

Association Period

Receiver
Transmitter
Data
Time
Name
Address
Result

FAIRFAX COUNTY DEPARTMENT OF HUMAN DEVELOPMENT
INTERVIEW CHECKLIST

Minh-Tho Khuc,

The form attached needs to be signed and dated. I went over this form in the interview but I could not find it, so please have Minh Tran sign, date and return to my office.

The form explains the rights and procedures and if you have any questions please call me.

Thanks,

Javier Fernandez

Also,

the foodstamps and refugee st
should be arriving soon!

Sign here



* you can keep the
bottom, yellow copy

FAIRFAX COUNTY DEPARTMENT OF HUMAN DEVELOPMENT
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* you can keep the
bottom, yellow copy



HOI GIA-DINH TU-NHAN CHINH-TRI VIETNAM
FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION

P.O. BOX 5435, Arlington, VA 22205-0635

Tel: (703) 560-0058 - FAX: (703) 204-0394

FAX COVER SHEET

DATE: April 28, 1995

TO : J. Fernandez
Eligibility Worker

FAX #: 533-5525

FROM: Families of Vietnamese Political Prisoners Association

NO. OF PAGES include cover sheet: 04

SUBJECT: Lease of Dat Minh Tran's family

This is to report that Mrs. Dat Minh Tran's
family has been moved to

If you need further information, please give me
a call.

Thank you very much.

Khuc, Minh-Tho

AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
(INTERACTION)

200 PARK AVENUE SOUTH NEW YORK, N.Y. 10003

DATE: 03F8895 FILE ID NO. V100197 PRESENT LOCATION: THAILAND

ETA OR ECL COMPLETION DATE:

THE FOLLOWING PERSONS:

NAME	A NUMBER	DATE OF BIRTH	SEX	POB	NL/D
PHAM HUU PHUOC	74475165	21MAR51	M	VTNM	VTNM
NGUYEN THI MINH NHAT	74475166	24SEP53	F	VTNM	VTNM
PHAM NGUYEN PHUONG KHANH	74475167	22NOV53	F	VTNM	VTNM

USPHS
QUARANTINE STATION

FEB 28 1995

ARRIVAL DATE
LOS ANGELES, CA

HAVE BEEN ACCEPTED FOR RESETTLEMENT UNDER THE AUSPICES OF:

VOLUNTARY AGENCY

DFMS
315 2ND AVENUE
NEW YORK, NY 10017

(212) 607-9454

LOCAL SPONSOR

CIO OF VIRGINIA
VIRGINIA COUNCIL OF CHURCH
1214 W GRAHAM RD APT 3
RICHMOND VA 23220
(804)977-2357

AIRPORT OF FINAL DESTINATION: IAD

LOCAL RELATIVE

PLACE OF LANDING: LEESBURG VA

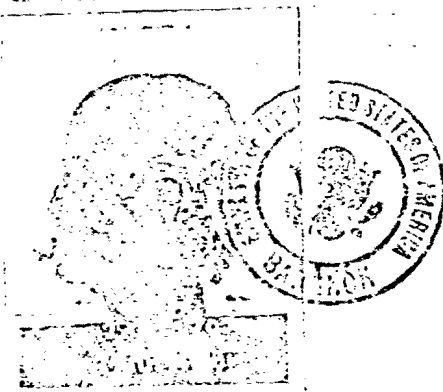
CAREG
C/O THE REV CORKY SHIFLETT
835 LEE AVE S W
LEESBURG VA 22075
H (703)777-4222
W (703)338-4574

SPECIAL INSTRUCTIONS:

THIS AGENCY AGREES TO ASSIST THE PRINCIPAL REFUGEE NAMED ABOVE
TO OBTAIN EMPLOYMENT AND HOUSING FOR HIM/HERSELF AND FAMILY, IF ANY.

