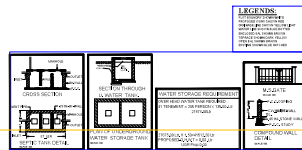
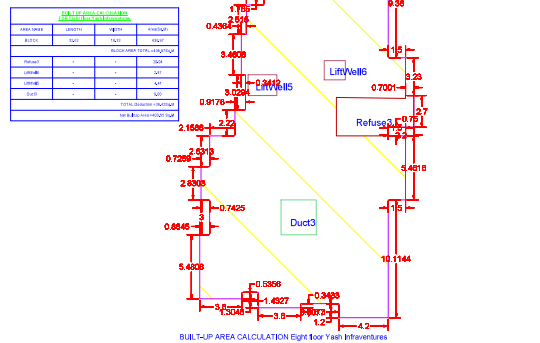
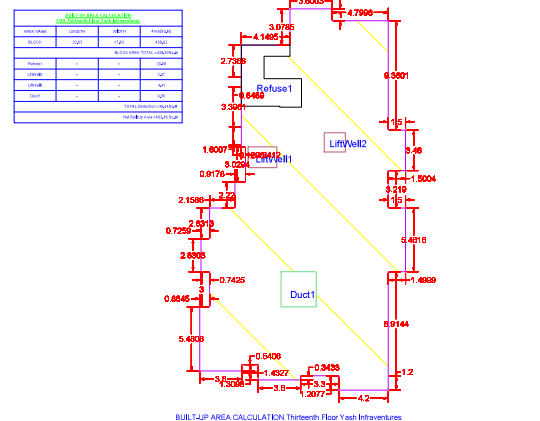


| Name            | Date of Birth | Permanent Address                         | DOB (mm/dd/yyyy) | Insurance Information |                    | Monthly Rent (\$) | Monthly Fee (\$) | Total | Balance Due (or Pre-Paid) | Status (Paid/Overdue) |
|-----------------|---------------|-------------------------------------------|------------------|-----------------------|--------------------|-------------------|------------------|-------|---------------------------|-----------------------|
|                 |               |                                           |                  | Insurance Type        | Insurance Provider |                   |                  |       |                           |                       |
| John Doe        | 1985-03-15    | 123 Main St, Apt 4B, New York, NY 10001   | 03/15/1985       | Health Insurance      | ABC Insurance Co.  | 1200              | 50               | 1250  | 0                         | Paid                  |
| Jane Smith      | 1990-07-22    | 456 Elm St, Apt 2C, New York, NY 10002    | 07/22/1990       | Health Insurance      | XYZ Insurance Co.  | 1100              | 40               | 1140  | 0                         | Paid                  |
| Michael Johnson | 1978-11-08    | 789 Oak St, Apt 1A, New York, NY 10003    | 11/08/1978       | Health Insurance      | DEF Insurance Co.  | 1300              | 60               | 1360  | 0                         | Paid                  |
| Emily Davis     | 1992-05-30    | 321 Pine St, Apt 5D, New York, NY 10004   | 05/30/1992       | Health Insurance      | GHI Insurance Co.  | 1000              | 30               | 1030  | 0                         | Paid                  |
| Robert Brown    | 1988-09-12    | 654 Maple St, Apt 3F, New York, NY 10005  | 09/12/1988       | Health Insurance      | JKL Insurance Co.  | 1150              | 45               | 1195  | 0                         | Paid                  |
| Sarah Wilson    | 1995-02-28    | 987 Cedar St, Apt 1G, New York, NY 10006  | 02/28/1995       | Health Insurance      | MNO Insurance Co.  | 1250              | 55               | 1305  | 0                         | Paid                  |
| David Miller    | 1980-06-10    | 147 Birch St, Apt 2H, New York, NY 10007  | 06/10/1980       | Health Insurance      | PQR Insurance Co.  | 1180              | 48               | 1228  | 0                         | Paid                  |
| Olivia Garcia   | 1993-10-05    | 258 Spruce St, Apt 4I, New York, NY 10008 | 10/05/1993       | Health Insurance      | RST Insurance Co.  | 1050              | 35               | 1085  | 0                         | Paid                  |
| James Taylor    | 1975-04-18    | 369 Willow St, Apt 1J, New York, NY 10009 | 04/18/1975       | Health Insurance      | UVW Insurance Co.  | 1350              | 65               | 1415  | 0                         | Paid                  |
| Ava Martinez    | 1991-08-25    | 480 Ash St, Apt 3K, New York, NY 10010    | 08/25/1991       | Health Insurance      | XYZ Insurance Co.  | 1120              | 42               | 1162  | 0                         | Paid                  |



Gregory D. Davis  
Deputy Director of Texas Housing  
Date: 11/12/2013



Travis Plummer  
Date: 11/12/2013

**Certificate of Area**  
 Certified that the plot under reference was surveyed by me or \_\_\_\_\_ and the dimensions of sides etc. of plot stated on plan are as measured on site and the area so worked out tallies with the area stated in document of Ownership/T.P. Scheme Records/ Land Records Department/City Survey records.  
 Signature \_\_\_\_\_  
 (Name of Architect/ Licensed Engineer/ Supervisor.)

**Owner's Declaration -**  
 I/We undersigned hereby confirm that I/we would abide by plans approved by Authority / Collector. I/we would execute the structure as per approved plans. Also I/we would execute the work under supervision of proper technical person so as to ensure the quality and safety at the work site.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |       |          |            |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|----------|------------|------------------------------------------------------------------------|
| Owner (s) name and signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |       |          |            |                                                                        |
| Architect/ Licensed Engineer/ Supervisor name and signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |       |          |            |                                                                        |
| Job No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Drawing No. | Scale | Drawn by | Checked by | Registration No. of<br>Architect<br>or<br>Engineer<br>or<br>Supervisor |
| Postal Address : Plot no 001, Megh, Yazhodkanh Endive,Vandha Road,<br>Ary Square Nagpur (M.P.) Maharashtra-4400131. CORRESPONDENCE<br><small>For the purpose of this form, the following definitions shall apply: Architect: A person who is registered with the Council of Architecture, India and is qualified to practice as an architect. Engineer: A person who is registered with the Council of Engineers, India and is qualified to practice as an engineer. Supervisor: A person who is registered with the Council of Supervisors, India and is qualified to practice as a supervisor.</small> |             |       |          |            |                                                                        |

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DESCRIPTION OF PROJECT :</b><br>Type of Proposal: Residential<br>BUILDING ON CTS, NO.10/SURVEY NO.-412047                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                   |
| <b>SITE ADDRESS:</b><br>PLOT NO.1, MOZUVA - 10, NO. ANI, YARD NO. 05, KHASRA NO. 106,<br>TAWADIST, NAGAR.                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                   |
| <b>Name of Applicant, Her/his Male/relative</b><br><b>LOGO</b><br><b>ADDRESS OF OFFICE</b><br>OFFICE -<br>BA Demolitor colony, Sundarini<br>Nagar, Nagpur-46                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                   |
| <b>Signature with</b><br><br><small>Signature of the Applicant<br/>         Name of the Applicant<br/>         Designation of the Applicant<br/>         Address of the Applicant<br/>         Date of the Signature</small> | <b>Signature with</b><br><br><small>Signature of the Designated Person<br/>         Name of the Designated Person<br/>         Designation of the Designated Person<br/>         Address of the Designated Person<br/>         Date of the Signature</small> |
| <b>SCALE - 1 : 100</b><br><br><b>JOB NO -IMD-2546367</b>                                                                                                                                                                                                                                                          | <b>Date: 03/10/23</b><br><br><b>CHECK BY -</b>                                                                                                                                                                                                                                                                                                    |
| <b>SUBMISSION DRAWING</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                   |