

DIS Case Number: 17-0336-EL-AGG

Section A: Application Information

Section B: Applicant Managerial Capability and Experience

Section C: Applicant Financial Capability and Experience

C-2. Financial statements

Provide copies of the applicant's two most recent years of audited financial statements, including a balance sheet, income statement, and cash flow statement. If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, provide audited or officer certified financial statements covering the life of the business. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns with **social security numbers and bank account numbers redacted**.

If the applicant is unable to meet the requirement for two years of financial statements, the Staff reviewer may request additional financial information.

File(s) attached

C-5. Credit report

Provide a copy of the applicant's credit report from Experian, Equifax, TransUnion, Dun and Bradstreet or a similar credit reporting organization. If the applicant is a newly formed entity with no credit report, then provide a personal credit report for the principal owner of the entity seeking certification. At a minimum, the credit report must show summary information and an overall credit score. **Bank/credit account numbers and highly sensitive identification information must be redacted**. If the applicant provides an acceptable credit rating(s) in



response to C-4, then the applicant may select 'This does not apply' and provide a response in the box below stating that a credit rating(s) was provided in response to C-4.

File(s) attached

Section D: Applicant Technical Capacity

Application Attachments

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial FRED		Last name KASUNICK		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial MICHELLE M		Last name KASUNICK		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 348 PLYMOUTH DRIVE				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. BAY VILLAGE			State OH	ZIP code 44140	
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1957 ☐ Are blind Spouse: ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
MICHAEL	KASUNICK	[REDACTED]	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
JENNIFER R	KASUNICK	[REDACTED]	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	77,885.
	2a	Tax-exempt interest	2a	4.
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	3a	Qualified dividends	3a	5,203.
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	24,371.
	8	Other income from Schedule 1, line 10	8	28,630.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	136,988.
	10	Adjustments to income from Schedule 1, line 26	10	9,037.
	11	Subtract line 10 from line 9. This is your adjusted gross income	11	127,951.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	
	c	Add lines 12a and 12b	12c	25,100.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	5,344.
	14	Add lines 12c and 13	14	30,444.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	97,507.

**If you have a
qualifying child,
attach Sch. EIC**

Direct deposit?
See instructions.

Amount You Owe

**Third Party
Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ Yes. Complete below. ☐ No

Designee's name ▶ Sandra C. Thomas Phone no. ▶ (330) 725-3162 Personal identification number (PIN) ▶

6	0	7	8	0
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**Sign
Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SALES	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
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Joint return?
See instructions.
Keep a copy for
your records.

Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation TEACHER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶
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Phone no.	Email address
	fmkasunick@aol.com

**Paid
Preparer
Use Only**

Preparer's name Sandra C. Thomas	Preparer's signature Sandra C. Thomas	Date 04/05/2022	PTIN P01446305	Check if: <input checked="" type="checkbox"/> Self-employed
Firm's name ▶ SC Thomas & Associates CPA LLC			Phone no. (330) 725-3162	
Firm's address ▶ 3599 Reserve Commons Drive Medina OH 44256			Firm's EIN ▶ 82-2006662	

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial FRED		Last name KASUNICK		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial MICHELLE M		Last name KASUNICK		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 348 PLYMOUTH DRIVE				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. BAY VILLAGE			State OH	ZIP code 44140	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		Foreign postal code	

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
MICHAEL	KASUNICK	[REDACTED]	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
JENNIFER R	KASUNICK	[REDACTED]	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income		Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		Attach Sch. B if required.		Standard Deduction for—	
1a	Total amount from Form(s) W-2, box 1 (see instructions)						79,281.
b	Household employee wages not reported on Form(s) W-2						
c	Tip income not reported on line 1a (see instructions)						
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						
e	Taxable dependent care benefits from Form 2441, line 26						
f	Employer-provided adoption benefits from Form 8839, line 29						
g	Wages from Form 8919, line 6						
h	Other earned income (see instructions)						0.
i	Nontaxable combat pay election (see instructions)			1i			
z	Add lines 1a through 1h						79,281.
2a	Tax-exempt interest	2a	45.	b	Taxable interest	2b	77.
3a	Qualified dividends	3a	6,255.	b	Ordinary dividends	3b	7,033.
4a	IRA distributions	4a		b	Taxable amount	4b	
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Social security benefits	6a		b	Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions)						
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here					7	742.
8	Other income from Schedule 1, line 10					8	35,137.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income					9	122,270.
10	Adjustments to income from Schedule 1, line 26					10	12,671.
11	Subtract line 10 from line 9. This is your adjusted gross income					11	109,599.
12	Standard deduction or itemized deductions (from Schedule A)					12	25,900.
13	Qualified business income deduction from Form 8995 or Form 8995-A					13	6,615.
14	Add lines 12 and 13					14	32,515.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income					15	77,084.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	7,998.
	17	Amount from Schedule 2, line 3	17	0.
	18	Add lines 16 and 17	18	7,998.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	1,000.
	20	Amount from Schedule 3, line 8	20	1,502.
	21	Add lines 19 and 20	21	2,502.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,496.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	4,902.
	24	Add lines 22 and 23. This is your total tax	24	10,398.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	6,511.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	6,511.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) No	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	1,000.
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	1,000.
	33	Add lines 25d, 26, and 32. These are your total payments	33	7,511.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a																
Direct deposit? See instructions.	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X							
X	X	X	X	X	X	X	X	X	X										
	d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
	36	Amount of line 34 you want applied to your 2023 estimated tax	36																

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	2,965.
	38	Estimated tax penalty (see instructions)	38	78.

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
Designee's name	Sandra C. Thomas	Phone no.	(330) 725-3162
		Personal identification number (PIN)	6 0 7 8 0

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no.	Email address	fmkasunick@aol.com	

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if:
	Sandra C. Thomas	Sandra C. Thomas	04/06/2023	P01446305	<input checked="" type="checkbox"/> Self-employed
	Firm's name	SC Thomas & Associates CPA LLC			Phone no. (330) 725-3162
	Firm's address	3599 Reserve Commons Drive Medina OH 44256			Firm's EIN 82-2006662

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20

See separate instructions.

Your first name and middle initial FRED		Last name KASUNICK		Your social security number 123-45-6789	
If joint return, spouse's first name and middle initial MICHELLE M		Last name KASUNICK		Spouse's social security number 987-65-4321	
Home address (number and street). If you have a P.O. box, see instructions. 348 PLYMOUTH DRIVE				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. BAY VILLAGE				State OH	
				ZIP code 44140	
Foreign country name		Foreign province/state/county		Foreign postal code	

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Filing Status ☐ Single ☐ Head of household (HOH)

Check only one box. ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>	MICHAEL	KASUNICK	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	JENNIFER R	KASUNICK	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	80,550.
b	Household employee wages not reported on Form(s) W-2	
c	Tip income not reported on line 1a (see instructions)	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
e	Taxable dependent care benefits from Form 2441, line 26	
f	Employer-provided adoption benefits from Form 8839, line 29	
g	Wages from Form 8919, line 6	
h	Other earned income (see instructions)	
i	Nontaxable combat pay election (see instructions)	1i
z	Add lines 1a through 1h	1z 80,550.
2a	Tax-exempt interest	2a
3a	Qualified dividends	3a 7,078.
4a	IRA distributions	4a
5a	Pensions and annuities	5a
6a	Social security benefits	6a
c	If you elect to use the lump-sum election method, check here (see instructions)	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7 1,927.
8	Additional income from Schedule 1, line 10	8 37,660.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 128,069.
10	Adjustments to income from Schedule 1, line 26	10 2,606.
11	Subtract line 10 from line 9. This is your adjusted gross income	11 125,463.
12	Standard deduction or itemized deductions (from Schedule A)	12 27,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13 6,974.
14	Add lines 12 and 13	14 34,674.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 90,789.

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

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	9,604.
	17	Amount from Schedule 2, line 3	17	0.
	18	Add lines 16 and 17	18	9,604.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	1,000.
	20	Amount from Schedule 3, line 8	20	1,519.
	21	Add lines 19 and 20	21	2,519.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,085.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	5,212.
	24	Add lines 22 and 23. This is your total tax	24	12,297.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	6,418.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	6,418.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) No	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	1,000.
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	1,000.
	33	Add lines 25d, 26, and 32. These are your total payments	33	7,418.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																					
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a																					
Direct deposit? See instructions.	b	Routing number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
	d	Account number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
	36	Amount of line 34 you want applied to your 2024 estimated tax	36																					

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	5,033.
	38	Estimated tax penalty (see instructions)	38	154.

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
	Designee's name Sandra C. Thomas, CPA	Phone no. (330) 725-3162	Personal identification number (PIN) 6 0 7 8 0

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			SALES	
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
			TEACHER	
	Phone no.	Email address fmkasunick@aol.com		

Paid Preparer Use Only	Preparer's name Sandra C. Thomas, CPA	Preparer's signature Sandra C. Thomas, CPA	Date 04/10/2024	PTIN P01446305	Check if: <input checked="" type="checkbox"/> Self-employed
	Firm's name SC Thomas & Associates CPA LLC	Phone no. (330) 725-3162			
	Firm's address 3599 Reserve Commons Drive Medina OH 44256	Firm's EIN 82-2006662			



← Your credit reports



Experian

EQ Equifax



TransUnion

Experian credit report

FRED A KASUNICK

As of Apr 9, 2024 ▾

FICO[®]SCORE 8 ⓘ

Experian data Apr 9, 2024

838

EXCEPTIONAL

300

850

Personal information

NAME

FRED A KASUNICK

ALSO KNOWN AS

-

GENERATIONAL IDENTIFIER

-

YEAR OF BIRTH

ADDRESSES

348 PLYMOUTH DR
BAY VILLAGE, OH 44140-1451

16827 FISCHER RD
CLEVELAND, OH 44107-5537

21990 RIVER OAKS DR
ROCKY RIVER, OH 44116-3121

EMPLOYERS



See what you're missing! You have 28 matched credit card offers.

See Matches



PERSONAL STATEMENTS

NO STATEMENT(S) PRESENT AT THIS TIME

Quick actions

**Manage Experian
CreditLock****Print your report****File a dispute****Build credit without debt!⁰ Meet the Experian Smart Money™ Digital Checking Account.**

Banking services provided by Community Federal Savings Bank, Member FDIC. Experian is not a bank.






You have 6 open accounts

Total balance: \$29,246

Credit cards or credit lines

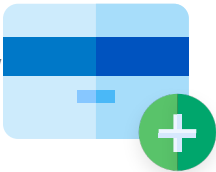
Total balance: \$2,076

1% credit usage ⓘCredit used: **\$2,076**Credit limit: **\$186,000**|
6%|
30%**See what you're missing!** You have 28 matched credit card offers.

	CAPITAL ONE >
Link card name What's this?	
Balance	\$1,516
Balance updated	Mar 13, 2024
<hr/>	
	CITIZENS BANK >
Link card name	
Balance	\$5
Balance updated	Apr 06, 2024
<hr/>	
	CITIZENS BANK >
Link card name	
Balance	\$555
Balance updated	Mar 17, 2024
<hr/>	
	US BANK >
Link card name	
Balance	\$0
Balance updated	Mar 31, 2024
<hr/>	
	US BANK HOGAN LOC >
Link card name	
Balance	\$0
Balance updated	Mar 29, 2024

Add to your \$186,000 credit limit

You could improve your credit usage and increase your FICO® Score with a new card. Check out offers matched just to you.



[Explore credit cards](#)

6 closed accounts ▼



See what you're missing! You have 28 matched credit card offers.

Real estate loans

Total balance: \$27,170



US BANK HOME MORTGAGE



Balance

\$27,170

Balance updated

Mar 05, 2024

2 closed accounts ▾

0 collections

Experian has no collections on file for you as of Apr 9, 2024. If you fall behind on payments, your lender or service provider may sell your debt to a collections agency, so remember to pay on time.

0 inquiries

If you apply for credit, your inquiries—or a list of lenders who have accessed your credit file regarding a credit application—will appear here.

Your Experian credit file is unlocked.

Locking your credit file can help prevent unauthorized access.

[More on CreditLock](#)



0 public records

This is where public records, such as bankruptcies, would appear on your report.



¿Speak español? Download a printable copy of your informe de crédito en español.

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FAQs

What is a credit report?



What is included in a credit report?



What is not included in a credit report?



Where does the information in your credit reports come from?



Will checking your credit reports hurt your credit score?



When is your Experian credit report updated?



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Case No(s). 17-0336-EL-AGG

Summary: In the Matter of the Application of Ohio Energy Consultants