SIGNATURE
AUTHORIZED VOLUNTARY REPRESENTATIVE

ADVISE AGENCY



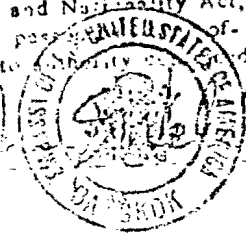
DATE 27 FEB 1995

TO: ALL CARRIERS AND IMMIGRATION OFFICIALS:

The person (s) listed on the reverse whose photograph (s) is/are affixed hereto, is/are travelling to the United States under the auspices of the International Organization for Migration (IOM)

The provisions of the United States Immigration and Nationality Act, as amended requiring all persons to present a valid passport for admission to the U.S. has been waived pursuant to authority of 22 CFR 42.6 (f)

VALID UNTIL 27 MAR 1995



AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
(INTERACTION)

200 PARK AVENUE SOUTH NEW YORK, N.Y. 10003

DATE: 12FEB85 FILE ID NO. V100197 PRESENT LOCATION: THAILAND

ETA OR EOL COMPLETION DATE:

THE FOLLOWING PERSONS:

NAME	A NUMBER	DATE OF BIRTH	SEX	POB	NL/D
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NGUYEN THI MINH NHAT	74475166	24SEP53	F	VTNM	VTNM
PHAM NGUYEN PHUONG KHANH	74475167	22NOV58	F	VTNM	VTNM

USPHS
QUARANTINE STATION

FEB 28 1985

ARRIVAL DATE
LOS ANGELES, CA

HAVE BEEN ACCEPTED FOR RESETTLEMENT UNDER THE AUSPICES OF:

VOLUNTARY AGENCY

DEMS
815 2ND AVENUE
NEW YORK, NY 10017
(212) 607-9434

LOCAL SPONSOR

CIO OF VIRGINIA
VIRGINIA COUNCIL OF CHURCH
1214 W GRAHAM RD APT 3
RICHMOND VA 23220
(804) 977-0657

AIRPORT OF FINAL DESTINATION: LAX

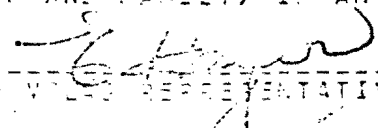
PLACE OF LANDING: LEBBURG VA

SPECIAL INSTRUCTIONS:

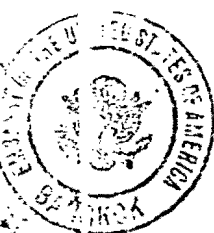
LOCAL RELATIVE

CARES
C/O THE REV CORKY SHIFLETT
335 LEE AVE S W
LEBBURG VA 22075
H (703) 777-4222
W (703) 338-4374

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SIGNATURE 
AUTHORIZED VOLUNTEER REPRESENTATIVE

RECEIVED



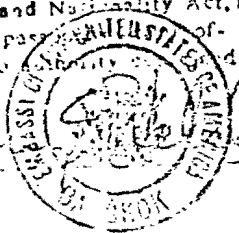
DATE 27 FEB 1995
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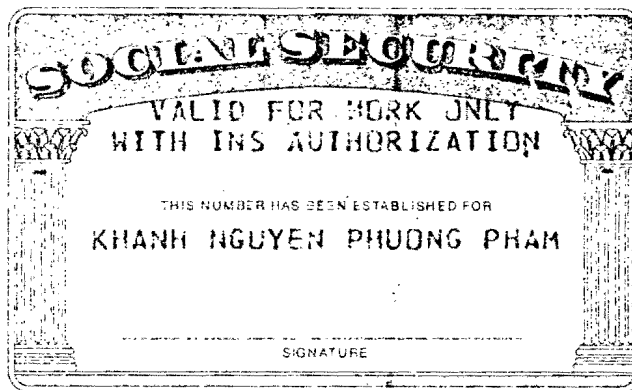
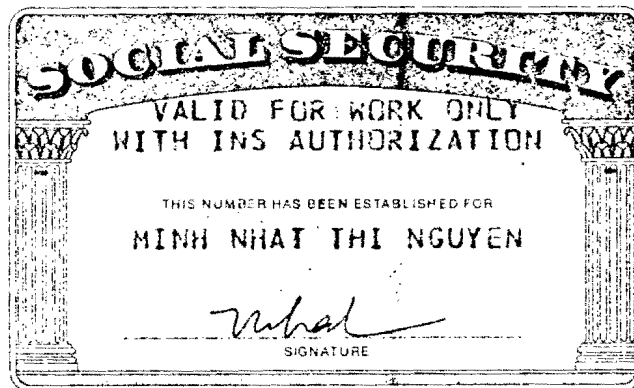
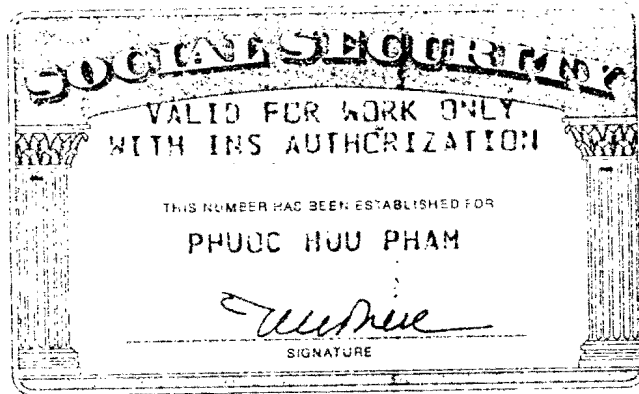
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VALID UNTIL 27 MAR 1995

SIGNED





Departure Number

929712026 03

Immigration and
Naturalization ServiceI-94
Departure Record

14. Family Name PHAM		16. Birth Date (Day Mo Yr) 21 03 51
15. First (Given) Name PHUOC HUU		
17. Country of Citizenship VIETNAM		

See Other Side

STAPLE HERE

Departure Number

929712035 03

Immigration and
Naturalization ServiceI-94
Departure Record

14. Family Name NGUYEN		16. Birth Date (Day Mo Yr) 24 09 53
15. First (Given) Name MINH NHAT THI		
17. Country of Citizenship VIETNAM		

See Other Side

STAPLE HERE

Departure Number

929712044 03

Immigration and
Naturalization ServiceI-94
Departure Record

14. Family Name PHAM		16. Birth Date (Day Mo Yr) 22 11 88
15. First (Given) Name PHUONG KHANH NGUYEN		
17. Country of Citizenship VIETNAM		

See Other Side

STAPLE HERE

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Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 prior to surrendering this permit.

Record of Changes

A# 74475165	V# V100197	IV# 225619
RICHMOND	VA 23220	DFMS

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

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Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

SALGON FAX

TO: NGUYEN THI MINH PHUONG

FROM: PHAM HUU PHUOC

ADDRESS:

address: 94 Lau I A DIEN BIEN PHU
PHUONG DAKAO, QUAN 1
T.P. HO CHI MINH, VN

TEL:

Dear Mo Tu:

When we got your news that we go to resettle in Richmond, Virginia we are so scared and concerned because there is no relatives living in that area.

Please reconsidere our family relationship, talk to the Voluntary Agency in Richmond, Virginia to let us to resettle with you in order we can be close with relatives in the new country. All extended family members want us to be near you. My older uncle and my parents desire you to interfere and work hard to help us to live near you and relatives. You understand that we do not speak English, we need you when we arrive in the new Country. We are very afraid when we have to go to Richmond because we do not know anybody there.

Anxiously to hear from you very soon.

Sincerely,

September 27, 1994

IRSA

Dear Ealaine:

On April 7, 1994, I have submitted Affidavit of Relationship to sponsor my nephew-in-law - IV 225019 and his family to join me here in Falls Church, Virginia.

Now I learn that they are leaving the country in the near future but I do not hear anything from you, my niece whose is the wife of PHAM HUU PHUOC and the whole family are eagerly to reunify with me here.

Greatly appreciate if you let me know the date of their arrival in order I can arrange their housing and their well-being resettlement of their new home.

Thank you very much for your prompt assistance in this matter.

Sincerely,



Khuc Minh Tho

Re: PHAM HUU PHUOC (3)
V 100197

DATE: 4/11/95WORKER IBM No. 205NAME: Minh Nhat NguyenADDRESS: _____
_____SHARED SHELTER FORM

- I. SHARED RENT - Total Rent: \$ _____. Please provide proof of total bill -
(i.e. rent receipt, copy of lease):

	Household Members Who Pay Rent	Amount of Rent Paid 1/4; <u>1/2</u> ; 1/3	Signature of All Who Pay Rent
1.	PHUOC HUU PHAM		<u>Minh Nhat</u>
2.	MINH NHAT THI NGUYEN		<u>Minh Nhat</u>
3.	KHANH NGUYEN PHUONG PHAM		
4.	THO DINH PHAN		<u>Minh Nhat</u>
5.	DAT MINH THI TRAN		<u>Minh Nhat</u>
6.	TRIEU MINH PHAN		<u>Minh Nhat</u>
7.			

Rent Total _____

- II. SHARED UTILITY - Type (circle): Electric Gas Oil Other: _____
In order to receive the utility standard, you must provide proof of
expenses for oil, electricity, or gas. In order to receive actual
utility expenses, you must provide all of your most recent bills.

	Household Members	Amount	Portion of Bill Paid (All; 1/2; 1/3; Etc.)	Signature of All Who Pay Utilities
1.				
2.				
3.				
4.				
5.				
6.				
7.				

If you do not provide the above, you may get less food stamps.

DATE: 4/11/95WORKER IBM No. 705NAME: Minh Nhat Nguyen

ADDRESS: _____

SHARED SHELTER FORM

- I. SHARED RENT - Total Rent: \$ _____. Please provide proof of total bill - (i.e. rent receipt, copy of lease):

	Household Members Who Pay Rent	Amount of Rent Paid 1/4; <u>1/2</u> ; 1/3	Signature of All Who Pay Rent
1.	PHUOC HUU PHAM		<u>Minh Nhat</u>
2.	MINH-NHAT THI NGUYEN		<u>Minh Nhat</u>
3.	KHANH NGUYEN DUONG PHAM		
4.	THO DINH PHAN		<u>Minh Nhat</u>
5.	DAT-MINH THI TRAN		<u>Minh Nhat</u>
6.	TRIEU MINH PHAN		<u>Minh Nhat</u>
7.			

Rent Total _____

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3.				
4.				
5.				
6.				
7.				

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DATE: 4/11/95WORKER IBM No. 705NAME: Minh Nhat Nguyen

ADDRESS: _____

SHARED SHELTER FORM

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	Household Members Who Pay Rent	Amount of Rent Paid 1/4; <u>1/2</u> ; 1/3	Signature of All Who Pay Rent
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2.	MINH-NHAT THI NGUYEN		<u>Minh Nhat</u>
3.	KHANH NGUYEN PHUONG PHAM		
4.	THO DINH PHAN		<u>Minh Nhat</u>
5.	DAT-MINH THI TRAN		<u>Minh Nhat</u>
6.	TRIEU MINH PHAN		<u>Minh Nhat</u>
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6.				
7.				

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107-029012

APRIL

1995

03211951 M 01-5 C
09241953 F 02-3 C
11221988 F 03-1 APHAM, PHUOC H
NGUYEN, NHAT T
PHAM, KHANH N030195
030195
030195THIS CARD IS NOT VALID
IF IT IS NOT ASSIGNED AND
IF IT IS NOT USED BY THE
ASSIGNED PERSON.IF YOU USE CARD 111111
YOUR CARD IS NO LONGER VALID
IF YOU USE CARD 111111
YOUR CARD IS NO LONGER VALID

INSTRUCTIONS ON BACK

REFERENCE INFORMATION

017 304 107 03/24/95

000065

0065

PHUOC H PHAM
911 EDW FERRY RD NELEESBURG VA
22075-0000

DETACH HERE BEFORE USING CARD 11

NOTICE TO RECIPIENTS: (PLEASE READ DETACH FORM THE ATTACHED CARD ABOVE)

THIS MESSAGE IS FOR YOU IF YOU ARE OVER THE AGE 64, YOU ARE BLIND, OR DISABLED.

MEDALLION, THE MANAGED CARE PROGRAM FOR MEDICAID, WILL BE REPLACING YOUR CURRENT MEDICAID COVERAGE BETWEEN MAY 1 AND JUNE 1. THIS WILL NOT AFFECT YOU IF YOU HAVE MEDICARE OR OTHER PRIVATE INSURANCE, OR IF YOU ARE IN A NURSING HOME, OR IF YOU RECEIVE PERSONAL CARE AT HOME! FOR THOSE PEOPLE, MEDICAID CONTINUES UNCHANGED. ASK YOUR MAIN DOCTOR IF HE IS PLANNING TO JOIN MEDALLION. IF YOU DO NOT HAVE A PERSONAL DOCTOR, YOU WILL BE ASKED TO CHOOSE ONE. YOU WILL GET MORE INFORMATION ABOUT MEDALLION IN THE MAIL BEFORE MAY 1. THE MOVE FROM MEDICAID TO MEDALLION WILL NOT AFFECT WHAT MEDICAL SERVICES ARE COVERED.

PLEASE REMEMBER
REPORT ALL CHANGES AND DIRECT QUESTIONS ABOUT YOUR
ELIGIBILITY TO YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES.

AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
(INTERACTION)

200 PARK AVENUE SOUTH NEW YORK, N.Y. 10003

DATE: 28FEB95 FILE ID NO. V100197 PRESENT LOCATION: THAILAND

ETA OR ESL COMPLETION DATE:

THE FOLLOWING PERSONS:

NAME	A NUMBER	DATE OF BIRTH	SEX	POB	NL/D
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NGUYEN THI MINH NHAT	74475166	24SEP53	F	VTNM	VTNM
PHAM NGUYEN PHUONG KHANH	74475167	22NOV58	F	VTNM	VTNM

USPHS
QUARANTINE STATION

FEB 28 1995

ARRIVAL DATE
LOS ANGELES, CA

HAVE BEEN ACCEPTED FOR RESETTLEMENT UNDER THE AUSPICES OF:

VOLUNTARY AGENCY

DEMS
815 2ND AVENUE
NEW YORK, NY 10017
(212) 607-9454

LOCAL SPONSOR

CIO OF VIRGINIA
VIRGINIA COUNCIL OF CHURCH
1214 W GRAHAM RD APT 3
RICHMOND VA 23220
(804)977-3359

AIRPORT OF FINAL DESTINATION: IAD

LOCAL RELATIVE

PLACE OF LANDING: LEESBURG VA

CARES
C/O THE REV CORKY SHIFLETT
305 LEE AVE S W
LEEBSBURG VA 22075
H (703)777-4322
W (703)330-4374

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SIGNATURE 
AUTHORIZED VOLAG REPRESENTATIVE

929712026 03

Immigration and
Naturalization ServiceI-94
Departure Record

14. Family Name PHAM	16. Birth Date (Day/Mo/Yr) 21 03 51
15. First (Given) Name PHUOC HUU	
17. Country of Citizenship VIETNAM	

See Other Side

STAPLE HERE

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Washington, D.C. 20402

Departure Number

929712035 03

Immigration and
Naturalization ServiceI-94
Departure Record

14. Family Name NGUYEN	16. Birth Date (Day/Mo/Yr) 24 09 53
15. First (Given) Name MINH HAT THI	
17. Country of Citizenship VIETNAM	

See Other Side

STAPLE HERE

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

Departure Number

929712044 03

Immigration and
Naturalization ServiceI-94
Departure Record

14. Family Name PHAM	16. Birth Date (Day/Mo/Yr) 22 11 88
15. First (Given) Name PHUONG KHANH NGUYEN	
17. Country of Citizenship VIETNAM	

See Other Side

STAPLE HERE

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Washington, D.C. 20402

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Record of Changes

A# 74475165	V# V100197	IV# 225619
RICHMOND	VA 23220	DFMS

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

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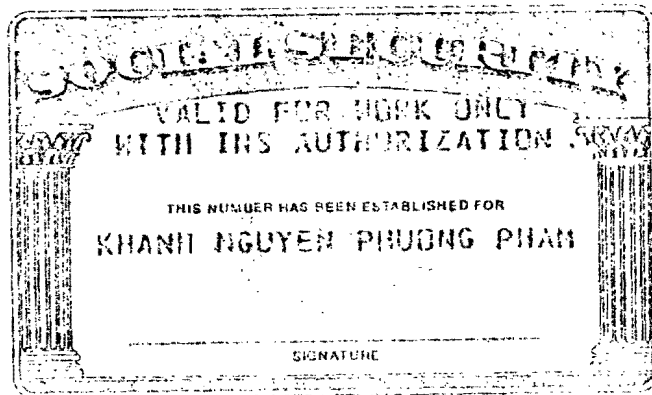
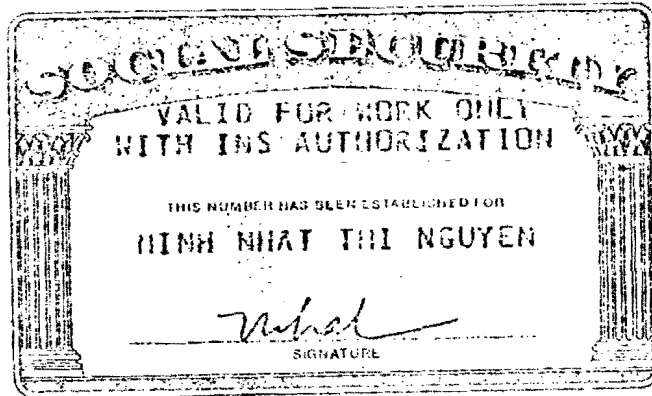
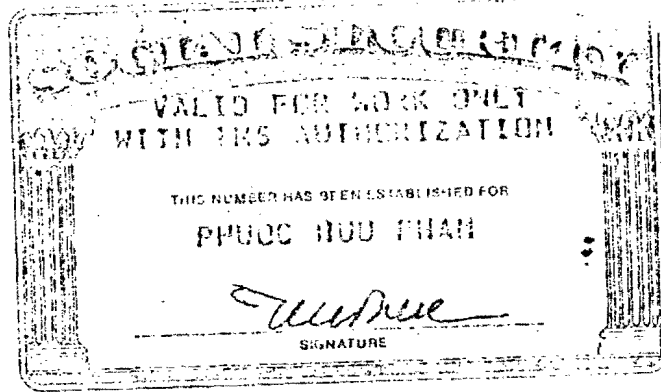
Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
NOTICE OF ACTION ON MEDICAID

COUNTY/CITY: London
CASE NUMBER: 107-029012477
CASE NAME: Phyllis Ann Thomas

Phyllis Ann Thomas

ACTION ON YOUR MEDICAID APPLICATION WAS TAKEN
BY THE DEPARTMENT OF SOCIAL SERVICES ON
3/13/95. THE STATEMENT FOLLOWING
THE CHECKED BLOCK EXPLAINS THE ACTION TAKEN.

<input checked="" type="checkbox"/>	APPROVED FULL MEDICAID COVERAGE. BEGINS <u>3/1/95</u> . PERSONS ELIGIBLE: <u>Phyllis Ann Thomas</u>
<input type="checkbox"/>	APPROVED LIMITED MEDICAID COVERAGE (QMB <u> </u> SLMB <u> </u> EMERGENCY ONLY <u> </u>). BEGINS <u> </u> . PERSONS ELIGIBLE: <u> </u>
<input checked="" type="checkbox"/>	MEDICAID COVERAGE WILL END <u>6/31/95</u> UNLESS YOU BECOME INELIGIBLE BEFORE THIS DATE.
<input type="checkbox"/>	APPROVED RETROACTIVE COVERAGE FOR THE MONTHS OF <u> </u> PERSONS ELIGIBLE: <u> </u>
<input type="checkbox"/>	DID NOT APPROVE RETROACTIVE COVERAGE FOR THE MONTHS OF <u> </u> REASON: <u> </u> MANUAL REFERENCE: <u> </u>
<input type="checkbox"/>	DID NOT EVALUATE RETROACTIVE COVERAGE BECAUSE IT WAS NOT REQUESTED OR APPLICATION WAS WITHDRAWN.
<input type="checkbox"/>	DENIED FULL MEDICAID COVERAGE BECAUSE INCOME EXCEEDS THE INCOME LEVEL. IF MEDICAL OR DENTAL EXPENSES OF \$ <u> </u> ARE INCURRED ON OR BEFORE <u> </u> BRING BILLS TO THE AGENCY AND ELIGIBILITY FOR FULL COVERAGE WILL BE REEVALUATED.
<input type="checkbox"/>	DENIED MEDICAID COVERAGE FOR <u> </u> BECAUSE <u> </u> MANUAL REFERENCE: <u> </u>
<input type="checkbox"/>	ACTION WAS NOT TAKEN ON YOUR MEDICAID APPLICATION DATED <u> </u> WITHIN TEN DAYS FOR A PREGNANT WOMAN. <u> </u> WITHIN 45 DAYS (90 DAYS IF DISABILITY DETERMINATION REQUIRED). REASON: <u> </u>
<input type="checkbox"/>	YOU WILL RECEIVE A NEW MEDICAID CARD BECAUSE THE FOLLOWING PEOPLE ARE NOW ELIGIBLE: <u> </u>
<input checked="" type="checkbox"/>	OTHER: <u>Phyllis Ann Thomas</u>

IF YOU DISAGREE WITH THE ACTION TAKEN, YOU HAVE THE RIGHT TO APPEAL TO THE STATE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES, 600 E. BROAD ST., SUITE 1300, RICHMOND VA 23219. THE APPEAL MUST BE MADE WITHIN 30 DAYS OF THE RECEIPT OF THIS NOTICE. FORMS TO APPEAL WILL BE PROVIDED BY THE LOCAL SOCIAL SERVICES DEPARTMENT OR THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES.

March 23 1995 (DATE MAILED) Phyllis Ann Thomas (WORKER NAME) (TITLE) 707-7413 (PHONE #)

032-03-008/7 (6/93)

NOTICE OF ACTION

THIS IS TO INFORM YOU OF ACTION TAKEN ON YOUR FOOD STAMP APPLICATION OR CASE.

CASE NUMBER

107-029012607

DATE

4/1/95

COUNTY/CITY

Loudoun

SECTION 1. ACTION ON APPLICATION DATED

- ☐
- Approved for following months

Amount first month \$ _____ Month covered _____ Amount for following months \$ _____

You selected _____ as Head of Household. If all adult members do not agree, contact your worker within 10 days.

NOTE: If you applied for both Food Stamps and AFDC or GR at the same time, and then are approved for AFDC or GR benefits, your food stamp amount may be reduced without advance notice.

- ☐
- If this box is checked, your application was approved even though some verification was postponed. We need the following information or verification from you: _____

If we do not receive these by _____ your case will be closed effective _____

If this verification results in changes in your household's eligibility or amount of benefits, we will make such changes without advance notice.

- ☐
- Denied. See Section 3

- ☐
- Continue to hold application pending. The cause for the delay is:

☐ Agency delay. Your application will be processed as soon as possible.☐ Client delay.☐ We are waiting for the following information from you: _____

We must have this information by _____ or your application will be denied.

SECTION 2. ACTION ON FOOD STAMP CASE

- ☒
- Changed from \$
- 300
- to \$
- 0
- effective
- 5/1/95

- ☐
- If this box is checked, we must receive the following verification from you: _____

We must receive this verification by _____. If your allotment was increased but we do not receive this verification, your benefits will go back to the amount of \$ _____ effective _____ without advance notice.

- ☐
- Reinstated -- Amount \$ _____ effective _____

- ☐
- Supplemented -- Amount \$ _____ for the month of _____

- ☐
- Terminated effective _____

SECTION 3. REASON FOR ACTION, EXPLANATION OR COMMENTS

Outdated earned income from 1992 now outdated. Please
you have the gross income report for job stamp.

If you are approved for food stamps and you have children in public school, they may be eligible for free meals. For more information, contact your school.

You must report within 10 days required changes in the persons in your household and in your financial situation. If necessary, you may call collect.

Food stamps or an ATP card not received in the mail or destroyed after receipt may be replaced if the loss is reported right away.

If you do not agree with the action we have taken or the amount of food stamps you are receiving, you can have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made mistake and a hearing officer will decide if you are right. To request a fair hearing, you may call me at the number below or write to the Virginia Department of Social Services, Attention: Manager, Appeals & Fair Hearings, 730 East Broad Street, Richmond, Virginia 23219-1849. You may also request a fair hearing by calling toll free 1-800-552-3431. You must request your fair hearing within the next 90 days. If you appeal the action on your case before _____ assistance may continue. However, if assistance is continued, you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action. For additional information about appeals and fair hearings, please see the back of this notice.

Worker

S. Williams

Telephone Number

777-6317

For Free Legal Advice Call

777-7458

Transmit Confirmation Report

No.	: 006
Receiver	: DSS BAILEYS CROSS
Transmitter	: KHUC MINH THO / FVPPA
Date	: Apr 17.95
Time	: 22:55
Mode	: 04.07
Pages	: Norm
Result	: 05
	: OK



HOI GIA-DINH TU-NHAN CHINH-TRI VIETNAM
FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION

P.O. BOX 5435, Arlington, VA 22205-0635
Tel: (703) 560-0058 - FAX: (703) 204-0394

FAX COVER SHEET

DATE: April 17, 1995

TO : Ms. Waleska
Eligibility Worker

FAX #: 533-5525

FROM: Families of Vietnamese Political Prisoners Association

NO. OF PAGES include cover sheet: 05

SUBJECT: Verification of resident of Minh-Nhat Nguyen.

Please give me a call if you need more
information.

Thank you very much for your help.

Khuc, Minh-Tho

DATE: 4/11/95
 WORKER IBM No. 705

NAME: Minh Nhat Nguyen
 ADDRESS: _____

SHARED SHELTER FORM

I. SHARED RENT - Total Rent: \$ _____. Please provide proof of total bill -
 (i.e. rent receipt, copy of lease):

	Household Members Who Pay Rent	Amount of Rent Paid 1/4; <u>1/2</u> ; 1/3	Signature of All Who Pay Rent
1.	PHUOC HUU PHAM		<u>UeeNue</u>
2.	MINH NHAT THI NGUYEN	} \$ 347.50	<u>nhut</u>
3.	KHANH NGUYEN PHUONG PHAM		
4.	THO DINH PHAN		<u>Uue</u>
5.	DAT MINH THI TRAN	} \$ 347.50	<u>Uue</u>
6.	TRIEU MINH PHAN		
7.			

Rent Total \$ 695.00

II. SHARED UTILITY - Type (circle): