstalled bathroom fan when bathing or showering and allow the fan to run until all excess moisture has vented from the bathroom.
- Use the exhaust fans in your kitchen when cooking or while the dishwasher is running, and allow the fan to run until all excess moisture has vented from the kitchen.
- Limit houseplants to keep the moisture level in your Unit at a minimum.
- Ensure that your clothes dryer vent is properly connected and clean the lint screen after every use.
- When washing clothes in warm or hot water, make sure condensation does not build up within the washer and dryer closet; if condensation does accumulate, dry with a fan or towel.
- If you live in a humid climate, a small dehumidifier will help regulate humidity levels in your Unit and create a more comfortable environment.
- Do not overfill closets or storage areas.
- Do not allow damp or moist stack of clothes or other cloth or paper materials to lie in piles for an extended period of time. Let us know immediately if you spot any of the following:
  - Evidence of a water leak or excessive moisture in your Unit, storage room, garage, or any common area.
  - Evidence of mold or mildew-like growth that cannot be removed by simply applying a common household cleaner and wiping the area.
  - Mold or mildew that reappears despite regular cleaning.
  - A failure or malfunction with your heating, ventilation or air-conditioning system. Do not close or cover any of the heating, ventilation or air-conditioning ducts in your Unit.
  - Inoperable windows or doors.

Community Recreational Amenities

We offer a wide variety of recreational amenities at our Communities. Below are general policies with respect to these amenities. Some of the following may not apply to your Community, so only read those sections that relate to the amenities available at your Community. If you are not sure what those are, please contact the Community Office.

Amenities may change during your time with us, and, at any time, we may need to change our Policies and House Rules. This means we reserve the right, at our sole discretion, without prior notice, to change the hours of such facilities or to discontinue the Resident's use of all such facilities. Any such changes or termination of such facilities shall in no way serve to lessen the Resident's obligation under the rental agreement or lease, including the amount of the monthly rent, nor will this serve as a basis for a Resident's early termination of a lease.

Use of all recreational amenities are at your own risk. Please make sure you know and understand how to operate all equipment before using it. If you do not feel comfortable with how to operate something, please look it up. Also, be courteous of your neighbors. If someone is waiting, please limit use to 30 minutes, this applies to all recreational amenities. And while we generally allow each household to bring two guests into our various community recreational areas, we may limit guest access at any time to ensure the facilities are available to our residents. Please be advised that our recreational amenities are not supervised; use of the amenities is at your own risk. To keep everyone safe, a responsible adult (that means they are paying attention to the people they are with) must accompany persons under the age of 14 when using any of the pool, fitness center or spa facilities at your Community.

Business Center

Certain Communities have been equipped with business centers for use of their Residents.

- Business center hours are as posted and subject to change.

- No food or beverages are allowed in the business center.
- Please treat the equipment correctly. If assistance is needed regarding operation or for repairs, contact the Community Office.

With respect to our computers:

- Keep it clean. Do not access icons, system files, chat rooms, newsgroups, list servers or bookmarks, access or print pornographic material, violate copyright laws or otherwise use the intellectual property of others without permission or download to disks or other storage or personal devices.
- We do not have any responsibility to monitor or prevent access to any sites that may be objectionable, and we cannot and do not guarantee that any material available on any computer or any Internet site is current, accurate, inoffensive or suited to any particular user's purpose. We are not responsible or liable for any damages sustained by you or your guests or others with respect to the use of the center/area, or any computer located in the center/area.
- All Residents must have on proper attire at all times when using the center. That means shirt and shoes, no swimming attire, etc.
- Please do not unplug, switch or tamper with any of the cables or computer equipment.

Fitness Center

Some Communities provide a fitness center.

The Community fitness center is reserved for the use of our residents and their guests (but only so long as guest use doesn't interfere with use of other residents). If it gets crowded, we may ask guests to leave (at our discretion). Guests may be required to be registered at the Community Office prior to their use of the facilities and sign a waiver.

Hours of operation are posted at the facility and/or the Community Office.

We shall not be held liable for any damages or personal injuries sustained by residents and guests in the use of the fitness center equipment. If you are unfamiliar with the equipment, please refrain from using it until you have received proper instruction. Residents with heart or similar conditions are advised not to use the equipment without first consulting their physician. Shirts and shoes are required. Food, glass and alcoholic beverages are not permitted.

Swimming Pools/Spas

Some of our communities offer a pool, spa or hot tub for your enjoyment. Pool hours are posted at the Community. Please be advised that the pool may be closed occasionally for your safety, due to severe weather or chemical treatments beyond those that are done on a daily basis. Also, the heating of pools may vary from community to community and seasonally as well.

For your enjoyment and everyone's safety, we enforce the following policies and rules:

- No diving allowed.
- We reserve the right to regulate the use of the pool.
- **A lifeguard is not provided. Swim at your own risk.**
- Residents in the pool area may be required to show identification.
- A resident must accompany guests. Also, we may require guests to be registered with the Community Office.
- Swimmers must wear bathing suits or trunks. Cut-offs and street clothes are not permitted. Swimmers wearing attire deemed offensive by Management may be asked to leave the pool area.
- Chairs, tables, umbrellas and other pool accessories provided by us are for safety and comfort. Please do not remove them from the pool area.
- To keep the pool operating properly, no foreign objects such as pool furniture, plastic cups or liquids are to be put in the pool or spa.
- Please remove barrettes, hairpins and jewelry to prevent their loss or damage to the pool equipment.
- Rafts, floats, inner tubes, etc., may not be permitted in pool at Management's discretion. Safety equipment, such as swim vests and floaties, are always allowed.

- Glass containers and alcoholic beverages are not permitted in or around the pool area. If you see broken glass, let us know immediately.
- Diapers may not be worn in the pool.
- If you're not feeling well, do not use the pool and spa. That means that if you have diarrhea, steer clear. Once you are feeling better, however, come back and enjoy the water.
- Bicycles, roller skates and skateboards are prohibited in the pool area.
- Don't tamper with the gates, latches or pool fences. Please report broken gate latches to the Community Office.
- Animals are prohibited in the pool area unless they are required to be there in order to assist a person with a disability.
- Be considerate of others, and keep all volumes (music, voices, etc.) at a level that won't bother other people in the pool area.
- We are not responsible for accidents in the pool or pool area. Please become familiar with the location of the emergency phone and safety equipment.

Additional Cautions Regarding Spas

For your own protection, we suggest you observe a 10-minute time limit when in the spa. Anyone pregnant or who has a medical condition should check with their doctor before using any outdoor spa.

We need to be very clear that you should not, under any circumstances, put soap in the spa. It can clog the filters and make the spa unusable for several days, and violators will end up paying the repair bill.

Please familiarize yourself with the location of the emergency shut-off button, in case an emergency occurs.

Laundry Rooms

Laundry rooms are common areas, so please be advised that we aren't responsible for damages or loss of clothing and personal items from the laundry rooms.

Some laundry room guidelines:

- Don't sit or stand on the worktable(s). They are designed for laundry folding and sorting.
- Don't overload the machines – they won't work well, and could break down.
- Please make sure to empty your pockets before washing your clothes.
- Promptly remove clothes at the end of the cycle. Otherwise, someone else may do it for you and your Spiderman underwear will be the talk of the community.
- When a machine isn't working, please call the phone number listed on the laundry room wall and inform the representative of the machine number. Please notify the Community Office if the problem persists.

Community Barbecue Grills

Some Communities have common area grills for your use and enjoyment. If you use these facilities, please clean up after yourself. Some communities require the barbecues to be reserved, especially those that require a propane tank – please check with the Community Office.

Exercise extreme caution disposing of coals, and don't dispose of them in landscaped areas. Instead, wait 24 hours for the coals to completely cool and then put them in a garbage receptacle.

Play Areas

- Residents of all ages are prohibited from playing on stairs, in trash receptacle areas, and laundry rooms or in any potentially dangerous area.
- Please do not mark, write, or paint on buildings, walls, sidewalks or landscaped areas.
- Adults are responsible for the behavior of children.
- **Finally, but most importantly, all residents should use caution when driving throughout the Community. Watch closely for younger residents and their guests at play.**

Tennis, Basketball, Racquetball and Other Sport Courts

At Communities where these courts are available, the hours of operation are posted. These rules apply to all courts.

- Community Management reserves the right to regulate the use of all courts. Courts are available on a first-come, first-serve basis.
- Only athletic shoes may be worn on courts.
- Residents must accompany their guests in or around court areas.
- Residents in court areas may be asked to show identification.
- Glass containers and food are not permitted in or around the court areas.
- Don't tamper with court gates, latches, fences, nets, lights or equipment.
- Keep music and noise at a level that only you and your guests can enjoy.
- We are not responsible for accidents or injury.

Roof Decks/Mezzanines

At Communities where these amenities are available, the hours of operation may be limited. These rules apply to all roof decks/mezzanines.

- Community Management reserves the right to regulate the use of all roof decks/mezzanines.
- Residents must accompany their guests in or around roof decks/mezzanines areas.
- We are not responsible for accidents or injury.
- Roof decks/mezzanines may be available for rental. Please contact the Community Office for details.

Parking

Parking availability varies from community to community; however, the following applies to all of our Communities. For additional information regarding parking, please review applicable addenda to your lease. It is really important you read and follow the parking addendum or else your car could be towed at your cost, especially if a parking permit needs to be displayed and you fail to do so.

- We need to keep things safe, so no double parking, parking in red curb areas or blocking of pedestrian ramps or dumpsters. Generally, tandem parking is the exception, not the rule, and is only permissible at those Communities where it is specifically authorized. Please check with the Community Office and follow signs with respect to parking at your Community.
- Handicapped spaces are not assigned to specific Residents, and are available to vehicles bearing handicapped identification. The Police Department will assess steep fines for vehicles violating laws relating to dedicated handicapped spaces.
- Obey all parking signs, speed limits, directional instructions or other posted instructions. Any person driving or moving a vehicle on the premises must hold a current, valid driver's license.
- Residents are responsible for any vehicles belonging to guests, employees or invitees. We make no guarantees as to the availability of unassigned or visitor parking.
- To the extent parking is assigned at your Community, we reserve the right in our sole discretion to change your assigned space at any time and from time to time upon prior written notice.
- We are not responsible for any damage, vandalism or loss that occurs on the grounds. All parking is at the driver's own risk.
- The speed limit at the Community is 5 miles per hour.
- Car washing and performing vehicle maintenance is not permitted on the Community or with Community utilities unless a designated car washing area is provided.
- No motorized vehicle will be operated on sidewalks, walkways or any pedestrian area (unless, of course it is an assistance device for someone with mobility impairment).

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- Storing motorized vehicles in backyards, inside Units, or on patios or balconies is not allowed.
- Racing, gunning motors, squealing tires and loud radio playing in vehicles are not allowed.
- Current and updated license tags are required at all times.
- Resident shall obtain parking authorization for each vehicle that it owns and intends to park on the Community.
- Vehicles that do not have current parking authorization may be subject to towing at the vehicle owner's expense if they appear to be: (a) inoperable; (b) abandoned; or (c) not owned by a current Resident.
- Automobiles will be deemed inoperable or abandoned if any one of the following occurs:
- 1) The automobile is not currently registered as evidenced by a license plate sticker or registration
- 2) The vehicle remains in the same parking space for more than two (2) weeks, or;
- 3) The physical condition of the automobile would render it inoperable (e.g. multiple flat tires, etc.).
- Vehicles that do not have current parking authorization will be determined to be not owned by a current Resident.
- Parking violations may be dealt with by towing, loss of parking privileges on the Community or possibly eviction, at our discretion.

Campers, trailers, trucks, boats and recreational vehicles are prohibited without prior written authorization. Don't park them in areas reserved for cars.

Garages

If garages are available at your Community, you may inquire at the Community Office about leasing one. Additional rent is often required to lease a garage, and there's a security deposit for a garage door opener (the security deposit is refunded upon return of the garage door opener).

Additional monthly rent and security deposits do not limit your liability for property damages, cleaning replacements, or personal injury.

If you use a garage, here are some basic guidelines and rules:

- Garages are for vehicle parking only. Storing of personal items other than vehicles, or any flammable liquids in your garage is prohibited.

Electronic Vehicle Charging Stations

At some Communities we have electric vehicle charging stations (EVCS) available for use by our Residents. You may only park in the space designated for using the EVCS while actually charging your vehicle (your electric vehicle). If you are parking there when not charging your car, you may be towed (and the expense for towing is on you). You also need to pay for the use of the EVCS. Only charge your vehicles at charging stations where available.

Use of the EVCS is subject to Community rules, regulations, posted signage and other instructions made available to you by us.

The EVCS is provided to Resident in its "AS-IS," "WHERE-IS" and "WITH ALL DEFECTS" condition. We expressly disclaim all warranties or representations of any kind, whether express or implied, including, but not limited to, the implied warranties of merchantability, suitability and fitness for a particular purpose. Landlord makes no warranties or representations that the EVCS will act in any particular way, meet any requirements or expectations or that the use of the EVCS will be uninterrupted, timely, secure or error-free.

To the greatest extent allowed by law, by using an EVCS, you assume all risk of harm, release and waive all claims against us from and against all claims relating to the EVCS by you whether the use is authorized or unauthorized, even if caused by the negligence of us.

Pursuant to California Civil Code §1947.6 we will approve written requests of Residents to install, at your cost, an EVCS at a parking space allotted to you under certain circumstances in California. If you'd like to know more, please contact the Community Office.

Bicycles

Please store bicycles inside your Unit, enclosed patio, balcony storage areas, or bicycle storage area if provided. Do not store bicycles under stairways. We are not responsible for lost or stolen bicycles.

If a Bike Room is available at your Community, use of the Bike room is at your own risk. We are not responsible for lost or stolen bicycles stored here either. It is your responsibility to secure bikes with your own lock. Also, do not let anyone else into the bike room, and make sure the door is secured upon leaving.

For your safety, wear a bicycle helmet. Bicyclists should always yield to pedestrians.

Safety Guidance

Your personal security, and that of your family and guests, is up to you. Regularly taking common-sense precautions can help you develop the awareness you need to protect yourself, your family and friends, as well as your personal property. We encourage you to consistently follow the guidelines listed below.

When you are at home:

- Lock your doors and windows.
- Use your deadbolt or night latch.
- Never answer your door unless you know who is there. Use the peephole or window to confirm who is on the other side.
- If you are worried because you have lost a key, contact the Community Office to have the locks changed. While there is a charge to change the lock, it's better to be safe than sorry.
- Keep emergency telephone numbers (police, fire and emergency medical) near the telephone.
- If you have broken locks, latches, doors, windows or smoke detectors, contact the Community Office immediately with a repair request.
- Let the Community Office and trusted neighbors know if you are going to be gone for an extended period of time. While neither can assume responsibility if a problem occurs, their increased awareness may play a role in prevention.

When you are away from your Unit:

- Lock your doors and remember to use the deadbolts.
- Immediately report malfunctioning gate locks, or dark stairwells and parking areas.
- Close and lock your windows and sliding patio or balcony doors.
- Don't hide your front door key under the doormat.
- If you have an entry code, don't give it to anyone.

When you are driving and parking your car:

- Lock your car doors and never leave your parked car until the doors are locked and the windows are completely rolled up.
- Don't leave garage remotes, gate fobs or your keys in the car.
- Don't leave valuables in your car.
- Check the back seat before you get into the car.

Solicitation

Solicitation is prohibited in the Community. Except as prohibited by applicable law, soliciting of any kind by Resident, Resident's guests or Resident's invitees is a material violation of this Agreement. If Resident is contacted by a solicitor, even if that person resides at the Community, please contact Landlord immediately.

Access Gates

Some Communities are furnished with electronically controlled access gates.

Access gates are designed to open with an access gate card or remote control device. The Community Office will provide you with a card or remote, and will demonstrate how to use it to open the access gate. If you lose an access device, you will need to pay the cost to replace it.

Do NOT try to follow someone else through the gate. The gates are timed for one vehicle only and the gate may close on you or your vehicle if you try follow the car in front of you. Trust us: Waiting the few extra seconds to open the gate with your own access device takes a lot less time (and money) than repairing your car after a gate closes on it. Although the access gates contribute to the peace of mind of our residents, they are not security and, the presence of the gates does not guarantee that crime can or will be prevented. In particular, please be aware that non-residents may attempt entry by closely following a resident who is entering the Community. In addition to allowing unauthorized visitors entry to the Community, this practice can damage the trailing vehicle and compromise the function of the access gate.

Because We Care, Please Remember...

A fail-safe system or device just doesn't exist. Safety devices such as alarm systems, courtesy patrols, patrol cars, and access gates are not guarantees against crime. All systems are subject to personnel absenteeism, human error, mechanical malfunctions and tampering.

In the end, your safety is your business, and we urge you to plan and take action as if safety systems and devices didn't exist. Don't depend on outside systems for security – the best safety measures you can take are the common-sense ones you carry out yourself.

Leaving Us?

If your needs change and you need to relocate, please let us help you find another Community. We have quite a lot of options and will make it easy for you. Speaking of easy, here are some guidelines for you to make the process of leaving your current Community as easy as possible.

Let Us Know

As stated in your lease, you need to let us know, in writing, at least 30 days in advance of your anticipated departure date.

Preparing for Your Move-Out

We want your last few days with us to be as smooth as possible. We ask that you return your Unit to us at the same level of cleanliness as it was when you moved in. That said, here are some helpful tips;

- Cleaning includes flooring, too! It was new or freshly steam-cleaned when you moved in so make sure to give it a good vacuum and wipe-down. If you don't want to hassle with scheduling a company to steam-clean your carpets before you move out, check with the Community Office for pricing of a professional carpet clean. We can simply deduct this amount from your deposit (or send you a bill) for this as well.

Take a look at our cleaning checklist to make sure you have everything covered.

- Your Community Office can provide pricing for a professional cleaner which can be deducted from your security deposit or billed to you upon move out.
- Remember to let the post office know you're moving. Visit www.usps.com for more details.
- Although you have told us you are moving, it is not official until you return all keys to us. You can return your keys to the Community Office during business hours or after business hours at properties offering after-hours drop box. Please place them in an envelope labeled with your name and unit number.

Cleaning and Repairs

The following are our internal guidelines and estimates regarding the costs for cleaning and any necessary repairs. We will evaluate each Unit on a case-by-case basis, but this will give you some idea of what to expect if you are not able to return the Unit to us in the same condition you received it (reasonable wear and tear excepted, of course).

If, prior to moving out, you're unable to clean the Unit to the same level of cleanliness as received and leave it in the condition presented on move-in (normal wear and tear excepted), or if additional service is required or items missing or damaged to the point that they must be replaced when you move out, you will be charged for the current cost to repair, clean and/or replace, including labor and service charges. If your security deposit is insufficient to cover the charges, the amount will be billed to you directly.

Moving can be stressful and hectic, so we've provided a list of areas you should clean before departing. Although this is not a complete list, we hope it will help maximize the amount of your returned security deposit.

Tub, showers and toilet: A tub cleaner should work on most dirt, stains and mildew, as well as rings, bottle marks and soap buildup. A non-abrasive cleanser and scrub brush can tackle heavier dirt. Make sure the shower doors and soap dishes are clean as well. Both the interior and exterior of your toilet should be clean, with no marks or discoloration.

Countertop, mirror, sinks and faucets: Ensure these surfaces are free of water spots, rings, smears, residue or dirt.

Stove: Clean under the stovetop and drip pans, which you can lift out by pulling on the burner (please make sure the stove top and oven are cool first). See if the oven door and top are harboring burnt-on food. Check the exhaust fan above the oven for grease, too.

Microwave: Look under the glass plate for food particles or drips. The interior and door need to be free of stuck-on food, drips, splatters and discolorations.

Refrigerator and dishwasher: Clean any stains or spills from both the interior and exterior of your dishwasher and refrigerator. You may need to remove the refrigerator shelves/drawers and clean separately.

Washer/Dryer: Check the interior and detergent/bleach reservoir for any detergent stains. Your dryer may be dusty, so clean out the interior and lint trap.

Garage, carport, storage closet and patio: Complete sweep and clean. We will need an estimate from our cleaners for any heavy stains or discoloration.

Walls: Remove all screws and nails, and carefully fill the holes with spackle. You can clean most scuffs with a melamine sponge. If spot-painting is not sufficient to restore the condition of the walls, we may need to charge you for a full repaint (prorated based on an amortized period of 3 years).

Floors: All flooring should be free of any spots, stains or fraying not noted on your move-in inspection. Please note that dirty flooring is not considered normal wear and tear. We do not recommend using your own carpet cleaning machine, which can cause damage by oversaturating the carpet and leaving detergent residue behind. An ideal option is to contact us and arrange a carpet clean with our contracted carpet cleaning provider. We'll deduct the fee from your deposit and save you the hassle.

- Clean any drawers and closets and remove all liners.
- Dust all the ceiling fixtures, including ceiling fans - they can harbor a lot of dirt.
- Clean windows, sills and blinds.
- Clean all door knobs and doors, including your front and patio doors.
- Clean all light switches and outlets.
- Replace any burned out lightbulbs.
- Vacuum the exterior of exhaust fans, air ducts and air returns if they are dusty.

We strongly suggest that you request a pre-move-out inspection and be present for the move-out inspection, which are your opportunities to review the condition of the Unit and any charges with us.

Cleaning and Repair Estimates

Please keep in mind that these are estimates only and that every case is different. If we do have to assess charges, you will be charged the actual cost of repairs; the following prices are estimates only. If we incur a higher cost for replacing an item, you will be responsible for paying the higher cost. Please note that this is not an all-inclusive list, and you may be charged for the replacement of items not on the list. Unless otherwise indicated, costs are per item.

Unit clean Carpet clean † Painting by vendor Painting by Essex

	Unit clean	Carpet clean†	Painting by vendor	Painting by Essex
Studio	$110-$150	$60-$120	$110-$535	$16-$35/hr
1-bdrm	$110-$270	$60-$150	$120-$1250	$16-$35/hr
2-bdrm	$120-$310	$70-$200	$170-$1740	$16-$35/hr
3-bdrm	$140-$360	$75-$250	$219-$1975	$16-$35/hr

Patio Glass Door	$150-$800**
Countertop Refinishing	$200-$500**
Doors	$40-$375
Garage Door	$200-$500
Window Glass	$75-$300**
Drip Pan Ring	$2-$10
Door Lock Set	$35-$80
Garage Cleaning	$50-$100
Patio Screen	$35-$75
Key/Opener	$25-$150***
Light Fixture	$75-$100

Haul Trash	$16-$35/hr
Window Screen	$15-$25
Broiler Pan Set	$35
Fumigation	$50-$100
Wood Floor Slats	$10.75 sqft**
Mini Blinds	$5-$76
Refrigerator Shelf	$25-$40
Shower Rod	$5-$20
Vertical Blinds	$25-$60
Ice Tray	$2-$10
Shower Door	$150-$350

Vertical Blind Cleaning	$30 each
Tile	$5-$10
Towel Rack	$10-$20
Lightbulb	$2-$25
Contact Paper Removal	$16-$35/hr
Mirror	$50-$350
Fire Extinguisher	$50-$75
Smoke Detector	$35
Ceiling Fan	$75-$100

****Specialty items exceed replacement costs estimates.**

*****Refer to Access Cards, Keys, Remotes, Directories, and Lock Out Policy Addendum and/or SmartRent Addendum for details.**

General Labor/Cleaning:

General cleaning and other services will be assessed at $16-$35 per hour, including but not limited to labor for trash removal, washing of walls, doors, doorframes, switch plates, shelving, heat registers, removing contact paper, cork, mirrors, hooks, wallpaper and any other

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miscellaneous cleaning or repair services, other than that required to remedy damage caused by ordinary wear and tear.

Damages or cleaning due to smoke from any source, including cigarettes, shall not be considered normal wear and tear. If damages and cleaning are necessary due to smoke, you are responsible for charges including sealing of walls or floors and extra cleaning and painting.

Carpet and Vinyl Flooring

Carpet and vinyl flooring are expected to last for 5 years. If we determine that it is necessary to repair or replace the carpet or vinyl flooring at the end of your tenancy, other than to remedy ordinary wear and tear, you will be charged the cost of repair or replacement. Due to the inability to color match new and existing carpeting and vinyl flooring, it is often necessary to replace throughout the Unit even if stains or other defective conditions are not present in every room, and you will be responsible for payment of the cost of the entire replacement, less any depreciation.

6 months	90% of cost	30 months	50% of cost	54 months	10% of cost
12 months	80% of cost	36 months	40% of cost	60 months	0% of cost
18 months	70% of cost	42 months	30% of cost		
24 months	60% of cost	48 months	20% of cost		

Pet Damage

If we detect possible pet urine in your Unit, charges may be incurred for pet urine detection, which typically ranges from

$50-$100 per Unit as well as subfloor sealing, which typically ranges from $50 to $350 depending on the size of the Unit and the areas to be sealed.

Paint

Paint is expected to last for 3 years. If we determine it is reasonably necessary to paint all or part of the rental premises at the end of your tenancy, other than to remedy ordinary wear and tear, you will be charged the cost, based upon your length of residency.

Acknowledgement

As stated at the outset, the policies and house rules outlined above in the Community Handbook are terms of your Lease and will be enforced as such. By signing below, you acknowledge that you have received and read the Handbook and you agree to comply with all of the policies and house rules contained within it.

NOTE: This acknowledgement becomes part of your Lease. This is a binding Legal Document. Read it carefully before signing.

RESIDENT:

[redacted] 01 / 23 / 2025

Yasmin Fugioka Date

Leandro jr Messias da Cunha Date

LANDLORD:
Essex Management Corporation, a California Corporation, as Agent for Owner

By:

Print Name: Title: Community Manager Date

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PARKING AGREEMENT

This Parking Agreement ("Agreement") is entered into on 01/23/2025 by and between Essex Management Corporation, a California Corporation, as agent for Owner of the Community ("Landlord"), and Yasmin Fugioka, Leandro jr Messias da Cunha (individually and collectively referred to herein as "Resident"). Resident has rented from Landlord the premises located at 2601 Hilltop Drive, Apt. #0138, Richmond, CA 94806 ("Premises" or "Unit") within the community commonly known as San Marcos (the "Community" or "Property") pursuant to the lease agreement dated 2/1/2025 (the "Lease"). Landlord and Resident agree as follows:

1. Resident hereby acknowledges that this Agreement is separate from, and independent of, the Lease and does not constitute a housing service offered to Resident pursuant to the Lease.

2. Resident must be a current tenant in material compliance with Resident's Lease including, but not limited to, current on all amounts due and payable under the Lease in order to enter into this Agreement and continue to use Resident's Parking Space. If Resident(s)'s tenancy at the Property ends for any reason, Resident(s) and Landlord agree to mutually terminate this Parking Agreement as of the date of the agreed-upon, court-ordered, or noticed termination of the tenancy. If Resident is not in material compliance with Resident's Lease and/or this Agreement, Resident acknowledges and agrees that Landlord may withdraw Resident's permission to utilize the Parking Space until such time that Resident cures the breach of Resident's Lease and/or this Agreement ("Suspension Period").

3. Resident acknowledges the accuracy of the information provided below and agrees not to have any vehicles on the Property other than those below. Resident shall notify Landlord within three calendar days of any changes to the below information.

VEHICLE #1 INFORMATION					
EFFECTIVE DATE 02/01/2025	**END DATE**	**MAKE** Toyota	**MODEL** Corolla	**YEAR** 2016	**COLOR** Grey
PLATE 8SAZ788	**STATE** CA	**PARKING PERMIT #** None	**PARKING SPACE TYPE** Unassigned Uncovered	**PARKING SPACE #**	**PARKING FEE PER MONTH** 50.00
VEHICLE #2 INFORMATION					
EFFECTIVE DATE 02/01/2025	**END DATE**	**MAKE** Kia	**MODEL** Optima	**YEAR** 2015	**COLOR** white
PLATE 8SEZ780	**STATE** None	**PARKING PERMIT #** None	**PARKING SPACE TYPE** Assigned Covered	**PARKING SPACE #**	**PARKING FEE PER MONTH** 0.00
VEHICLE #3 INFORMATION					
EFFECTIVE DATE	**END DATE**	**MAKE**	**MODEL**	**YEAR**	**COLOR**
PLATE	**STATE**	**PARKING PERMIT #**	**PARKING SPACE TYPE**	**PARKING SPACE #**	**PARKING FEE PER MONTH**
VEHICLE #4 INFORMATION					
EFFECTIVE DATE	**END DATE**	**MAKE**	**MODEL**	**YEAR**	**COLOR**
PLATE	**STATE**	**PARKING PERMIT #**	**PARKING SPACE TYPE**	**PARKING SPACE #**	**PARKING FEE PER MONTH**
VEHICLE #5 INFORMATION					
EFFECTIVE DATE	**END DATE**	**MAKE**	**MODEL**	**YEAR**	**COLOR**
PLATE	**STATE**	**PARKING PERMIT #**	**PARKING SPACE TYPE**	**PARKING SPACE #**	**PARKING FEE PER MONTH**

4. Resident shall pay, per month, the sum total of all amounts listed in the above table under "PARKING FEE PER MONTH" ("Parking Fee") for use of the Garage, Carport, or Parking Space(s) (collectively "Parking Space") ("Parking Fee"). The Parking Fee shall be paid in full, in advance, on or before the first day of each month under the same terms and conditions for the payment of Rent set forth in the Lease.

5. For each vehicle identified in the chart in Paragraph 3, Resident is permitted to utilize the Parking Space on the Effective Date listed for such vehicle and shall continue from the first day of the month immediately following on a month-to-month basis until terminated, excepting any Suspension Period. If the Suspension Period exceeds three consecutive months, this Agreement shall terminate and the Parking Space will be released.

6. Resident acknowledges that all charges incurred under this Agreement, changes to this Agreement, increases or reduction in services or fees related to this Agreement are separate from the Lease; however, for the sole convenience of Resident, and not to reduce any rights of Landlord under this Agreement, Resident may make payments owed under this Agreement concurrently or

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combined with rental payments for the above-referenced Premises as defined in the Lease.

7. Landlord and Resident agree that the actual cost to Landlord when Resident pays by a check which is subsequently dishonored by the bank is difficult or impossible to ascertain, but the Parties agree that Landlord does, in the event of a dishonored check, incur certain costs, such as additional bookkeeping and administrative charges, bank charges, lost opportunity cost of the late payment, etc. The Parties accordingly agree that, any time the Landlord does not receive payment due to Resident's check being dishonored, or returned for Non-Sufficient Funds (NSF), Resident agrees to pay a charge of **$25** for the first dishonored check and **$35** for any subsequent dishonored check. Both parties agree that the payment of these sums does not constitute a license to pay by dishonored check.

8. If a parking permit is required and it was lost or stolen, contact SanMarcos@essex.com for the replacement cost. Temporary permits will NOT be issued. The lost and/or stolen permit must be returned to a Community employee if found. The lost and/or stolen permit number will be invalid and any vehicle displaying it subject to tow.

9. The Parking Space shall be for the use of Resident's vehicle(s) only. No subleasing, assignment, or licensing of space allowed.

10. Resident accepts the Parking Space as being in good condition and will pay Landlord for repairs, cleaning, and removal of refuse necessary due to negligence or misuse while under Resident's control. At the termination of this Agreement, the Parking Space will be left free of any debris, broom swept, and undamaged. Resident is responsible for the costs of repair for all damage to the Parking Space caused during the term of this Agreement.

11. No improvements or alterations shall be made without the prior written consent of Landlord and Resident agrees to protect the walls and all fixtures, and not to place any nails, screws or books upon the doors, floors or garage walls. No other locks, keys or security devices may be added to the garage

12. The Parking Space shall not be used for storage of goods. At no time may Resident maintain within the garage any article dangerous or detrimental to life of the health of the occupants of the Community, nor may there be stored, kept or handled any straw excelsior, cotton, paper stock, rags, junk or any other flammable material that may create a fire hazard. The use of any electrical equipment inside any garage/carport/parking area is strictly prohibited.

13. Resident hereby agrees to comply with all rules and regulations issued by Landlord whether posted at the Premises, contained in the Community Handbook or set forth in the Lease for the Premises or otherwise issued by Landlord. Resident acknowledges that the failure to do so may result in the towing of the offending vehicle at the vehicle owner's sole cost and expense and also is a material breach of the Lease, which may lead to the termination of Resident's tenancy. The parties hereto agree that Landlord may modify or change any parking rules or regulations at any time upon ten (10) days' written notice.

14. Landlord does not provide any insurance insuring Resident's vehicle or other personal belongings. Landlord has no liability whatsoever for loss or damage to the Resident's property, whether by fire, theft, vandalism, mysterious disappearance or otherwise while any vehicles are stored within the Parking Space.

15. **Resident will indemnify, hold harmless, and defend Landlord from all claims, demands, actions or causes of action that are hereinafter made or brought about by others as a result of, or arising out of, Resident's use of the Parking Space.**

16. Any stored vehicles or other items shall be deemed abandoned if not removed within ten (10) days after termination of this Agreement. Upon such abandonment, Landlord may tow vehicle or have it removed at Resident's sole expense. Any personal property left will be disposed of in accordance with applicable law.

17. If this Agreement provides for the assignment of a specific assigned Parking Space, then Landlord shall have the right to reassign the specific space for another assigned space upon ten (10) days' written notice to Resident.

18. If any provision of this Agreement is invalid or unenforceable under applicable law, such provision shall be ineffective to the extent of such invalidity or unenforceability only without invalidating or otherwise affecting the remainder of this Agreement. Except as specifically stated herein, all other terms and conditions of the Lease shall remain unchanged. In the event of any conflict between the terms of this Agreement and the terms of the Lease, the terms of this Agreement shall control.

RESIDENT:

[redacted] 01 / 23 / 2025

Yasmin Fugioka Date

Leandro jr Messias da Cunha Date

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LANDLORD:
Essex Management Corporation, a California Corporation, as Agent for Owner

By: _____
Print Name: Title: Community Manager Date

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RENT CONCESSION AGREEMENT

Resident Name: Yasmin Fugioka, Leandro jr Messias da Cunha

Unit #010138
Address: 2601 Hilltop Drive, Apt. #0138, Richmond, CA 94806

Concession Details:
Application fee reduction or waiver of $48

Total Concession Credit: $48

All terms not specifically defined herein shall have the same definition as found in the Lease. "One Time Only", "Resident Referral", "Application fee" and "Deposit Reduction or Waiver" concessions are not conditioned on future performance under Resident's Lease. For all other concessions, Resident acknowledges that the concession is offered in return for the Resident's execution of a fixed term lease concurrently with the execution of this Rent Concession Agreement/Receipt. Resident acknowledges that Resident was not required to enter into a fixed term lease and could have rented the Premises on a month-to-month basis. In exchange for the execution of the fixed term lease, and Resident remaining a Resident in good standing for the entire initial term of the lease, Landlord has provided the above concession. As such, in the event of default of any of the terms or conditions of the Lease, or any addenda, amendments or modifications of the Lease, either in the payment of rent or performance of any other condition, or if Resident vacates the Premises before the expiration of the initial rental term of the Lease, all concession credits must be immediately returned to Landlord in the form of rent immediately due and payable concurrently with the regular monthly rental payment then due. At the termination of the initial term of the lease, assuming all payments and obligations are satisfied, this Agreement shall terminate and Landlord will have no right to repayment of the Concession even if Resident defaults under future lease agreements or during any hold-over tenancy.

RESIDENT:

[redacted] 01 / 23 / 2025
Yasmin Fugioka Date

Leandro jr Messias da Cunha Date

LANDLORD:
Essex Management Corporation, a California Corporation, as Agent for Owner

By:
Print Name: Title: Community Manager Date

Doc ID: 9d6bda1682073962a4c81f3bde8c10bca272ba8e

RENTER'S INSURANCE ADDENDUM

This Renter's Insurance Requirement Addendum ("Addendum") dated 01/23/2025 is attached to and made a part of the lease agreement dated 2/1/2025 (the "Lease") by and between Essex Management Corporation, as agent for Owner of the Community ("Landlord"), and Yasmin Fugioka, Leandro jr Messias da Cunha (individually and collectively referred to herein as "Resident") for the rental of the premises located at 2601 Hilltop Drive, Apt. #0138, Richmond, CA 94806 ("Premises" or "Unit") within the community commonly known as San Marcos (the "Community" or "Property"). All terms not specifically defined in this Addendum shall have the same definition as found in the Lease. Landlord and Resident agree as follows:

1. Landlord does not insure Resident's personal property or liability. Property and liability insurance obtained by Landlord is not intended to protect against loss or damage (for example from burglary, vandalism, fire, smoke, or any other perils) to Resident's personal property. Similarly, if other persons, the Premises or Property are damaged because of the actions of Resident or Resident's guests, Resident is financially responsible for the damage.

2. Resident's purchase of Renters Insurance in the amount identified in paragraph 3 is required. Landlord has partnered with Get Covered to ensure compliance with this Addendum. Unless Renters Insurance is listed as encouraged above, Resident must go to Get Covered to submit evidence of a third party policy meeting the requirements of Paragraph 3, below, and/or receive information on how Resident can obtain Renters Insurance. Resident authorizes Landlord to provide information about Resident's tenancy including, but not limited to, Resident's name, email, address, lease start and lease end date to Get Covered. Resident acknowledges and agrees that Get Covered will provide information back to Landlord including, but not limited to, evidence relating to Resident's compliance with this Addendum.

3. Unless Renter's Insurance is listed as encouraged above, Resident's purchase of renter's insurance is mandatory and the following provisions will apply:

a. Throughout Resident's tenancy, Resident must maintain a renter's insurance policy, at no cost or expense to Landlord. The insurance policy must have personal liability coverage of at least the amount **$300,000** per occurrence.

b. The policy must include coverage for water damage resulting from or related to Resident's occupancy and/or use of the Premises (for example, due to a sink overflowing). Resident must provide evidence satisfactory to Landlord, pursuant to Paragraph 3(d), that Resident's policy covers water damage as required by this Paragraph.

c. The policy must be written for a term of at least one year, or the term of the lease, whichever is less. The policy must name Landlord as an "Interested Party" with the following contact information:

i. Address: Essex: PO Box 660121, Dallas, TX, 75266
ii. Email: Essex@policyverify.io

d. Before the beginning of Resident's tenancy, Resident must deliver to Get Covered certified copy of the insurance policy or certificates of insurance evidencing the existence and amounts of the required insurance. At least thirty (30) days before the expiration date of the policy, Resident must furnish to Get Covered evidence of renewal or "an insurance binder" evidencing renewal.

e. The insurance may be issued by any company of Resident's choosing, provided that the insurance company is licensed or admitted to transact business in in the state in which the Unit is located, and maintains during the policy term an AM Best rating of at least A-VII.

f. Resident may not do anything or allow any action that invalidates the policy.

g. Each Resident must maintain a Renters Insurance policy complying with this Paragraph 3; however, it shall be permissible for multiple Residents to maintain coverage under the same policy with the insurance policy or certificate of insurance naming each person as an Insured, or Additional Insured. Each Resident added to the Lease must deliver to Get Covered a certified copy of their insurance policy or certificate of insurance evidencing the existence and amounts of the required insurance at the time they are added to the Lease.

4. Resident may obtain a Renters Insurance policy through any insurance company, broker, or agent, so long as the insurance company and policy comply with Paragraph 3. Resident may also purchase a Renters Insurance Policy through Get Covered. Policies available through Get Covered are provided by QBE Insurance, an independent insurance agency. Landlord will benefit financially from Resident's purchase of a QBE Insurance policy by receiving a fee from Get Covered. Landlord is neither an agent nor broker of Resident. To repeat - Resident is not required to purchase a QBE Insurance policy through Get Covered. Resident is free to obtain Renters Insurance from any insurer meeting the requirements of Paragraph 3, above. Landlord and its agents and representatives are not insurance advisors, so Resident should seek the advice of an insurance professional regarding Resident's Renters Insurance options.

5. If Resident does not (1) submit proof of Resident's Renters Insurance policy that complies with the requirements in paragraph 3 to Get Covered OR (2) secure a Renters Insurance policy through Get Covered, Resident will be in breach of this Addendum and the Lease, and in addition to its other rights and remedies, Landlord will have the right, but not the obligation, to schedule the Unit for coverage under a Landlord Placed Tenant Liability Insurance Policy ("Master Policy").

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a. The Master Policy coverage is not personal liability insurance nor Renters Insurance. Landlord makes no warranty or representation that Master Policy covers the Resident's personal property (contents) or additional living expenses. Landlord is the named insured under the Master Policy. The Master Policy covers damage to the Unit and Property for which the Resident is legally liable. It does not protect Resident as if Resident had purchased personal liability or Renters Insurance from an insurance agent or insurance company.

b. Coverage under the Master Policy may be more expensive than the cost of required insurance available to the Resident from another provider. At any time, Resident may contact an agent of their choice for Renters Insurance options to provide the insurance required under this Addendum.

c. If Landlord schedules the Unit for coverage under the Master Policy, Resident shall pay a monthly fee of **$14.39** ("Admin Fee"), pro rated, representing the administrative costs associated with enrolling the Unit in a master insurance policy, managing the master policy program, collecting the Admin Fee from Resident, and the cost to Landlord for the Master Policy. Resident acknowledges that the Admin Fee is subject to change on thirty (30) days' notice. The Admin Fee is due with Resident's Monthly Base Rent, in advance, on or before the 1st of each month, paid in a method identified in the Lease.

d. **COVERAGE UNDER THE MASTER POLICY IS NOT MANDATORY AND NOT RECOMMENDED. IT IS HIGHLY RECOMMENDED THAT RESIDENT INSTEAD PURCHASE REQUIRED INSURANCE FROM AN INSURANCE AGENT OR INSURANCE COMPANY OF RESIDENT'S CHOICE, SO LONG AS THAT INSURANCE COVERAGE COMPLIES WITH PARAGRAPH 3. Upon Landlord's receipt of proof of Resident's insurance pursuant to paragraph 3 above, coverage under the Master Policy will be terminated. Landlord's election to enroll the Unit in the Master Policy will not be deemed a waiver or cure of Resident's breach under this Addendum. If Resident fails to obtain the required insurance, Resident is in breach of this Addendum and the Lease, and Landlord reserves all rights and remedies for that breach, including termination of Resident's tenancy, even if Landlord has purchased coverage for the Unit under the Master Policy.**

6. The existence of insurance does not absolve Resident of liability for damages or costs to the Unit and/or Property for which Resident is responsible pursuant to the Lease. In the event of such damage or costs, Resident is required to provide Landlord with copies of any other additional insurance policies, including, but not limited to, umbrella insurance policies, that may provide coverage for the damage. Resident remains fully, financially responsible for any loss or damage caused by Resident and Residents' guests.

7. If any provision of this Addendum or the Lease is invalid or unenforceable under applicable law, such provision shall be ineffective to the extent of such invalidity or unenforceability only, without invalidating or otherwise affecting the remainder of this Addendum or the Lease. Except as specifically stated herein, all other terms and conditions of the Lease shall remain unchanged. In the event of any conflict between the terms of this Addendum and the terms of the Lease, the terms of this Addendum shall control.

RESIDENT:

[redacted] 01 / 23 / 2025

Yasmin Fugioka Date

Leandro jr Messias da Cunha Date

LANDLORD:
Essex Management Corporation, a California Corporation, as Agent for Owner

By:

Print Name: Title: Community Manager Date

Doc ID: 9d6bda1682073962a4c81f3bde8c10bca272ba8e

SMARTRENT ADDENDUM

This SMARTRENT Addendum ("Addendum") is entered into on 01/23/2025 by and between Essex Management Corporation, a California Corporation of the Community ("Landlord"), and Yasmin Fugioka, Leandro jr Messias da Cunha (individually and collectively referred to herein as "Resident"). Resident has rented from the Landlord the premises located at 2601 Hilltop Drive, Apt. #0138, Richmond, CA 94806 ("Premises" or "Unit") within the community commonly known as San Marcos (the "Community" or "Property") pursuant to the lease agreement dated 2/1/2025 (the "Lease"). Landlord and Resident agree as follows:

1. Subject to Landlord's right to cancel or modify this Addendum at any time, Landlord may provide the following services and equipment: Smart Thermostat; Smart Door Lock; Smart Leak Detector; Smart Plug; and/or Smart Hub (collectively the "SmartRent Equipment").

2. Resident may purchase add-on items and equipment, as offered by SmartRent, at Resident's expense. This includes, but is not limited to, Smart Motion Sensors and Smart Light Bulbs. For any additional devices purchased, Resident is solely responsible for all associated costs, maintenance, and security. If Resident voluntarily elects to use such additional devices, Resident acknowledge the risks and accept responsibility of any costs incurred from installation or use of these devices. This includes any harms or limitations imposed on the functionality of the SmartRent Equipment provided by Landlord. Both during tenancy and after it has ended, any additional SmartRent purchases will be your exclusive property and responsibility.

3. Some features of SmartRent Equipment may be used only by downloading and using the **SmartRent** mobile application available for smartphones and smart devices via the Apple App Store for iOS devices and the Google Play Store for Android devices (the "**Mobile App**" and together with the SmartRent Equipment, "SmartRent"). Resident's use of the Mobile App is subject to all terms and conditions of the license agreement for the Mobile App. More information regarding the terms and conditions of the license agreement may be found on the corresponding Mobile App websites. Resident acknowledges and agrees that the Mobile App and the Mobile App websites are not owned, controlled, or managed by Landlord.

4. If Resident is locked out and/or experiencing technical problems regarding the Smart Door Lock, immediately contact SmartRent and its designated support service for assistance. SmartRent has a 24-hours a day, 365-days a year call center available for all lock issues, which may be contacted at (844) 479-1555. This telephone number may be updated by SmartRent from time to time. More information can be found on SmartRent's mobile application or website, https://smartrent.com/. Landlord may assist Resident with lockouts at cost for a fee. Landlord is not liable for technical difficulties associated with the SmartRent Equipment.

5. EXCEPT AS PROVIDED IN THIS ADDENDUM, RESIDENT UNDERSTANDS THAT THE SMARTRENT EQUIPMENT IS NOT SUPERVISED, INSPECTED, PATROLLED, OR MONITORED BY LANDLORD IN ANY WAY. LANDLORD MAKES NO REPRESENTATIONS, RECOMMENDATIONS, OR WARRANTIES REGARDING PROVIDERS OF SMARTRENT TO WHOM RESIDENT IS REFERRED BY LANDLORD. RESIDENT USE THE SMARTRENT EQUIPMENT AT RESIDENT'S OWN RISK. TO THE FULLEST EXTENT PERMITTED UNDER APPLICABLE LAW, LANDLORD IS NOT AND SHALL NOT BECOME LIABLE TO RESIDENT, AUTHORIZED OCCUPANTS, RESIDENT'S INVITEES, RESIDENT'S GUESTS OR OTHER OCCUPANTS OF THE PREMISES FOR ANY INJURY, DAMAGE OR LOSS WHICH IS CAUSED AS A RESULT OF ANY PROBLEM, BREACH, DEFECT, CORRUPTION, ATTACK, VIRUS, INTERFERENCE, HACKING, OR OTHER SECURITY INTRUSION, MALFUNCTION OR PERFORMANCE FAILURE OF THE SMARTRENT. LANDLORD OR ITS AGENT, CONTRACTORS, EMPLOYEES, OR REPRESENTATIVES SHALL NOT BE LIABLE IN ANY WAY FOR ANY DISRUPTION IN THE OPERATION OR PERFORMANCE OF SMARTRENT EQUIPMENT. RESIDENT HEREBY RELEASE LANDLORD AND ITS AGENTS, CONTRACTORS, EMPLOYEES, AND REPRESENTATIVES OF AND FROM ANY AND ALL LIABILITY IN CONNECTION WITH SMARTRENT. ANY OTHER PROVISION OF THIS ADDENDUM NOTWITHSTANDING, THE RESIDENT ACKNOWLEDGES AND AGREES THAT (A) NEITHER LANDLORD NOR ANY PARTY ON BEHALF OF LANDLORD IS MAKING ANY REPRESENTATIONS OR WARRANTIES WHATSOEVER, EXPRESS OR IMPLIED, BEYOND THOSE EXPRESSLY MADE BY LANDLORD AND RESIDENT IN THIS ADDENDUM, AND (B) THE RESIDENT HAS NOT BEEN INDUCED BY, OR RELIED UPON, ANY REPRESENTATIONS, WARRANTIES OR STATEMENTS (WRITTEN OR ORAL), WHETHER EXPRESS OR IMPLIED, MADE BY LANDLORD, THAT ARE NOT EXPRESSLY SET FORTH IN THIS ADDENDUM.

6. Resident understand that use of the SmartRent features may involve installation of certain equipment in the Premises, and/or providing certain equipment to Resident. Initial installation is performed with no cost to Resident. If Resident loses, damages, or destroys any of the SmartRent Equipment, Resident will be responsible for the full replacement and/or repair cost of such SmartRent Equipment, plus any applicable installation fees. Resident will surrender the SmartRent Equipment provided by Landlord at the end of the Lease term in as good condition as existed at the beginning of the Lease term, ordinary wear and tear excepted. Except as otherwise expressly provided herein, Resident will not make any alterations,additions, removals, repairs or improvements to Landlord's SmartRent Equipment without Landlord's prior written consent. If Resident suspects damage to any SmartRent Equipment, Resident must notify Landlord immediately. If Resident fails to promptly notify Landlord of any problem, failure, malfunction, defect or other issue with the SmartRent Equipment, then the SmartRent Equipment will be deemed to be in good condition and working order. Resident agrees not to unplug or otherwise remove or tamper with the SmartRent Equipment, including the Smart Hub. Resident acknowledges and agrees that unplugging the Smart Hub will compromise the SmartRent

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Equipment's connectivity, functionality and performance. In addition to any costs associated with the repair or replacement of damaged or lost SmartRent Equipment, Resident also agrees to reimburse Landlord for any costs incurred to plug in and reconnect SmartRent Equipment that has been unplugged or removed by Resident, Authorized Occupants, Resident's Guests, and/or Resident's invitees. Further, in the event that a third-party service provider or vendor assists in installing or activating the SmartRent Equipment and charges a fee for cancelling, rescheduling, or missing an appointment, then Resident is liable for the full amount of the fee. All SmartRent Equipment used in connection with SmartRent must be approved and/or installed by Landlord's maintenance employees or approved vendors.

7. LANDLORD MAKES NO REPRESENTATIONS OR WARRANTIES OF ANY KIND REGARDING SMARTRENT, EXPRESS OR IMPLIED (INCLUDING THOSE REFERRED TO IN THE UNIFORM COMMERCIAL CODE OR IN ANY STATUTE OR RULE OF LAW THAT CAN BE LIMITED OR WAIVED OR ANY REPRESENTATION OR WARRANTY THAT WOULD OTHERWISE BE APPLICABLE TO REAL PROPERTY), AND SMARTRENT SHALL BE DEEMED TO BE "AS IS, WHERE IS," AND IN ITS THEN PRESENT CONDITION, AND RESIDENT SHALL RELY UPON ITS OWN EXAMINATION THEREOF. IN ANY EVENT, LANDLORD MAKES NO WARRANTY OF MERCHANTABILITY, SUITABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR QUALITY WITH RESPECT TO ANY OF THE SMARTRENT EQUIPMENT, OR AS TO THE CONDITION OR WORKMANSHIP THEREOF OR THE ABSENCE OF ANY DEFECTS THEREIN, WHETHER LATENT OR PATENT.

8. If any provision of this Addendum is declared or found to be illegal, unenforceable, or void, in whole or in part, then the parties shall be relieved of all obligations arising under such provision, but only to the extent that it is illegal, unenforceable, or void, it being the intent and agreement of the parties that this Addendum shall be deemed amended by modifying such provision to the extent necessary to make it legal and enforceable while preserving its intent or, if that isnot possible, by substituting therefor another provision that is legal and enforceable and achieves the same objectives.

RESIDENT:

[redacted] 01 / 23 / 2025

Yasmin Fugioka Date

Leandro jr Messias da Cunha Date

LANDLORD:
Essex Management Corporation, a California Corporation, as Agent for Owner

By:

Print Name: Title: Community Manager Date

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UTILITIES ADDENDUM

This Utilities Addendum ("Utilities Addendum") dated 01/23/2025 is attached to and made a part of the lease agreement dated 2/1/2025 (the "Lease") by and between Essex Management Corporation, a California Corporation, as agent for Owner ("Landlord"), and Yasmin Fugioka, Leandro jr Messias da Cunha (individually and collectively referred to herein as "Resident") for the rental of the premises located at 2601 Hilltop Drive, Apt. #0138, Richmond, CA 94806 (the "Premises" or "Unit") within the community commonly known as San Marcos (the "Community" or "Property"). All terms not specifically defined herein shall have the same definition as found in the Lease. Resident and Landlord agree as follows:

1. **General:** Residents monthly rent under the Lease does not include charges for any utilities. Resident is responsible for the costs of all utilities identified on Exhibit A to this Utilities Addendum. Residents may be charged for utilities in two ways: Direct-Bill Utilities and Allocated Utilities.

2. **Direct-Bill Utilities:** For the "Direct-Bill Utilities" identified on Exhibit A, Resident is required to set up service with the utility provider and be billed directly from the utility provider as the Customer of Record. Service must be established as of the Lease start date in Resident's name by contracting directly with the utility provider and failure to do so may result in an interruption of services and is considered a material breach of the Lease. Landlord and Resident agree that if Resident fails to establish service in Resident's own name, Landlord or Billing Provider will incur certain costs (e.g., additional bookkeeping, administrative time, and lost opportunity costs) that will be difficult or impossible to ascertain. Landlord and Resident agree that the amount set forth in Exhibit A is a fair estimate of the damages Landlord will suffer as a result of Resident's failure. Resident must terminate Direct Billed Utility service provided in their name when Resident vacates the Premises.

3. **Allocated Utilities**

   a) The other utilities for which Resident is responsible are referred to herein as "Allocated Utilities." Resident agrees to pay to Landlord, as additional rent, all Allocated Utilities during the term of the Lease. For the Allocated Utilities, Resident shall pay a monthly amount stated in a separate bill ("Allocated Utility Bill") sent to Resident by Landlord or a third party billing service provider ("Billing Provider") for the Property. Payment of the Allocated Utility Bill is due as noted on each Allocated Utility Bill. Unless otherwise provided, Resident agrees to pay the Allocated Utility Bill monthly at the location identified on such Allocated Utility Bill.

   b) Resident agrees that Landlord may bill for additional utilities and services, at which time such additional utilities and services shall for all purposes be included in the term "Allocated Utilities," as well as change the Billing Provider, the method of billing and/or the method of allocation with thirty (30) days' written notice to Resident.

   c) Charges for Allocated Utilities, (if any) will itemize the beginning and ending meter readings, the rate charged to Resident and any other information required by applicable law, rules or regulations. Billing amounts will be determined by multiplying the sub-meter readings for the Resident's Premises by the effective utility rate that is charged to Landlord. The effective rate is calculated by adding together all charges from the utility provider, including base fees, miscellaneous charges, fees and taxes contained on the utility bills divided by the total consumption. Resident agrees to allow Landlord, or the Billing Provider, access to Resident's Premises in order to install, repair, remove and/or read sub-meters. To the extent permitted by applicable law, the Billing Provider may estimate Resident's sub-meter consumption of Allocated Utilities if Resident's sub-meter is broken, a meter cannot be read, does not transmit a meter reading or upon move-in or move-out.

   d) Resident's Allocated Utilities may be estimated if Landlord or Billing Provider has not received bills from utility providers in time to prepare Resident's Allocated Utility Bill.

   e) The allocation formulas set forth in Exhibit A will calculate Resident's share of the Allocated Utilities and all costs of providing same in accordance with state and local law. Under any allocation method, Resident may be paying for utility usage in common areas or in other residential units as well as administrative fees or other charges imposed by the utility provider. Both Landlord and Resident agree that using the allocation formula set forth herein as a basis for allocating utility costs is fair and reasonable, while recognizing that the allocation method does not reflect actual utility consumption by Resident.

   f) For Allocated Utilities, all charges assessed to Landlord from the utility providers or on property tax bills may be used to calculate the amount charged to Resident under the allocation formula. Such charges may include, but are not limited to, usage charges, irrigation, stormwater charges, water and sewer related charges on tax bills, miscellaneous charges, fees, taxes, drought or other surcharges, fines or other penalties. Allocated charges for Trash may include all costs incurred by Landlord relating to Trash, including, but not limited to charges from the hauler for removing the trash and recycling, porter service, bulky item removal, cleaning of the bins and deodorizing services, third party vendor contracts providing services relating to trash and recycling as well as composting costs where required.

4. **Common Area Deduction ("CAD"):** If indicated in Exhibit A, a CAD is deducted from the sum of the Landlord's utility bills for the utility indicated and relates to the expense of such utility associated with any common areas such as laundry facilities, irrigation, pools, fountains, etc. Landlord and Resident agree that the exact amount of utilities consumed in the common areas cannot be

determined precisely; therefore, the CAD indicated is a fair and reasonable estimate of the usage in common areas even though the utilities are not separately metered. Landlord will deduct the percentage of CAD identified in Exhibit A from the sum of the Landlord's utility bills for the utility indicated each month before allocation of such bills to Resident according to the allocation formulas described. The percentage CAD deduction may be changed by Landlord with thirty (30) days' written notice by Landlord to Resident.

5. Default in Payment of Allocated Utility Bills

a) To the extent permitted by law, any delinquent payment of an Allocated Utility Bill shall be considered a default under the Lease to the same extent and remedies as if Resident had been delinquent in Resident's payment of the monthly rent.

b) Landlord and Resident agree that when Resident fails to pay Allocated Utility Bills on time, Landlord may apply monthly rent to the overdue Utility Bill. If Resident fails to pay Allocated Utility Bills on time, or when Resident pays by a dishonored check, the actual cost to Landlord and/or Billing Provider is difficult or impossible to ascertain, but Landlord and Resident agree that Landlord and/or Billing Provider does, in the event of late payment or in the event of a dishonored check, incur certain costs, such as additional bookkeeping and administrative time, bank charges, lost opportunity costs of the late payment, etc. After making a reasonable endeavor to estimate accurately the approximate costs associated with a non-payment of the Allocated Utility Bill, Landlord and Resident agree that the amount set forth in Exhibit A is a fair estimate of the damages Landlord will suffer as a result of the late payment. The parties further agree that an NSF fee of **$25.00**, plus the payment required to replace the dishonored check, is a fair and reasonable amount to compensate Landlord in the event Resident's check is dishonored. The Parties further agree that the payment of these sums does not constitute an agreement to pay Allocated Utility Bills late and/or to pay by dishonored check.

6. Upon vacating the Premises, a final Allocated Utility Bill will be issued by either the Billing Provider or Landlord. The cut-off date for this final bill will be the date that Resident surrenders possession of the Premises to Landlord. To the extent permitted by law, Resident acknowledges and agrees that any unpaid Allocated Utility Bill, together with the amount of the final bill, may be deducted from the security deposit, as additional rent, at the termination of the Lease.

7. Landlord is not liable for any losses or damages Resident incurs as the result of outages, interruptions, or fluctuations in utilities provided to the Premises and waives any claims against Landlord for offset, reduction of rent or diminished rental value of the Premises, except if the direct result of the sole negligence of Landlord.

8. Resident agrees not to terminate, cut off, interrupt or interfere with any system supplying utility services to the Premises and shall not disturb, tamper, adjust, or disconnect any utility service sub-metering device. Resident shall not intentionally utilize utilities of another unit whether or not such unit is occupied. Resident shall not breach any cable or satellite dish system, but will instead contract with appropriate parties for use of such services.

9. Resident agrees to comply with any utility conservation efforts implemented by Landlord and abide by all applicable laws and ordinances pertaining to utilities. Resident further agrees to reimburse and indemnify Landlord for all fines or other penalties incurred by Landlord as a result of Resident's violation of any statute, ordinance, regulation or other governmental restriction.

10. If any utilities listed in this Utilities Addendum are separately billed or metered to Resident, then Resident hereby grants permission for the release by such utility service providers to the Landlord of any and all of Resident’s energy usage data and related information (“Energy Usage Data”). Landlord shall use Energy Usage Data only (i) to monitor or improve the environmental performance of the Premises and/or Community, (ii) measure the environmental performance of the Premises and/or Community against performance targets; or (iii) report on the environmental performance of the Premises or Community. To the extent Landlord discloses the Energy Usage Data to third parties, it shall not identify Resident. Landlord and Resident agree such disclosure may include, at most, Resident’s unit number.

11. Landlord may modify the method by which utilities are furnished to Resident's unit and/or billed to Resident during the term of the Lease. This includes, but is not limited to, sub-metering the unit for certain utility services and/or changing the allocation formula. Such changes may also include changing the CAD percentage and/or changing flat-rate amounts. In the event Landlord chooses to modify the method or allocation formula used to calculate charges for utility services, Landlord will provide Resident at least thirty (30) days' prior written notice of such modification.

12. Any provision specifically required by applicable law which is not included in this Utilities Addendum is hereby inserted as an additional provision of this Utilities Addendum, but only to the extent required by applicable law and then only so long as the provision of the applicable law is not repealed or held invalid by a court of competent jurisdiction.

13. If any provision of this Utilities Addendum or the Lease is invalid or unenforceable under applicable law, such provision shall be ineffective to the extent of such invalidity or unenforceability only without invalidating or otherwise affecting the remainder of this addendum or the Lease. Except as specifically stated herein, all other terms and conditions of the Lease shall remain unchanged. In the event of any conflict between the terms of this Utilities Addendum and the terms of the Lease, the terms of this Utilities Addendum shall control.

RESIDENT:

[redacted] 01 / 23 / 2025

Yasmin Fugioka Date

Leandro jr Messias da Cunha Date

LANDLORD:
Essex Management Corporation, a California Corporation, as Agent for Owner

By:

Print Name: Title: Community Manager Date

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EXHIBIT A TO UTILITIES ADDENDUM

1. Utilities for the premises shall be charged as follows:

Utility/Service	Utility's Customer of Record	Calculation Method for Utility Charge to Resident	Allocation Formula; Flat Rate Amount; Not to Exceed Amount	Common Area Deduction
Gas	Resident	Direct billing from utility	N/A	N/A
Electricity	Resident	Direct billing from utility	N/A	N/A
Water	Landlord	Allocation formula	100% Occupancy	5%
Sewer	Landlord	Allocation formula	By Unit	0%
Cable / Satellite Dish	Resident	Direct billing from utility	N/A	N/A
Phone	Resident	Direct billing from utility	N/A	N/A
Internet	Resident	Direct billing from utility	N/A	N/A
Trash	Landlord	Allocation formula	By Unit	0%
Hot Water Energy	N/A	N/A	N/A	N/A

2. Resident's billing statement will include a monthly service charge of no more than **$6.11**. The service charge represents the reasonable value of services provided by Landlord and/or the Billing Provider to allocate the utility costs, provide billing to Resident, process payments and, where applicable, postage costs. The monthly service charge is subject to change upon thirty (30) days' written notice. In any jurisdiction where such charges are prohibited for one or more specific utility, the monthly service charge does not include any costs for preparing bills or other services relative to those specific utilities.

3. As set forth in this Utilities Addendum, a late fee of **$0** may be imposed anytime Resident fails to pay an Allocated Utility Bill by the due date set forth in the Allocated Utility Bill.

4. As set forth in this Utilities Addendum, a fee of **$50** may be imposed each month (or part thereof) that a Resident fails to put a Direct Bill Utility into Resident's own name.

5. While Landlord reserves the right to change who prepares Allocated Utility Bills at the Property, at the time of execution of this Utilities Addendum, Allocated Utility Bills are provided to Resident by:

a) A Third Party Billing Provider, which, as of the execution of this Utilities Addendum is **Conservice**. The Third Party Billing Provider may be contacted with any questions or concerns regarding their billing **any time between 5:00 A.M. and 7:00 P.M MT at (866) 947-7379, via letter to P.O. Box 4718, Logan, UT 84323, or email at service@conservice.com**.

Explanation of Terms and Formulas

1. "50/50" means the charges to Resident are allocated based on 50% occupancy (number of residents in the Premises as a percentage of all the residents at the Property at a given point in time, usually monthly) and 50% of the square footage of the Premises as a percentage of all occupied square footage at the Property.

a. To determine the occupancy portion of the allocation, Billing Provider or Landlord will divide the charges being allocated in half after applying the CAD and then divide the result by the total occupant usage factor. Billing Provider will calculate Resident's share by multiplying the result of this calculation by the occupancy factor based upon the total number of authorized occupants in Resident's Premises. Because two people do not use twice as much of a utility as one person due to shared usage, the following occupancy factor is used to reflect an estimate of consumption. The occupancy factor is determined by the following:

Number of Occupants	Occupancy Factor
1	1
2	1.6
3	2.2
4	2.6
5	3
6	3.4

b. To determine the square footage portion of the allocation, Billing Provider will take the remaining charges to be allocated and divide it by the total occupied square feet and then multiply the result of this calculation by the estimated square footage of Resident's Premises.

c. The amounts resulting from the above-calculations are added together to determine Resident's allocated share of the utility charges and will be reflected on Resident's Allocated Utility Bill.

2. "100% Occupancy" allocation means, after deducting the CAD, Billing Provider divides the charges being allocated by the total occupant usage factor of the authorized occupants at the Property. Billing Provider calculates Resident's share by multiplying the result of this calculation by the occupancy factor based upon the total number of authorized occupants in the Premises.

3. "100% Square Footage" allocation means, after deducting the CAD, Billing Provider divides the charges being allocated by the total square feet of all occupied square footage. Billing Provider will then multiply the result of this calculation by the estimated square footage of Resident's Premises.

4. "By Unit" means the total charges being allocated, after deducting the CAD is divided by the total number of units at the Property and the result is Resident's allocation.

5. "Not to Exceed Amount." If the Property is in a rent-controlled jurisdiction, Landlord and Resident understand and acknowledge that, for purposes of the applicable rent control ordinance, all utilities charges required to be paid by Resident under the Utilities Addendum are considered a portion of the rent paid for the Premises and shall be considered as part of the rent when calculating allowable increases under the rent control ordinance. The maximum utility rent to be billed to Resident by or on behalf of Landlord (as opposed to any Direct-Bill Utilities) shall be the amount calculated by adding together all of the "not to exceed" amounts for utilities for which Residents are responsible according to the above table as well as any monthly billing or service fees required under the Utility Addendum, if applicable. The rent related to these utilities and services actually billed to Resident may be less than the "not to exceed" amounts in order to reward overall conservation efforts and to pass on to Resident decreases in rates from the utility providers.

6. "Flat Rate" charges are set by Landlord and may or may not be based on a specific formula.

7. For sewer charges when the "Water Usage" box is checked, allocation is based upon the sub-metered usage of water. Resident's share of the sewer utility charges to Landlord shall be calculated by taking the amount of sub-metered water usage and multiplying it by the effective rate for sewer charged by the utility provider. For additional information regarding sub-meter calculations, please refer back to the Utility Addendum paragraph related to charges for allocated utilities based on sub-meter readings.

8. "Hot Water Energy" means energy used in a central water heating system at the Property to heat water which is then supplied to the Resident's premises for hot water and/or heat.

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MOLD ADDENDUM

This Mold Addendum ("Addendum") dated 01/23/2025 is attached to and made a part of the lease agreement dated 2/1/2025 (the "Lease") by and between Essex Management Corporation, a California Corporation, as agent for Owner of the Community ("Landlord"), and Yasmin Fugioka, Leandro jr Messias da Cunha (individually and collectively referred to herein as "Resident") for the rental of the premises located at 2601 Hilltop Drive, Apt. #0138, Richmond, CA 94806 ("Premises" or "Unit") within the community commonly known as San Marcos (the "Community" or "Property"). All terms not specifically defined in this Addendum shall have the same definition as found in the Lease. Landlord and Resident agree as follows:

1. Mold consists of naturally occurring microscopic organisms. Mold breaks down and feeds on organic matter in the environment. When moldy materials are damaged or disturbed, mold spores and other materials may be released in the air. Exposure can occur through inhalation or direct contact. Most molds are not harmful to most people, but it is believed that certain types and amounts of mold may lead to adverse health effects in some people. In order to prevent organic growth within the Premises, Resident specifically agrees to:

a. KEEP THE PREMISES CLEAN:

- Maintain good housekeeping practices and regularly dust, vacuum and mop to keep the Premises free of dirt and debris that can contribute to mold growth
- Use household cleaners on hard surfaces
- Remove garbage regularly and remove moldy or rotting items promptly from the Premises (whether food, wet clothing, or other material)

b. CONTROL MOISTURE IN THE PREMISES AND INCREASE AIR CIRCULATION:

- Use hood vents when cooking
- Use exhaust fans when bathing/showering until moisture is removed from the bathroom
- Hang shower curtain inside the bathtub when showering or securely close shower doors
- Leave bathroom and shower doors open after use
- Use air conditioning, heating and/or fans as necessary to keep air circulating throughout the Property
- Water all indoor plants outside
- Close windows and doors (when appropriate) to prevent rain and other water from coming inside the Premises
- Open windows when appropriate to increase air circulation
- Wipe up visible moisture
- If a dryer is installed in the Property, ensure that the vent is properly connected and clear of any obstructions and clean the lint screen regularly
- Ensure good air circulation in closets, cupboards and shelves by periodically keeping them open, not stacking items tightly, and/or using products to control moisture
- Regularly empty dehumidifier, if used

c. PERIODICALLY INSPECT THE UNIT FOR MOISTURE AND MOLD:

The most reliable methods for identifying the presence of elevated amounts of mold are (1) smell and (2) routine visual inspections for mold or signs of moisture and water damage. Resident agrees to conduct an inspection of the Premises (both visually and by smell) for the presence of mold growth inside the Premises at least once per month. The inspection will include, but is not limited to:

- Window frames, baseboards, walls and carpets
- The ceiling
- Any currently or formerly damp material made of cellulose (such as wallpaper, books, papers, and newspapers)
- Appliances (including washers/dryers/dishwashers and refrigerators)
- Around all plumbing fixtures (toilets, bathtubs, showers, sinks, and below sinks)
- Areas with limited air circulation such as closets, shelves and cupboards
- Personal property

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d. PROMPTLY REPORT TO LANDLORD IN WRITING:

- Visible or suspected mold that Resident does not clean as explained below. Mold may range in color from orange to green, brown, and/or black. There is often a musty odor present.
- Overflows or dripping from showers, bath, sink, toilet, washer, refrigerator, air conditioner
- Plumbing problems
- Discoloration of walls, baseboards, doors, window frames, ceilings
- Loose, missing or failing grout or caulk around tubs, showers, sinks, faucets, countertops
- Clothes dryer vent leaks
- Any non-operational windows, doors, fans, heating or air conditioning units
- Any evidence of leaks or excessive moisture in the Premises or on the Property
- Any maintenance needed at the Premises or Property

e. RESIDENT AGREES TO NOT:

- Bring any personal property into the Premises that may contain high levels of mold, especially "soft possessions" such as couches, chairs, mattresses, and pillows
- Stack items against walls in a manner that decreases air circulation and may lead to mold
- Maintain an excessive number of indoor plants
- Maintain a fish tank or other water filled container without Landlord's written consent

2. If a small amount of mold has grown on a non-porous surface such as ceramic tile, Formica, vinyl flooring, metal, or plastic, and the mold is not due to an ongoing leak or moisture problem, Resident agrees to clean the area with soap (or detergent) and a small amount of water, let the surface dry, and then within 24 hours apply a non-staining cleaner such as Lysol Disinfectant, Tilex Mildew Remover, or Clorox Cleanup. If Resident is unable or unwilling to clean the area, Residents will promptly notify Landlord so that Landlord can clean area.

3. **Resident agrees to defend, indemnify and hold harmless Landlord and Landlord's related parties (past and present subsidiary corporations, affiliates, successors, assigns officers, directors, property managers, agents, attorneys, employees and representatives) from claims, liabilities, losses, damages and expenses (including attorneys' fees), that they incur that are related to the Resident's breach of the Resident's obligations to Landlord. Resident is responsible for the action (or inaction) of Resident's household members, guests and agents.**

4. If elevated mold levels exist at the Premises or Property, Resident agrees to temporarily vacate the Premises to allow for investigation and remediation, to control water intrusion, or allow other repairs to the Property, if requested by Landlord. Resident agrees to comply with all instructions and requirements necessary to prepare the Premises for investigation and remediation, to control water intrusion, to control mold growth, or to make repairs. Storage, cleaning, removal, or replacement of contaminated or potentially contaminated personal property will be Resident's responsibility unless the elevated mold growth was the result of Landlord's negligence, intentional wrongdoing or violation of law. Landlord is not responsible for any condition about which Landlord is not aware. Resident agrees to provide Landlord with copies of all records, documents, sampling data and other material relating to any water leak, excessive moisture, mold conditions in the Premises as soon as Resident obtains them.

5. Resident hereby acknowledges receiving the attached “Information on Dampness and Mold for Renters in California”.

6. If any provision of this Addendum or the Lease is invalid or unenforceable under applicable law, such provision shall be ineffective to the extent of such invalidity or unenforceability only without invalidating or otherwise affecting the remainder of this addendum or the Lease. Except as specifically stated herein, all other terms and conditions of the Lease shall remain unchanged. In the event of any conflict between the terms of this Addendum and the terms of the Lease, the terms of this Addendum shall control.

RESIDENT:

[redacted] 01 / 23 / 2025

Yasmin Fugioka Date

Leandro jr Messias da Cunha Date

LANDLORD:
Essex Management Corporation, a California Corporation, as Agent for Owner

By: _____
Print Name: Title: Community Manager Date

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Information on Dampness and Mold for Renters in California

Main points:

- Living in damp or moldy buildings increases the chances of respiratory problems like asthma.
- The critical warning signs are visible mold, water damage, damp materials, or mold smell.
- Dampness is needed for mold to grow, so if you control the dampness, you control the mold.
- Dampness or mold indoors may make housing substandard, per the California Health & Safety Code.



Beginning January 1, 2022, residential landlords shall provide this booklet to prospective residential tenants prior to entering the rental or lease agreement, in accordance with the 2001 Toxic Mold Protection Act (HSC #26148). This booklet, which explains the potential health risks and health impacts that may result from exposure to mold, was produced by the California Department of Public Health (CDPH) in 2020, in both English and Spanish versions.

Health Problems from Damp or Moldy Buildings

Living or working in damp or moldy buildings increases the risk of many harmful health problems, including:

- asthma attacks in people who already have asthma
- a new asthma diagnosis
- respiratory infections, such as bronchitis
- breathing symptoms, such as hay fever, sneezing, stuffy nose, sore throat, wheezing, breathing difficulty, or cough
- eczema or skin rash

Mold can affect people differently. How much a person is affected depends on how sensitive they are and on how much they are exposed. Damp or moldy buildings are linked to health problems in people even if they do not have allergies.

Signs of Dampness or Mold

Signs of dampness or mold that may cause health problems include:

- **visible mold** (regardless of color), such as on walls or ceilings, behind furniture or appliances, under carpets, or even hidden in areas not seen in the occupied areas of homes
- **mold odor**, noticed as an earthy, musty, or moldy smell
- **visible water damage**, such as water-stains or discoloration on walls or ceilings, peeling or bubbled paint, warped floors, or rotting wood
- **damp or moist materials**, including condensation on windows or walls

Any one of these signs indicates increased risks to health, and the more that any of them are present, the greater the risk of health problems. Tests that identify the types of mold or the amounts of mold in buildings are not useful in telling us about the health risks. This is *why CDPH does not recommend testing for mold, such as measuring mold spores in the air*.



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Causes of Building Dampness that Can Allow Mold to Grow

The dampness that is necessary for indoor mold to grow can come from either inside or outside a building.

Indoor sources include:

- leaking or burst water pipes, for instance under sinks inside walls
- not enough venting to the outside by open windows or exhaust fans in places where water is used or moisture is produced (for example, bathrooms, laundry areas, kitchens, and water heaters)
- condensation (water droplets) on cold surfaces, including windows

Outdoor sources include:

- water coming in through leaky roofs or poorly-sealed windows, or from flooding
- damp, exposed dirt in crawl spaces
- outdoor surfaces that slope and drain water toward a building, including from a downspout





Fixing Dampness and Mold Problems

The California Health & Safety Code (HSC §17920.3) says that when dampness or visible mold (or certain other conditions) in a home is a hazard to the health of occupants, the home is *substandard* and the property owner must fix the conditions. The Code excludes mold that is "minor and found on surfaces that accumulate moisture as part of their properly functioning and intended use."

CDPH recommends fixing dampness and mold problems as follows:

- identifying and correcting the source of any water that may allow mold to grow
- rapid drying or removal of damp materials
- cleaning or removing mold and moldy materials as rapidly and safely as possible

Note: if a moldy area is simply bleached, cleaned, or painted over—without fixing the source of the dampness—the mold is likely to grow again.

CDPH

Renters in California

The California Health & Safety Code requires property owners to provide a rental unit that is safe and healthy for the people living in it. Prospective renters should look for obvious conditions that show dampness or mold, and also less obvious signs like water leaks under the kitchen and bathroom sinks or moldy odor in a sealed-up home. Also look for conditions likely to cause future problems, like a bathroom that has no working vent fan or no window that opens, or a clothes dryer without an outside vent.

For renters who suspect there is dampness or mold:

1. Tell the property owner or manager. Early detection and correction of the dampness and mold problems can reduce the risks to your health and prevent the problem from getting worse.
2. If your property owner will not respond to your concerns in a reasonable amount of time, contact your local (city or county) code enforcement agency and ask for a code enforcement officer to inspect for violations. Many dampness or mold problems in rental homes are the responsibility of the property owner and must be addressed by them. However, a code enforcement officer may determine that dampness or mold in a building results from a tenant's actions or inactions – for instance, not using available bathroom ventilation during showers.
3. If the local inspector determines there is a violation, they can require the property owner to correct the problem.

Additional Resources

For general information on dampness and mold and a list of local code enforcement agencies, with a focus on dampness and mold, see www.cdph.ca.gov/iaq/mold. To see an animated video series, Mold in the Home, visit www.cdph.ca.gov/mold.

Property owners must provide a rental unit that is safe and healthy for the people living in it.

Tenants must notify property owners of any dampness or mold problems.

For more information, visit CDPH website (www.cdph.ca.gov/Pages/contact_us.aspx)

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PESTICIDE DISCLOSURE

This Pesticide Notice/Disclosure ("Addendum") dated 01/23/2025 is attached to and made a part of the lease agreement dated 2/1/2025 (the "Lease") by and between Essex Management Corporation, a California Corporation, as agent for Owner of the Community ("Landlord"), and Yasmin Fugioka, Leandro jr Messias da Cunha (individually and collectively referred to herein as "Resident") for the rental of the premises located at 2601 Hilltop Drive, Apt. #0138, Richmond, CA 94806 ("Premises" or "Unit") within the community commonly known as San Marcos (the "Community" or "Property"). All terms not specifically defined in this Addendum shall have the same definition as found in the Lease. Landlord and Resident agree as follows:

1. Resident is informed that pesticides may have been applied to the Unit and/or Property in the past. California law requires that building owners and operators provide tenants with the following notice concerning the application of pesticides.

CAUTION -- PESTICIDES ARE TOXIC CHEMICALS. Structural Pest Control Operators are licensed and regulated by the Structural Pest Control Board and apply pesticides which are registered and approved for the use by the California Department of Food and Agriculture and the United States Environmental Protection Agency. Registration is granted when the state finds that based on existing scientific evidence, there are no appreciable risks if proper use conditions are followed or that the risks are outweighed by the benefits. The degree of risk depends upon the degree of exposure, so exposure should be minimized. *If rodenticide ingestion occurs, you may experience symptoms of mild shock and/or bleed anticoagulant reaction. If within 24 hours following application, you experience flu like symptoms: headaches, dizziness, nausea, tearing, coughing, nose and throat irritation or develop shortness of breath, double vision, unusual drowsiness and weakness, or tremors, contact your physician, an appropriate licensed health care provider, or the California Poison Control Center at 1-800-222-1222 and Landlord immediately.* For more information, contact your County Health Department. For regulatory information, contact the Department of Pesticide Regulation at (916) 324-4100.

The following pesticides are commonly used for the extermination of pests. One or more of these materials may be used in your residential unit. You may request specific information about which pesticides are to be applied and when they are to be applied from the Property Manager.

• Avert 310 (Abamectin) Whitmire • Avert Gel (Abamectin) Whitmire • Advanced Liquid Bait (Boric Acid) Whitmire • Advanced 375A (Abamectin) Whitmire • Advanced Gel Bait (Boric Acid) Whitmire • Borid (Boric Acid) Cline Buckner • BP 100 or BP 300 (Pyrethrins) Whitmire • CB-80 Extra (Pyrethins) Waterbury • Delta Dust (Deltamethrin) Aventis • Delta Guard (Deltamethrin) Aventis • Demand SC (Lamba-Cyhalothrin Technical) Syngents • Dragnet (Permethirin) FMC • Drax (Orthoboric Acid) Waterbury • Drione (Pyrethrins) Agrevo • Gentrol (Hydroprene) Zoecon • Maxforce FC Any Gel (Fipronil) • Maxforce FC Roach Gel (Fipronil) • Maxforce Granules (Hydramethylnon) Maxforce • Pestcon Systems Microcare (Pyrethrins) Whitmire	• Precor (Methoprene) Zoecon • PT 565 (Pyrethrin) Whitmire • Perma-Dust PT 240 (Boric Acid) Whitmore • Pro Control Fogger Plus (Pyrethrins / Cyfluthrin) Whitmire • Suspend SC (Deltamethrin) Aventis • Saga-WP (Tetrabromethyl) Aventis • Siege (Hydramethylon) Waterbury • Talstar EZ Granular (Bifenthrin) FMC • Talstar Liquid (Bifenthrin) FMC • Tempo Dust (Cyfluthrin) Bayer • Tempo (Cyfluthrin) Bayer • Terro Ant Killer II (Boric Acid) Senoret Chem. • Termidor SC (Fipronil) BASF • Tri-Die PT 230 (Pyrethrins) Whitmire • Ultracide Carpet Spray (Permithrin/Nylar) Whitmire • Wasp & Hornet Jet Freeze (Pyrethrins) Waterbury • Wasp-Freeze PT515 (Tetramethrin / Permethrin / Piperonyl Butoxide) Whitmire	WILDLIFE CHEMICALS • AC 90 (Chlorphacinone) Bell Labs • Contrac Bait Pck. (Bromadiolone) Bell Labs • Contrac Blox (Bromadiolone) Bell Labs • Fumitoxin (Aluminum Phosphide) Pestcon Systems • Liquitox (Diphacinone) Bell Labs • Gopher Getter (Strychnine) Witco • Mole Patrol (Warfarin) Witco • Rodent Baits Oats (Chlorphacinone) King County • ZP Tracking Powder (Zinc Phosphide) Bell Labs • ZP (Zinc Phosphide) Bell Labs

2. California law also requires persons exposed to substances regulated under the Safe Drinking and Toxic Enforcement Act of 1986, commonly referred to as "Proposition 65", to be provided a clear and reasonable warning, as some of the pesticides listed above are chemicals regulated under Proposition 65. You are advised as follows:

WARNING: The area within your building contains a substance known to the State of California to cause cancer, birth defects, or other reproductive harm.

3. Resident has read the above disclosure and pesticide list and Resident understands that any of the pesticides listed may have been used in the past.

RESIDENT:

[redacted] 01 / 23 / 2025

Yasmin Fugioka Date

Leandro jr Messias da Cunha Date

LANDLORD:
Essex Management Corporation, a California Corporation, as Agent for Owner

By:

Print Name: Title: Community Manager Date

Doc ID: 9d6bda1682073962a4c81f3bde8c10bca272ba8e

CALIFORNIA TENANT ACT OF 2019 ADDENDUM

This California Tenant Protection Act of 2019 Addendum ("Addendum") dated 01/23/2025 is attached to and made a part of the lease agreement dated 2/1/2025 (the "Lease") by and between Essex Management Corporation, a California Corporation**,** as agent for Owner of the Community ("Landlord"), and Yasmin Fugioka, Leandro jr Messias da Cunha (individually and collectively referred to herein as "Resident") for the rental of the premises located at 2601 Hilltop Drive, Apt. #0138, Richmond, CA 94806 ("Premises" or "Unit") within the community commonly known as San Marcos (the "Community" or "Property"). All terms not specifically defined in this Addendum shall have the same definition as found in the Lease. Landlord and Resident agree as follows:

1. In 2019, California enacted the Tenant Protection Act of 2019 ("Act") implementing statewide rent control and just cause eviction protections at rental properties subject to the Act. This Addendum relates to the provisions of the Act and remains in force until the repeal of the Act or the termination of Resident's tenancy at the Premises, whichever occurs first.
2. Resident hereby acknowledges receipt of the following Notice from Landlord as required by the Tenant Protection Act of 2019:

   California law limits the amount your rent can be increased. See Section 1947.12 of the Civil Code for more information. California law also provides that after all of the tenants have continuously and lawfully occupied the property for 12 months or more or at least one of the tenants has continuously and lawfully occupied the property for 24 months or more, a landlord must provide a statement of cause in any notice to terminate a tenancy. See Section 1946.2 of the Civil Code for more information.

3. Resident acknowledges that the Act is **not** applicable to Resident's household if Resident's tenancy falls under any Below Market Rate or Affordable Rental program regulated by the following: rent restriction in a deed, regulatory restriction contained in an agreement with a government agency, or other recorded document restricting the Unit to affordable housing for person and families of very low, low, or moderate income, as defined in Section 50093 of the Health and Safety Code, or subject to an agreement that provides housing subsidies for affordable housing for persons and families of very low, low, or moderate income, as defined in Section 50093 of the Health and Safety Code or comparable federal statutes. To the extent that Resident's tenancy falls under any of the foregoing, Resident acknowledges and understands that the rent control and just cause eviction protections under the Act do not apply to Resident's household.
4. If any provision of this Addendum or the Lease is invalid or unenforceable under applicable law, such provision shall be ineffective to the extent of such invalidity or unenforceability only without invalidating or otherwise affecting the remainder of this addendum or the Lease. Except as specifically stated herein, all other terms and conditions of the Lease shall remain unchanged. In the event of any conflict between the terms of this Addendum and the terms of the Lease, the terms of this Addendum shall control.

RESIDENT:

[redacted] 01 / 23 / 2025

Yasmin Fugioka Date

Leandro jr Messias da Cunha Date

LANDLORD:
Essex Management Corporation, a California Corporation, as Agent for Owner

By:

Print Name: Title: Community Manager Date

Doc ID: 9d6bda1682073962a4c81f3bde8c10bca272ba8e

SMOKING POLICY ADDENDUM

This Smoking Policy Addendum ("Addendum") dated **01/23/2025** is attached to and made a part of the lease agreement dated **2/1/2025** (the "Lease") by and between Essex Management Corporation, a California Corporation, as agent for Owner of the Community ("Landlord"), and Yasmin Fugioka, Leandro jr Messias da Cunha (individually and collectively referred to herein as "Resident") for the rental of the premises located at **2601 Hilltop Drive, Apt. #0138, Richmond, CA 94806** ("Premises" or "Unit") within the community commonly known as **San Marcos** (the "Community" or "Property"). All terms not specifically defined in this Addendum shall have the same definition as found in the Lease. Landlord and Resident agree as follows:

1. The parties desire to mitigate: (i) the irritation and known health effects of secondhand smoke; (ii) the increased maintenance, cleaning, and redecorating costs from smoking; (iii) the increased risk of fire from smoking; and (iv) the high cost of fire insurance for properties where smoking is permitted.

2. "Smoking" or “Smoke” means possessing a lighted tobacco product, lighted tobacco paraphernalia, lighted marijuana, or any other lighted weed or plant (including, but not limited to, a lighted pipe, lighted hookah pipe, lighted cigar, lighted cigarette of any kind), an electronic smoking device of any kind, or the lighting or emitting or exhaling the smoke or vapor of a tobacco product, tobacco paraphernalia, marijuana product, or any other weed or plant (including, but not limited to, a pipe, a hookah pipe, cigar, marijuana product, electronic cigarette or cigarette of any kind). Electronic smoking devices are any battery-operated device that delivers vapors for inhalation, including every variation and type of such device regardless of how marketed or described.

3. Resident and members of Resident's household shall not Smoke anywhere on the Property, nor shall Resident permit any guest or visitor of Resident to do so. Smoking is prohibited in all indoor and outdoor common areas on the property, and within twenty-five (25) feet of any entrance, exit, operable windows, vents or other openings into enclosed non-smoking areas. Smoking in individual units, including units’ outdoor balconies and patios, is NOT permitted. Violation of this paragraph by Resident or any other person subject to the control of Resident or present by invitation or permission of Resident is a material breach of the Lease.

a) Smoking in individual units, including units’ outdoor balconies and patios, is NOT permitted.

4. Resident shall inform their invitees or guests of the provisions contained in this Smoking Policy Addendum and ensure their compliance with this addendum.

5. Resident acknowledges that Landlord is not a guarantor of the Resident's health or that the areas listed in Paragraph 3 above will be free of Smoke; however, Landlord shall take reasonable steps to enforce this Addendum. Landlord shall not be required to take any specific steps in response to Smoking unless Landlord has actual knowledge or has been provided written notice.

6. To the extent provided by applicable law, all lawful occupants of the Apartment Community are express third-party beneficiaries of this Addendum. If Resident or any Authorized Occupant or Guest breaches this Addendum, or Resident or any Authorized Occupant knowingly allows Guests to breach this Addendum, Resident potentially will be liable to Landlord and to any resident or guest of the Apartment Community who is exposed to secondhand smoke because of that breach.

7. Resident acknowledges that this Addendum and Landlord's efforts to designate Non-Smoking Areas do not in any way change the standard of care that the Landlord would have to any Resident household to render buildings and premises designated as non-smoking any safer, more habitable, or improved in terms of air quality than any other rental premises. Landlord specifically disclaims any implied or express warranties that the building common areas or Resident's premises will have any higher or improved air quality standards than any other rental property. Landlord cannot and does not warrant or promise that the Premises or any other portion of the Community including common areas will be free from secondhand smoke. Resident acknowledges that Landlord's ability to police, monitor or enforce this Addendum is dependent in significant part on voluntary compliance by Resident and Resident's guests.

8. Resident and Landlord agree to comply with all applicable laws relating to smoking at this property. Landlord is not required to advise Resident of any changes in the law with respect to smoking on the Property. It is a material breach for Resident or any other person subject to the control of Resident or present by invitation or permission of Resident to violate any law regulating Smoking while anywhere on the Property To the extent that any provision of this Addendum is in conflict with any provisions of applicable law, such provision is hereby deleted, and any provision required by applicable law which is not included in this Addendum is hereby inserted as an additional provision of this Addendum, but only to the extent required by applicable law and then only so long as the provision of the applicable law is not repealed or held invalid by a court of competent jurisdiction.

9. Landlord may change its smoking policies at any time after providing Resident with thirty (30) days written notice. Thirty (30) days' notice is not required if a policy change is implemented to comply with a new law or ordinance.

10. If any provision of this Addendum or the Lease is invalid or unenforceable under applicable law, such provision shall be ineffective to the extent of such invalidity or unenforceability only without invalidating or otherwise affecting the remainder of this addendum or the Lease. Except as specifically stated herein, all other terms and conditions of the Lease shall remain unchanged. In the event of any conflict between the terms of this Addendum and the terms of the Lease, the terms of this Addendum shall control.

RESIDENT:

[redacted] 01 / 23 / 2025

Yasmin Fugioka Date

Leandro jr Messias da Cunha Date

LANDLORD:
Essex Management Corporation, a California Corporation, as Agent for Owner

By:

Print Name: Title: Community Manager Date

Dropbox Sign

Audit trail

Title	Yasmin Fugioka - San Marcos - 25
File name	tmpkgi55l_j.pdf
Document ID	9d6bda1682073962a4c81f3bde8c10bca272ba8e
Audit trail date format	MM / DD / YYYY
Status	● Pending signature

This document was signed on apply.funnelleasing.com

[redacted]

SENT	**01 / 23 / 2025** 20:24:01 UTC	Sent for signature to Yasmin Fugioka (yfugioka@gmail.com), Alysia Killingsworth (akillingsworth@essex.com) and Leandro jr Messias da Cunha (62991959132leandro@gmail.com) from esign@funnelleasing.com IP: 52.3.29.254
VIEWED	**01 / 23 / 2025** 20:24:40 UTC	Viewed by Yasmin Fugioka (yfugioka@gmail.com) IP: 172.56.46.191
SIGNED	**01 / 23 / 2025** 20:44:52 UTC	Signed by Yasmin Fugioka (yfugioka@gmail.com) IP: 172.56.46.3
INCOMPLETE	**01 / 23 / 2025** 20:44:52 UTC	This document has not been fully executed by all signers.

Student Name	Student ID	Grade	Birthdate	Counselor
Caetano Fugioka, Felipe Yuji	0001168505	12	08/28/2007	Sanguinetti

Parent/guardian name, address, telephone

Roberta Santos
620 Veterans Blvd, 221
Redwood City, CA 94063 - 1497
(415) 532-7966

Attended Design Tech, Redwood Shores, CA. SY 2022-2024.

Transcript of Student Progress

February 11, 2026
Aragon High School
900 Alameda de las Pulgas
San Mateo, CA 94402
(650) 558-2999

Grade 9 Fall 2022-2023

Design Tech High School

Crs-ID	Course Title	Mark	Att	Cmp
r OD018	English 1	IF	5.00	0.00
OD058	Ethnic Studies	B	5.00	5.00
OD078	Physics	IF	5.00	0.00
OD118	Spanish 1	C	5.00	5.00
OD128	Foundation Desigr	IF	5.00	0.00
OD128	Intro to Prototypin(	IF	5.00	0.00
OD128	Q1 Meditation Boc	P	2.50	2.50
OD138	Q1 Drumming	P	2.50	2.50
OD208	Algebra 1	IF	5.00	0.00

Credit Att: 40.00 Cmp: 15.00 TGPA: 0.83

Grade 9 Spring 2022-2023

Design Tech High School

Crs-ID	Course Title	Mark	Att	Cmp
r OD018	English 1	IF	5.00	0.00
OD058	Ethnic Studies	A	5.00	5.00
OD078	Physics	IF	5.00	0.00
OD118	Spanish 1	C	5.00	5.00
OD128	Foundation Desigr	IF	5.00	0.00
OD128	Intro to Prototypin(	A	5.00	5.00
OD138	Q2 Drumming	P	2.50	2.50
OD138	Q2 Landscape an(	P	2.50	2.50
OD208	Algebra 1	B	5.00	5.00

Credit Att: 40.00 Cmp: 25.00 TGPA: 2.17

Grade 10 Fall 2023-2024

Design Tech High School

Crs-ID	Course Title	Mark	Att	Cmp
OD018	English 2	IF	5.00	0.00
OD058	World History	IF	5.00	0.00
OD078	Chemistry	IF	5.00	0.00
OD098	Data Science	IF	5.00	0.00
OD118	Spanish 2	IF	5.00	0.00
OD128	Q1 Meditation Boc	P	2.50	2.50
OD138	Q1 Landscape & S	P	2.50	2.50
OD198	Geometry	C	5.00	5.00
+ OD398	Design for Impact	IF	5.00	0.00

Credit Att: 40.00 Cmp: 10.00 TGPA: 0.29

Grade 10 Spring 2023-2024

Design Tech High School

Crs-ID	Course Title	Mark	Att	Cmp
OD018	English 2	IF	5.00	0.00
OD058	World History	C	5.00	5.00
OD068	Q3 Crossfit	P	2.50	2.50
OD078	Chemistry	C	5.00	5.00
OD098	Data Science	IF	5.00	0.00
OD118	Spanish 2	IF	5.00	0.00
OD138	Q3 Pen & Ink Illus	P	2.50	2.50
OD198	Geometry	IF	5.00	0.00
+ OD398	Design for Impact	IF	5.00	0.00

Credit Att: 40.00 Cmp: 15.00 TGPA: 0.57

Grade 11 Fall 2024-2025

Aragon High School

Crs-ID	Course Title	Mark	Att	Cmp
110278	DirectedStud F	A	5.00	5.00
111018	Mod Wld Hist F	B	5.00	5.00
112158	English 3 F	B-	5.00	5.00
113238	Geometry F	NM	5.00	0.00
1218	US History F	C-	5.00	5.00
6268	Digital Photo F	B	5.00	5.00
8168	PE WeightCond F	C-	5.00	5.00

Credit Att: 35.00 Cmp: 30.00 TGPA: 2.83

Grade 11 Spring 2024-2025

Aragon High School

Crs-ID	Course Title	Mark	Att	Cmp
110288	DirectedStud S	B	5.00	5.00
110288	DirectedStud S	B	5.00	5.00
112168	English 3 S	B	5.00	5.00
113248	Geometry S	B-	5.00	5.00
1228	US History S	C-	5.00	5.00
6278	Digital Photo S	A-	5.00	5.00
8158	PE WeightCond S	B	5.00	5.00

Credit Att: 35.00 Cmp: 35.00 TGPA: 3.00

Grade 11 Summer 2024-2025

SMUHSD Summer School

Crs-ID	Course Title	Mark	Att	Cmp
122118	English 1 F	C	5.00	5.00
122128	English 1 S	B-	5.00	5.00

Credit Att: 10.00 Cmp: 10.00 TGPA: 2.50

Grade 12 Fall 2025-2026

Aragon High School

Crs-ID	Course Title	Mark	Att	Cmp
110278	DirectedStud F	C	5.00	5.00
1278	Amer Govt	F	5.00	0.00
2178	English 4 F	F	5.00	0.00
3158	Alg2FinAppF	F	5.00	0.00
4018	Biology-Lvg Erth F	F	5.00	0.00

Credit Att: 25.00 Cmp: 5.00 TGPA: 0.40

Course Tags: + = Honors (weighted) r = Repeated

	Weighted	Non-Wgtd
Total GPA	**1.50**	**1.50**
Credit Attempted:	**265.00**	
Credit Completed:	**145.00**	

Student Data
SUP.GI: "W"='Withdrawn,'E'='Exempt"

District Enter: 11/13/2024
School Enter: 11/13/2024
School Leave: 12/19/2025

Class of 2026

State ID# 4566316994

CREDIT SUMMARY

Subject Area	Credit Req'd	Compl	Needed
English	40.00	20.00	20.00
American Governmen	5.00	-	5.00
Economics	5.00	-	5.00
U.S. History	10.00	10.00	-
Cont/Mod World Hist	15.00	15.00	-
Physical Science	10.00	5.00	5.00
Biological Science	10.00	-	10.00
Health Education	5.00	-	5.00
Mathematics	30.00	15.00	15.00
Physical Education	2.50	2.50	-
Visual & Perf Arts	10.00	10.00	-
World Languages	10.00	10.00	-
CTE	10.00	10.00	-
Electives	57.50	47.50	10.00
* TOTALS *	220.00	145.00	75.00

Transcript is unofficial unless signed
WASC Accredited School

Signature: _____ Date: _____

Aragon High School

2025-2026 2/11/2026

StuID	Last Name	First Name	Middle Name	Gender	Grade	Prg	Track
1168505	Caetano Fugioka	Felipe Yuji		Male	12	S	

MON A0123456789	TUE A0123456789	WED A0123456789	THU A0123456789	FRI A0123456789
8/11 STAFF DEV	8/12 NO SCHOOL	8/13 - - - - - - -	8/14 - N L - L - -	8/15 - N - - L - -
8/18 N - - - - - -	8/19 B - - L	8/20 L - L	8/21 N - - -	8/22 M - -
8/25 L - L - - -	8/26 L - -	8/27 L - -	8/28 L L N	8/29 L - -
9/01 HOLIDAY	9/02 B - -	9/03 - - L	9/04 B - -	9/05 X X X
9/08 B - - - - L	9/09 I I I I	9/10 - - L	9/11 X X -	9/12 L - -
9/15 B - - - - -	9/16 B - -	9/17 B L -	9/18 B - -	9/19 L - -
9/22 N - L - - -	9/23 B L -	9/24 B - -	9/25 - L -	9/26 L - -
9/29 - - - - - -	9/30 N - -	10/01 L - -	10/02 N N -	10/03 B - -
10/06 X XXXXXX	10/07 I I I	10/08 - - -	10/09 B - -	10/10 L - L
10/13 STAFF DEV	10/14 L - -	10/15 B - -	10/16 B B B	10/17 I I I I
10/20 T N L - - -	10/21 N - -	10/22 - L -	10/23 N - -	10/24 X - N
10/27 N - - - L -	10/28 N N N	10/29 N - -	10/30 N - X	10/31 B - -
11/03 X M - - - -	11/04 X - N	11/05 B - -	11/06 I I -	11/07 - - -
11/10 N L -	11/11 HOLIDAY	11/12 N N N N	11/13 L - -	11/14 B - -
11/17 I I I I I I	11/18 - - -	11/19 - - -	11/20 N L L	11/21 B - L
11/24 T L - T L -	11/25 T T T T T T	11/26 NO SCHOOL	11/27 HOLIDAY	11/28 HOLIDAY
12/01 T T - T - T	12/02 I I I I	12/03 I L -	12/04 T B -	12/05 T - -
12/08 T - - - - -	12/09 T L -	12/10 B - -	12/11 T T -	12/12 T T -
12/15 X XXXXXX	12/16 X XXXXXX	12/17 X XX	12/18 X XX	12/19 X X
1/05 NO SCHOOL	1/06 *NOT ENRL*	1/07 *NOT ENRL*	1/08 *NOT ENRL*	1/09 *NOT ENRL*
1/12 *NOT ENRL*	1/13 *NOT ENRL*	1/14 *NOT ENRL*	1/15 *NOT ENRL*	1/16 *NOT ENRL*
1/19 HOLIDAY	1/20 *NOT ENRL*	1/21 *NOT ENRL*	1/22 *NOT ENRL*	1/23 *NOT ENRL*
1/26 STAFF DEV	1/27 STAFF DEV	1/28 *NOT ENRL*	1/29 *NOT ENRL*	1/30 *NOT ENRL*
2/02 *NOT ENRL*	2/03 *NOT ENRL*	2/04 *NOT ENRL*	2/05 *NOT ENRL*	2/06 *NOT ENRL*
2/09 *NOT ENRL*	2/10 *NOT ENRL*	2/11 *NOT ENRL*	2/12 *NOT ENRL*	2/13 *NOT ENRL*

Summary of Attendance by Period

CD	Description	All	P0	P1	P2	P3	P4	P5	P6	P7	P8	P9
B	GT30MinTru	0		10	9	2		1				
I	Illness	4		5	3	5	2	4	2			
L	Tardy	0		5	9	10	3	5	6	1		
M	Tardy-Exc	0			2							
N	Unexcused	1		12	5	2	1	3	2			
T	Truant	1		8	4	2	4	1	2			
X	Excused	6		6	6	5	5	5	5			
	TOTALS											
	EXCUSED	10	0	11	9	10	7	9	7	0	0	0
	UNEXCUSED	2	0	20	9	4	5	4	4	0	0	0

Enter/Leave/Program Changes

Date	Ent/Lv	Grd	Prg	AttPr1	AttPr2	Trk
08/13/2025	E	12	S			
12/19/2025	L	12	S			

ENR: 87 **PR:** 75 (86.2%) **EXC:** 10 **UNEX:** 2 **PDS TRDY:** 63
TRU: 48 **SUSP :** 0 **IN-SUS:** 0 **IS-COMP:** 0 **IS-INC:** 0

Student Attendance 3:53:59 PM Wednesday, February 11, 2026

2024-2025

Aragon High School

2/11/2026

StuID	Last Name	First Name	Middle Name	Gender	Grade	Prg	Track
1168505	Caetano Fugioka	Felipe Yuji		Male	11		

MON A0123456789	TUE A0123456789	WED A0123456789	THU A0123456789	FRI A0123456789
8/12 STAFF DEV	8/13 NO SCHOOL	8/14 *NOT ENRL*	8/15 *NOT ENRL*	8/16 *NOT ENRL*
8/19 *NOT ENRL*	8/20 *NOT ENRL*	8/21 *NOT ENRL*	8/22 *NOT ENRL*	8/23 *NOT ENRL*
8/26 *NOT ENRL*	8/27 *NOT ENRL*	8/28 *NOT ENRL*	8/29 *NOT ENRL*	8/30 *NOT ENRL*
9/02 HOLIDAY	9/03 *NOT ENRL*	9/04 *NOT ENRL*	9/05 *NOT ENRL*	9/06 *NOT ENRL*
9/09 *NOT ENRL*	9/10 *NOT ENRL*	9/11 *NOT ENRL*	9/12 *NOT ENRL*	9/13 *NOT ENRL*
9/16 *NOT ENRL*	9/17 *NOT ENRL*	9/18 *NOT ENRL*	9/19 *NOT ENRL*	9/20 *NOT ENRL*
9/23 *NOT ENRL*	9/24 *NOT ENRL*	9/25 *NOT ENRL*	9/26 *NOT ENRL*	9/27 *NOT ENRL*
9/30 *NOT ENRL*	10/01 *NOT ENRL*	10/02 *NOT ENRL*	10/03 *NOT ENRL*	10/04 *NOT ENRL*
10/07 *NOT ENRL*	10/08 *NOT ENRL*	10/09 *NOT ENRL*	10/10 *NOT ENRL*	10/11 *NOT ENRL*
10/14 STAFF DEV	10/15 *NOT ENRL*	10/16 *NOT ENRL*	10/17 *NOT ENRL*	10/18 *NOT ENRL*
10/21 *NOT ENRL*	10/22 *NOT ENRL*	10/23 *NOT ENRL*	10/24 *NOT ENRL*	10/25 *NOT ENRL*
10/28 *NOT ENRL*	10/29 *NOT ENRL*	10/30 *NOT ENRL*	10/31 *NOT ENRL*	11/01 *NOT ENRL*
11/04 *NOT ENRL*	11/05 *NOT ENRL*	11/06 *NOT ENRL*	11/07 *NOT ENRL*	11/08 *NOT ENRL*
11/11 HOLIDAY	11/12 *NOT ENRL*	11/13 - - -	11/14 - - - A	11/15N N N N
11/18 -------	11/19 - - X X	11/20 - - -	11/21 - - - -	11/22I I I I
11/25 TTTT-T-	11/26 --L----	11/27 NO SCHOOL	11/28 HOLIDAY	11/29 HOLIDAY
12/02 -------	12/03 - - - -	12/04 - - -	12/05 - - - -	12/06 - - X
12/09 --L-L--	12/10 - - - -	12/11 L - -	12/12 - - - -	12/13 - - -
12/16 -------	12/17 TL---XX	12/18 TB	12/19 --	12/20 --
1/06 NO SCHOOL	1/07T T T T T	1/08 - - L	1/09 - L X X	1/10 - - -
1/13 --L-L--	1/14 - - - L	1/15 - - -	1/16T T T T	1/17 - - -
1/20 HOLIDAY	1/21 - L - -	1/22 - - -	1/23 - L - -	1/24 - L -
1/27 STAFF DEV	1/28 STAFF DEV	1/29 -------	1/30 - - - -	1/31 - L -
2/03 ---L---	2/04 - - - N	2/05 - - -	2/06 - - - -	2/07 - L -
2/10 --A----	2/11 L L - X	2/12 - - -	2/13 - L - -	2/14 B L -
2/17 HOLIDAY	2/18 B - - -	2/19 B - -	2/20 - - - -	2/21 - - -
2/24 -------	2/25 - L - -	2/26 - - -	2/27 - - - -	2/28 - - -
3/03 -------	3/04 - L - -	3/05 - - -	3/06 - L - -	3/07 - L -
3/10N NNNNNN	3/11 - L - -	3/12 - - -	3/13 - - - -	3/14X X X X
3/17 -------	3/18 - - - -	3/19 - - -	3/20 - L - T	3/21 - - -
3/24 -L----L	3/25 L - - -	3/26 - - -	3/27 - L - L	3/28T T T T
3/31 NO SCHOOL	4/01 NO SCHOOL	4/02 NO SCHOOL	4/03 NO SCHOOL	4/04 NO SCHOOL
4/07T TTTTTTT	4/08 - - - -	4/09 - - -	4/10 - L - L	4/11 - - -
4/14 L-L---L	4/15 - L - T	4/16 - L -	4/17 - - - -	4/18 - - -
4/21 B------	4/22 - - - -	4/23 - - -	4/24 - L - -	4/25 - - -
4/28 --L----	4/29 - L - -	4/30 - - -	5/01 - L - -	5/02 - - -
5/05 --L--L-	5/06 - L - A	5/07 - - -	5/08 - L - L	5/09 - - A
5/12 -------	5/13 L L - -	5/14 - - -	5/15 - L - -	5/16 - - T
5/19 --L----	5/20 - L - N	5/21 - - -	5/22 B-L-L--	5/23 L-LL---
5/26 HOLIDAY	5/27 -L	5/28 B-	5/29 --	5/30 NO SCHOOL

Summary of Attendance by Period

CD	Description	All	P0	P1	P2	P3	P4	P5	P6	P7	P8	P9
A	Activity	0				1			1	2		
B	GT30MinTru	0		3	2	1	1					
I	Illness	1			1		1		1			
L	Tardy	0		5	3	31	8	3	2	6		
N	Unexcused	2		1	2	1	2	1	2	3		
T	Truant	4		5	4	4	3	3	4	4		
X	Excused	1			1		1	2	3	4		
	TOTALS											
	EXCUSED	2	0	0	2	0	2	2	4	4	0	0
	UNEXCUSED	6	0	6	6	5	5	4	6	7	0	0

Enter/Leave/Program Changes

Date	Ent/Lv	Grd	Prg	AttPr1	AttPr2	Trk
11/13/2024	E	11	T			
05/05/2025	L	11	T			
05/06/2025	E	11				

ENR: 118 **PR:** 110 (93.2%) **EXC:** 2 **UNEX:** 6 **PDS TRDY:** 65
TRU: 20 **SUSP :** 0 **IN-SUS:** 0 **IS-COMP:** 0 **IS-INC:** 0

Foster City School

2025-2026 **Student Data Printout** 2/4/2026

ID Number	Last Name	First Name	Middle Name	Gender	Grade	Birthdate
11307	Caetano	Lucca		Male	4	05/30/2016

Parent/guardian	Primary Phone	Mother Phone - Robe	Extn	Primary Contact 2	Extn	Name/Addr Ver	Verified	Tag
Robson Da Silva/Roberta Caetano	(415) 532-7966	(415) 532-7966		(415) 532-7966			☑	

City	State	Zip	Extn	GridCd	Interdist Transfer / District
620 Veterans Blvd #221 Redwood City	CA	94063		11216	55

Enter Dt	Dst Enter	Leave Dt
11/05/2024	05/20/2019	

Counselor Number	Counselor Name	Locker Number	Residence School	Last School	Next School	Next Grade	Next Tchr	Records Release	Parent Education
0	Unassigned		12	12	18	5	0		5

CorrLng	RptLg	LangFlu	Prg	AP1	AP2	Msg	Sched Grp	State Student ID
06	06	L	S					9336149425

Hisp/Latino	Race 1	Race 2	Race 3	Race 4	Race 5
Y	White				

Last Name Alias	First Name Alias	Middle Name Alias	Student's Mobile

Birth City	State Country
Goiania-Go	BR



Lucca Caetano

Competency Tests	Student Email Address
	lc11307@smfcsd.me

	Grade Reporting		Cumulative			
	Weighted	Non-Wghtd	Weighted	Non-Wghtd	Cred Att	Cred Cmp
Academic	0.0000	0.0000	0.0000	0.0000	0.00	0.00
Total	0.0000	0.0000	0.0000	0.0000		

U1	U2	U3	GATE	U5	U6	U7	U8	U9	U10	U11	U12	U13
							5					

Student Lives With	Relationship	Telephone	Work Phone	Ext	Mobile
Roberta Santos	Mother	(415) 532-7966			

Address	City	State	Zip Code	Email Address
620 Veterans Blvd #221	Redwood City	CA	94063	beta_yasmin@hotmail.com

Class Schedule

Period	Trm	Calendar	Sec#	Course ID	Course Title	Teacher(s)	Primary Class	Room
Gr4-5	Y	MTWRF	0113	1049	4th Grade	Aberg, D	Yes	20
PI-PO	Y	MTWRF	0126	1056	SDC 3-5	Sidor, N	No	18

San Mateo-Foster City School District

REPORT TO PARENTS - FOURTH GRADE

Student: Lucca Caetano
Primary Teacher: Aberg, David
Stu ID: 11307
Birthdate: 05/30/2016

School: Foster City School
Principal: Leah Pason
08/12/2025 - 11/14/2025

Year: 2025-2026
Grade: 4

EXPLANATION OF MARKS

Effort		Progress Toward End of Year Standard	
*	Consistently	4	Exceeding expected progress towards standard
+	Most of the Time	3	Making expected progress towards standard
/	Sometimes	2	Needs support to make progress towards standard
-	Seldom	1	Needs significant support to make progress towards standard
		X	Standard not sufficiently assessed this term

Reporting Period	1	2	3
ENGLISH LANGUAGE ARTS			
Overall Effort in English Language Arts	+		
Reading			
Independently reads grade level text with purpose, understanding, accuracy and fluency	2		
Comprehension of Literature	2		
Demonstrates understanding of a variety of literature by:			
--Summarizing and discussing key details that support the theme, lesson, or moral of the text			
--Discussing in depth characters' actions and motivations			
--Comparing and contrasting stories, themes and characters			
--Referring explicitly to the text to support ideas, inferences and opinions			
Comprehension of Informational Text	2		
Demonstrates understanding of a variety of informational text by:			
--Interpreting information gained from illustrations, text features and words			
--Comparing and contrasting main idea, events and details presented in two or more texts			
--Describing the relationship between historical events, scientific ideas or procedures			
--Referring explicitly to the text when drawing inferences			
Foundational Skills	1		
--Efficiently uses knowledge of word patterns and Latin root words to decode multisyllabic words in text			
--Uses a variety of strategies to accurately read new words in text			
--Determines the meaning of words and phrases as they are used in text			
Writing			
Routinely writes across a variety of topics and genre, producing writing that reflects a range of purposes and audiences	1		
Uses the writing process, including feedback from adults and peers, to develop and strengthen writing	1		
Produces writing projects which are developed, organized and published appropriate to purpose and audience	1		
Uses evidence to support an analysis or reflection of literary or informational texts	1		

Reporting Period	1	2	3
Speaking and Listening			
Comprehension and Collaboration	1		
--Engages effectively in collaborative discussions			
--Paraphrases portions of a text read aloud or information presented			
--Identifies the points a speaker or media sources makes to support their idea			
Presentation of Knowledge and Ideas	X		
--Reports on a topic or text, tells a story, or recounts an experience with appropriate facts and relevant descriptive details			
--Plans and delivers a presentation			
--Differentiates between contexts that call for formal English and situations where informal discourse is appropriate			
Language			
Written Language: Conventions of Standard English	2		
--Produces simple, compound and complex sentences			
--Uses capital letters and punctuation correctly			
--Correctly spells frequently confused words (e.g. too, to, two)			
--Demonstrates command of conventions of English grammar and usage			
Vocabulary Acquisition and Use	2		
--Determines or clarifies the meaning of unknown and multiple-meaning words and phrases			
--Demonstrates understanding of figurative language, word relationships, and nuances in word meanings			
--Uses new words and phrases learned through conversations and texts			

MATHEMATICS			
Overall Effort in Mathematics	+		
Operations and Algebraic Thinking	X		
--Uses four operations (+, -, x, ÷) with whole numbers to solve problems			
--Gains familiarity with factors and multiples			
--Generates and analyzes patterns			
Number and Operations in Base Ten	2		
--Generalizes place-value understanding for multi-digit whole numbers			
--Uses place-value understanding and properties of operations to perform multi-digit arithmetic			
--Fluently adds and subtracts multi-digit whole numbers using the standard algorithm			

Student: Lucca Caetano Primary Teacher: Aberg, David Grade: 4

Reporting Period	1	2	3
Mathematics cont.			
Number and Operations - Fractions	X		
--Extends understanding of fractions equivalence and ordering			
--Builds fractions using unit fractions			
--Understands decimal notation for fractions, and compares decimal fractions			
Measurement and Data	X		
--Solves problems involving measurement and conversion of measurements from a larger unit to a smaller unit			
--Understands concept of an angle and measures angles			
--Represents and interprets data			
Geometry	X		
--Draws and identifies lines and angles, and classifies shapes by properties of lines and angles			
SCIENCE STANDARDS			
Overall Effort in Science	*		
Understands and applies the grade level:			
Disciplinary Core Ideas	↑		
Crosscutting Concepts	↑		
Science & Engineering Practices	X		
Environmental Principles & Concepts	X		
HISTORY/SOCIAL SCIENCE STANDARDS			
Overall Effort in Social Science	+		
Geography of California	↑		
Native People and impact of explorers	X		
Missions/ranchos	X		
Gold Rush	X		
Statehood and growth	X		
Government	X		
PHYSICAL EDUCATION STANDARDS			
Demonstrates fitness and movement skills	+		
Demonstrates knowledge of fitness and movement	+		
Demonstrates personal and social responsibility	*		
VISUAL AND PERFORMING ARTS			
Demonstrates effort and actively participates in art	+		
Demonstrates effort and actively participates in music	+		
SOCIAL AND ACADEMIC RESPONSIBILITIES			
Shows respect for self, others and property	*		
Takes responsibility for actions	+		
Makes sense of problems and perseveres in solving them	+		
Works and plays well with others	*		
Constructs viable arguments and critiques the reasoning of others	/		
Actively engages in whole and small group academic activities	*		

ATTENDANCE	1	2	3
Days Enrolled	61		
Days Absent	7		
Days Tardy	2		

TEACHER COMMENTS

1st Trimester: Rm 18 / Very social, funny, friendly, Independent. Able to follow a daily schedule independently. Works in a small group willingly. Respectful. Loves to draw familiar characters and describe them to others. Enjoys playing with friends at recess. Responds positively to praise and encouragement.

Mr. Aberg: Lucca joins Room 20 for our class' morning meeting, PE, music, library, art, Lego lab, and science. He gets along well with others in the class, and he always participates in our morning meetings. He needs lots of guidance to follow directions in writing and for working with others for science experiments.

San Mateo-Foster City School District

REPORT TO PARENTS - THIRD GRADE

Student: Lucca Caetano
School: Foster City School
Year: 2024-2025
Primary Teacher: Aberg, David
Principal: Amanda Goll
Grade: 3
Stu ID: 11307
03/10/2025 - 06/11/2025
Birthdate: 05/30/2016

EXPLANATION OF MARKS

Effort		Progress Toward End of Year Standard	
*	Consistently	4	Exceeding expected progress towards standard
+	Most of the Time	3	Making expected progress towards standard
/	Sometimes	2	Needs support to make progress towards standard
-	Seldom	1	Needs significant support to make progress towards standard
		X	Standard not sufficiently assessed this term

Reporting Period	1	2	3
ENGLISH LANGUAGE ARTS			
Overall Effort in English Language Arts		+	+
Reading			
Independently reads grade level text with purpose, understanding, accuracy and fluency		2	2
Comprehension of Literature		2	2
Demonstrates understanding of a variety of literature by:			
--Recounting and discussing how key details support the central message, lesson, or moral of the text			
--Discussing characters' actions and motivations			
--Comparing and contrasting plots, themes and characters			
--Referring explicitly to the text to support ideas and opinions			
Comprehension of Informational Text		2	2
Demonstrates understanding of a variety of informational text by:			
--Discussing information gained from illustrations, text features and words			
--Comparing and contrasting main idea, events and details presented in two texts			
--Distinguishing the author's point of view from their own			
--Describing the relationship between historical events, scientific ideas or procedures			
Foundational Skills		2	2
--Efficiently decodes multisyllabic words in text			
--Uses high frequency words to read efficiently			
--Uses a variety of strategies to accurately read new words in books			
--Uses a variety of strategies to self-correct reading, as needed			
Writing			
Routinely writes for a variety of purposes and audiences and across a range of topics and genre		1	1
Uses the writing process, including feedback from adults and peers, to develop and strengthen writing		1	1
Produces writing projects which are developed, organized and published appropriate to purpose and audience		1	1
Speaking and Listening			
Comprehension and Collaboration		2	2
--Engages effectively in a range of collaborative discussions			
--Determines the main ideas and supporting details of a text read aloud or of information presented			
--Asks and answers questions about information in conversation			

Reporting Period	1	2	3
Speaking and Listening cont.			
Presentation of Knowledge and Ideas		2	2
--Reports on a topic or text, tells a story, or recounts an experience with appropriate facts and relevant descriptive details			
--Plans and delivers a presentation			
--Speaks in complete sentences appropriate to task and situation			
Language			
Written Language: Conventions of Standard English		2	2
--Produces simple, compound and complex sentences			
--Uses capital letters and punctuation correctly			
--Spells most familiar words correctly and spells new words using knowledge of spelling patterns			
--Demonstrates command of conventions of English grammar and usage			
Vocabulary Acquisition and Use		2	2
--Determines or clarifies the meaning of unknown and multiple-meaning words and phrases			
--Explores word relationships and nuances in word meanings			
--Uses new words and phrases learned through conversations and texts			
MATHEMATICS			
Overall Effort in Mathematics		+	+
Operations and Algebraic Thinking		2	2
--Represents and solves problems involving multiplication and division within 100			
--Understands the properties of multiplication and division and the relationship between them			
--Solves multi-step problems involving the four operations			
--Identifies and explains patterns in arithmetic			
Number and Operations in Base Ten		2	2
--Uses place-value understanding and properties of operations to perform multi-digit arithmetic			
--Fluently adds and subtracts within 1000 using strategies (standard algorithm not expected)			
Number and Operations - Fractions		2	2
--Develops understanding of fractions as numbers and part of a whole			
Measurement and Data		2	2
--Solves problems involving measurement of intervals of time, liquid volumes, and masses of objects			
--Understands area and relates area to multiplication and addition			
--Distinguishes between perimeter and area			
Geometry		X	X
--Reasons with shapes and their attributes			

Student: Lucca Caetano Primary Teacher: Aberg, David Grade: 3

Reporting Period	1	2	3
SCIENCE STANDARDS			
Overall Effort in Science		+	*
Understands and applies the grade level:			
Disciplinary Core Ideas		1	1
Crosscutting Concepts		1	1
Science & Engineering Practices		1	1
Environmental Principles & Concepts		1	1
HISTORY/SOCIAL SCIENCE STANDARDS			
Overall Effort in Social Science		+	+
Physical and human geography		X	X
Local peoples and history		X	X
Basic government and economy		X	X
PHYSICAL EDUCATION STANDARDS			
Demonstrates fitness and movement skills		*	*
Demonstrates knowledge of fitness and movement		*	*
Demonstrates personal and social responsibility		*	*
VISUAL AND PERFORMING ARTS			
Demonstrates effort and actively participates in art		*	*
Demonstrates effort and actively participates in music		*	*
SOCIAL AND ACADEMIC RESPONSIBILITIES			
Shows respect for self, others and property		*	*
Takes responsibility for actions		+	+
Makes sense of problems and perseveres in solving them		/	/
Works and plays well with others		*	*
Constructs viable arguments and critiques the reasoning of others		-	+
Actively engages in whole and small group academic activities		/	+

ATTENDANCE	1	2	3
Days Enrolled		59	61
Days Absent		5	7
Days Tardy		16	14

TEACHER COMMENTS

3rd Trimester: Ms. Princess: Lucca is an active, curious student who engages well with peers and teachers. He cooperates consistently and puts in strong effort across subjects. While he sometimes gets frustrated and needs reminders to stay on task, encouragement helps him complete his work. Lucca is making great progress in math and growing more confident, though reading and comprehension remain areas needing continued support. He's been a wonderful addition to our class this year!

San Mateo-Foster City School District

REPORT TO PARENTS - SECOND GRADE

Student: Lucca Caetano
School: Foster City School
Year: 2023-2024
Primary Teacher: Pawlick, Margaret
Principal: Amanda Goll
Grade: 2
Stu ID: 11307
03/11/2024 - 06/11/2024
Birthdate: 05/30/2016

EXPLANATION OF MARKS

Effort		Progress Toward End of Year Standard	
*	Consistently	4	Exceeding expected progress towards standard
+	Most of the Time	3	Making expected progress towards standard
/	Sometimes	2	Needs support to make progress towards standard
-	Seldom	1	Needs significant support to make progress towards standard
		X	Standard not sufficiently assessed this term

Reporting Period	1	2	3
ENGLISH LANGUAGE ARTS			
Overall Effort in English Language Arts	+	+	+
Reading			
Independently reads grade level text with purpose, understanding, accuracy and fluency		1	2
Comprehension of Literature and Informational text	1	2	2
Demonstrates understanding of a variety of texts by:			
--Retelling key ideas and details			
--Using information gained from illustrations and print to demonstrate understanding of the main idea of the text			
--Discussing similarities and differences in characters and settings			
--Comparing and contrasting important details of informational texts			
--Reading books smoothly and with expression			
Foundational Skills (Fluency, Word Recognition, Phonics)	2	2	2
--Efficiently decodes unknown words			
--Uses a variety of strategies to accurately read new words in books			
--Uses a variety of strategies to self-correct reading, as needed			
Writing			
Routinely writes for a variety of purposes and audiences and across a range of topics and genre	2	2	2
With modeling and support, uses feedback from adults and peers to develop, strengthen and publish writing	X	X	1
Speaking and Listening			
Comprehension and Collaboration	1	2	
With modeling and support...			
--Participates in collaborative conversations with peers about 2nd grade topics			
--Recounts or describes key ideas or details from a text read aloud or oral presentation			
--Asks and answers questions about what a speaker says in order to gather additional information or to clarify as needed			
Presentation of Knowledge and Ideas	2	2	2
With modeling and support...			
--Tells a story or recounts an experience with appropriate facts and details, speaking audibly in coherent sentences			
--Plans and delivers a narrative presentation			

Reporting Period	1	2	3
Language			
Written Language: Conventions of Standard English	2	2	2
With modeling and support...			
--Produces writing that is legible			
--Uses grade level appropriate capital letters and punctuation correctly			
--Spells common words correctly			
--Spells new words phonetically using knowledge of common spelling patterns			
Vocabulary Acquisition and Use	2	2	2
--Determines or clarifies the meaning of unknown and multiple-meaning words and phrases			
--Explores word relationships and nuances in word meanings			
--Uses new words and phrases learned through conversations and books			

MATHEMATICS			
Overall Effort in Mathematics	+	+	+
Operations and Algebraic Thinking	2	2	2
--Represents and solves problems involving addition and subtraction within 100 (Standard algorithm not expected)			
--Fluently adds and subtracts within 20			
Number and Operations in Base Ten	1	2	2
--Understands place value (ones, tens, hundreds)			
--Uses place-value understanding and properties of operations to add and subtract			
Measurement and Data	X	X	2
--Measures and estimates lengths in standard units			
--Relates addition and subtraction to length			
Geometry	X	X	2
--Reasons with shapes and their attributes			

Student: Lucca Caetano Primary Teacher: Pawlick, Margaret Grade: 2

Reporting Period	1	2	3
SCIENCE STANDARDS			
Overall Effort in Science	+	+	+
Understands and applies the grade level:			
Disciplinary Core Ideas	3	3	3
Crosscutting Concepts	X	3	3
Science & Engineering Practices	3	3	3
Environmental Principles & Concepts	3	3	3
HISTORY/SOCIAL SCIENCE STANDARDS			
Overall Effort in Social Science	+	+	+
Shows differentiation between past and present events	X	2	2
Demonstrates understanding of map skills	X	X	2
Shows an understanding of governmental concepts in the U.S. and other countries	2	2	2
Shows an understanding of basic economic concepts	X	X	2
Shows an understanding of people who have made a difference in history	X	2	2
PHYSICAL EDUCATION STANDARDS			
Demonstrates fitness and movement skills	*	*	*
Demonstrates knowledge of fitness and movement	*	*	*
Demonstrates personal and social responsibility	*	*	*
VISUAL AND PERFORMING ARTS			
Demonstrates effort and actively participates in art	+	+	+
Demonstrates effort and actively participates in music	+	+	+
SOCIAL AND ACADEMIC RESPONSIBILITIES			
With modeling and support...			
Shows respect for self, others and property	+	*	*
Takes responsibility for actions	+	*	*
Makes sense of problems and perseveres in solving them	+	+	+
Works and plays well with others	+	*	*
Constructs viable arguments and critiques the reasoning of others	+	+	+
Actively engages in whole and small group academic activities	+	+	+

ATTENDANCE	1	2	3
Days Enrolled	60	60	60
Days Absent	17	7	9
Days Tardy	1	5	9

TEACHER COMMENTS

1st Trimester: Comments from Ms. K: Lucca is a creative and kind student who loves building and creating things. With adult support Lucca is considered below grade level, but is making progress when he is consistently at school. He works very hard at reading, writing, and math. Lucca experiences challenges with distractibility and expressing himself verbally during academic tasks and often needs redirection and language support. We use reinforcers, breaks, and prompting to support Lucca during these times. Lucca's writing is improving and with adult guidance he is able to write sentences when an adult first models them. Lucca's reading is improving and he is able to segment individual sounds in CVC words, he is having trouble blending the sounds to create words. Lucca is able to add and subtract numbers within 20 with adult support and manipulatives. Currently, we are supporting his understanding of place value and regrouping using addition and subtraction using base ten blocks for support. Overall, Lucca is a joy to have in the classroom, he participates in activities, and is kind to others. Lucca would benefit from consistent attendance at school, listening to stories, and reading decodable texts at home.

Ms. Pawlick: Lucca is a friendly and creative student. We will continue to work together to help him grow in all academic areas.

2nd Trimester: Comments from Ms. Pawlick: Lucca is a well behaved and happy boy and is a pleasure to have in class.

Comments from Ms. K: Lucca is making progress academically and behaviorally. Lucca is reading and decoding decodable texts with the short vowels /a/ and /i/. Lucca forms all of his letters correctly and can write up to 4 sentences on a prompt with the support of a graphic organizer and sentence frames. Lucca needs reminders to add species between words, and add punctuation. Lucca can answer "wh" reading comprehension questions with the support of sentence frames and modeling sentence structure. Lucca experiences challenges in his expressive communication, which makes it difficult for him to express his thoughts accurately. Lucca is making progress in math and is understanding place value with the support of visuals and manipulatives. Lucca can add and subtract within 20 with the support of an adult. Lucca experiences some challenges in attention during lessons. However, Lucca is easily redirected with less than 2 prompts. Lucca is friendly and kind to all peers and adults.

3rd Trimester: Comments from Ms. Pawlick: It was a pleasure having Lucca in my class and I am so proud of the effort he put in. Have a wonderful summer and best of luck at his new school!

Comments from Ms. K: Lucca made progress academically and behaviorally. Lucca would benefit from continued reading and comprehension practice using decodable texts, and participating in social interactions with peers his age. We will miss him next year! Have a great summer!

Exhibit 7 - Evidence of Current Means-Tested Benefits Eligibility

Human Services Agency - CMT
400 HARBOR BLVD
BLDG B
BELMONT, CA 94002-4047

COUNTY OF SAN MATEO

Date: 02/04/2026
Case Name: Roberta Caetano AlmeidaDos Santos
Case Number: 2226215
Worker Name: San Mateo County Staff
Worker ID: 41LS07XZ05
Worker Phone Number: (800) 223-8383

VERIFICATION OF BENEFITS

ROBERTA CAETANO ALMEIDADOS SANTOS
620 VETERANS BLVD UNIT 221
REDWOOD CITY, CA 94063-1497

Physical Address:
620 VETERANS BLVD UNIT 221
REDWOOD CITY, CA 94063-1497

Home Phone Number: (415) 532-7966

Monthly Benefits

Month/Year	CalWORKs	GA/GR	RCA	CAPI	Cash Aid Assistance Unit Size	CalFresh	CF Household Size	MC	CMSP	MC Household Size
02/2026								Y	N	4

Current Household Details

Name	DOB	Aid Code	In the Home	CF	CW	GA /GR	CAPI	OHC	Medi-Cal	CMSP	MC/CMSP SOC
Lucca Caetano	05/30/2016	P5	Y	N	N	N	N	N	Y	N	0.00
Roberta Caetano Almeidados Santo	04/20/1980	M3	Y	N	N	N	N	N	Y	N	0.00
Felipe Yuji Fugioka	08/28/2007	P5	Y	N	N	N	N	N	Y	N	0.00
Yasmin Ayume Fugioka	10/30/2003	M1	Y	N	N	N	N	N	Y	N	0.00

Comments

Roberta Caetano Almeidados Santos and listed family members are active on the San Mateo County MediCal Program.

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

After Visit Summary

Yasmin A. Fugioka MRN: 1322760
CEID: CSM-RTBK-086Q-HCLL
4/16/2025 1:45 PM SMMCUltrasound Imaging
650-573-2681

Today's Visit

You were seen on Wednesday April 16, 2025. The following issue wa addressed: Lower abdominal pain.

What's Next

You currently have no upcoming appointments scheduled.

Your Medication List as of April 17, 2025 12:34 AM

Lutera 0.1-20 MG-MCG tablet
Generic drug: levonorgestrel-ethinyl estradiol
1 TABLET ORALLY DAILY FOR THREE WEEKS, 1 WEEK OFF 84 DAYS

metroNIDAZOLE 500 MG tablet
Commonly known as: Flagyl
Take 1 tablet by mouth in the morning and 1 tablet before bedtime. Do all this for 7 days.

*If you need assistance when the clinic is closed (overnight or after hours) please call the nurse advice line at **1-833-846-8773**. If you have an emergency call 911.*


HealthPlan OF SAN MATEO
Healthy is for everyone
Medi-Cal
www.hpsm.org
Member
FELIPE YUJI FUGIOKA
Medi-Cal ID
364331176
Group Plan (80840)
7740 283 982
PCP
NORTH EAST MEDICAL SERVICES
415 391-9686
DOB
08/28/2007
Assigned to PCP as of
02/01/2018
HPSM Member as of
01/01/2018
Medicare
NO
PCN#05860000 BIN#600428 No Group# Required
HPSM Member Services: 1-800-750-4776


HealthPlan
OF SAN MATEO
Healthy is for everyone
Medi-Cal
Name:
ROBERTA CAETANO ALMEIDADOS S
Date of Birth:
04/20/1980
HPSM ID:
192359113
Card Issue Date:
12/29/2023
Medi-Cal Rx
(for drug benefits only)
Medi-Cal CIN 92012792G
BIN 022659
PCN 6334225
GROUP ID Medi-Cal Rx
For more information about your health plan benefit,
call Member Services: 1-800-750-4776 or visit www.hpsm


HealthPlan
OF SAN MATEO
Healthy is for everyone
Medi-Cal
Name: LUCCA CAETANO
Date of Birth: 05/30/2016
HPSM ID: 873335125
Card Issue Date: 07/23/2021
For more information about your health plan benefi
call Member Services: 1-800-750-4776 or visit www.hpsm.o

Exhibit 8 - Order Granting Asylum

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
SAN FRANCISCO IMMIGRATION COURT

Respondent Name:
CAETANO ALMEIDA DOS SANTOS, ROBERTA

To:
Silva, Otavio Haverroth
5051 La Jolla BLVD
Suite 202
San Diego, CA 92109

A-Number:
216289300
Riders:
216289301 CAETANO FUGIOKA, YASMIN AYUME
216289302 CAETANO FUGIOKA, FELIPE YUJI
216289303 CAETANO, LUCCA
In Removal Proceedings
Initiated by the Department of Homeland Security
Date:
01/16/2025

☐ Unable to forward - no address provided.

☑ Attached is a copy of the **decision of the Immigration Judge.** This decision is final unless an appeal is filed with the Board of Immigration Appeals within 30 calendar days of the date of the mailing of this written decision. See the enclosed forms and instructions for properly preparing your appeal. Your notice of appeal, attached documents, and fee or fee waiver request must be mailed to:

Board of Immigration Appeals
Office of the Clerk
P.O. Box 8530
Falls Church, VA 22041

☐ Attached is a copy of the decision of the immigration judge as the result of your Failure to Appear at your scheduled deportation or removal hearing. This decision is final unless a Motion to Reopen is filed in accordance with Section 242B(c)(3) of the Immigration and Nationality Act, 8 U.S.C. § 1252B(c)(3) in deportation proceedings or section 240(b)(5)(c), 8 U.S.C. § 1229a(b)(5)(c) in removal proceedings. If you file a motion to reopen, your motion must be filed with this court:

Immigration Court

☐ Attached is a copy of the decision of the immigration judge relating to a Reasonable Fear Review. This is a final order. Pursuant to 8 C.F.R. § 1208.31(g)(1), no administrative appeal is available. However, you may file a petition for review within 30 days with the appropriate Circuit Court of Appeals to appeal this decision pursuant to 8 U.S.C. § 1252; INA § 242.

☐ Attached is a copy of the decision of the immigration judge relating to a **Credible Fear Review.** This is a final order. No appeal is available.

☐ Other:

Date:

Immigration Judge: GORDON, LOUIS 01/16/2025

Certificate of Service

This document was served:

Via: [M] Mail | [P] Personal Service | [E] Electronic Service | [U] Address Unavailable

To: [ ] Noncitizen | [ ] Noncitizen c/o custodial officer | [E] Noncitizen's atty/rep. | [E] DHS

Respondent Name : CAETANO ALMEIDA DOS SANTOS, ROBERTA | A-Number : 216289300

Riders:

216289301 CAETANO FUGIOKA, YASMIN AYUME
216289302 CAETANO FUGIOKA, FELIPE YUJI
216289303 CAETANO, LUCCA

Date: 01/16/2025 By: AQUINO, MARITES, Court Staff

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
SAN FRANCISCO IMMIGRATION COURT

Respondent Name:
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To:
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216289303 CAETANO, LUCCA
In Removal Proceedings
Initiated by the Department of Homeland Security
Date:
01/16/2025

ORDER OF THE IMMIGRATION JUDGE

☑ This is a summary of the oral decision entered on 01/16/2025. The oral decision in this case is the official opinion, and the immigration court issued this summary for the convenience of the parties.
☐ Both parties waived the issuance of a formal oral decision in this proceeding.

I. Removability

The immigration court found Respondent ☑ removable ☐ inadmissible under the following Section(s) of the Immigration and Nationality Act (INA or Act): 212(a)(7)(A)(i) (I).

The immigration court found Respondent ☐ not removable ☐ not inadmissible under the following Section(s) of the Act:

II. Applications for Relief

Respondent's application for:

A. Asylum/Withholding/Convention Against Torture

☑ Asylum was ☑ granted ☐ denied ☐ withdrawn with prejudice ☐ withdrawn without prejudice

☐ Withholding of Removal under INA § 241(b)(3) was ☐ granted ☐ denied ☐ withdrawn with prejudice ☐ withdrawn without prejudice

☐ Withholding of Removal under the Convention Against Torture was ☐ granted ☐ denied ☐ withdrawn with prejudice ☐ withdrawn without prejudice

☐ Deferral of Removal under the Convention Against Torture was ☐ granted ☐ denied ☐ withdrawn with prejudice ☐ withdrawn without prejudice

☐ Respondent knowingly filed a frivolous application for asylum after notice of the consequences. *See* INA § 208(d)(6); 8 C.F.R. §1208.20

B. Cancellation of Removal

☐ Cancellation of Removal for Lawful Permanent Residents under INA § 240A(a) was ☐ granted ☐ denied ☐ withdrawn with prejudice ☐ withdrawn without prejudice

☐ Cancellation of Removal for Nonpermanent Residents under INA § 240A(b)(1) was ☐ granted ☐ denied ☐ withdrawn with prejudice ☐ withdrawn without prejudice

☐ Special Rule Cancellation of Removal under INA § 240A(b)(2) was ☐ granted ☐ denied ☐ withdrawn with prejudice ☐ withdrawn without prejudice

C. Waiver

☐ A waiver under INA § was ☐ granted ☐ denied ☐ withdrawn with prejudice ☐ withdrawn without prejudice

D. Adjustment of Status

☐ Adjustment of Status under INA § was ☐ granted ☐ denied ☐ withdrawn with prejudice ☐ withdrawn without prejudice

E. Other

Withholding of Removal and Withholding of Removal Under the Convention Against Torture were not adjudicated.

III. Voluntary Departure

☐ Respondent's application for ☐ pre-conclusion voluntary departure under INA § 240B(a) ☐ post-conclusion voluntary departure under INA § 240B(b) was ☐ denied.

☐ Respondent's application for ☐ pre-conclusion voluntary departure under INA § 240B(a) ☐ post-conclusion voluntary departure under INA § 240B(b) was ☐ granted, and Respondent is ordered to depart by . The respondent must post a $ bond with DHS within five business days of this order. Failure to post the bond as required or to depart by the required date will result in an alternate order of removal to taking effect immediately.

☐ The respondent is subject to the following conditions to ensure his or her timely departure from the United States:

☐ Further information regarding voluntary departure has been added to the record.

☐ Respondent was advised of the limitation on discretionary relief, the consequences for failure to depart as ordered, the bond posting requirements, and the consequences of filing a post-order motion to reopen or reconsider:

If Respondent fails to voluntarily depart within the time specified or any extensions granted by the DHS, Respondent shall be subject to a civil monetary penalty as provided by relevant statute, regulation, and policy. *See* INA § 240B(d)(1). The immigration court has set ☐ the presumptive civil monetary penalty amount of $3,000.00 USD

☐ $ USD instead of the presumptive amount.

If Respondent fails to voluntarily depart within the time specified, the alternate order of removal shall automatically take effect, and Respondent shall be ineligible, for a period of 10 years, for voluntary departure or for relief under sections 240A, 245, 248, and 249 of the Act, to include cancellation of removal, adjustment of status, registry, or change of nonimmigrant status. *Id.* If Respondent files a motion to reopen or reconsider prior to the expiration of the voluntary departure period set forth above, the grant of voluntary departure is automatically terminated; the period allowed for voluntary departure is not stayed, tolled, or extended. If the grant of voluntary departure is automatically terminated upon the filing of such a motion, the penalties for failure to depart under section 240B(d) of the Act shall not apply.

If Respondent appeals this decision, Respondent must provide to the Board of Immigration Appeals (Board), within 30 days of filing an appeal, sufficient proof of having posted the voluntary departure bond. The Board will not reinstate the voluntary departure period in its final order if Respondent does not submit timely proof to the Board that the voluntary departure bond has been posted.

In the case of conversion to a removal order where the alternate order of removal immediately takes effect, where Respondent willfully fails or refuses to depart from the United States pursuant to the order of removal, to make timely application in good faith for travel or other documents necessary to depart the United States, to present himself or herself at the time and place required for removal by the DHS, or conspires to or takes any action designed to prevent or hamper Respondent's departure pursuant to the order of removal, Respondent may be subject to a civil monetary penalty for each day Respondent is in violation. If Respondent is removable pursuant to INA § 237(a), then he or she shall be further fined or imprisoned for up to 10 years.

IV. Removal

☐ Respondent was ordered removed to

☐ In the alternative, Respondent was ordered removed to

☐ Respondent was advised of the penalties for failure to depart pursuant to the removal order:

> If Respondent is subject to a final order of removal and willfully fails or refuses to depart from the United States pursuant to the order, to make timely application in good faith for travel or other documents necessary to depart the United States, to present himself or herself at the time and place required for removal by the DHS, or conspires to or takes any action designed to prevent or hamper Respondent's departure pursuant to the order of removal, Respondent may be subject to a civil monetary penalty for each day Respondent is in violation. If Respondent is removable pursuant to INA § 237(a), then he or she shall be further fined or imprisoned for up to 10 years.

V. Other

☐ Proceedings were ☐ dismissed ☐ terminated with prejudice ☐ terminated without prejudice ☐ administratively closed.

☐ Respondent's status was rescinded under INA § 246.

☐ Other:

Immigration Judge: GORDON, LOUIS 01/16/2025

Appeal: Department of Homeland Security: ☑ waived ☐ reserved
Respondent: ☑ waived ☐ reserved

Appeal Due:

Certificate of Service

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To: [ ] Noncitizen | [ ] Noncitizen c/o custodial officer | [E] Noncitizen's atty/rep. | [E] DHS

Respondent Name : CAETANO ALMEIDA DOS SANTOS, ROBERTA | A-Number : 216289300

Riders:

216289301 CAETANO FUGIOKA, YASMIN AYUME
216289302 CAETANO FUGIOKA, FELIPE YUJI
216289303 CAETANO, LUCCA

Date: 01/16/2025 By: AQUINO, MARITES, Court Staff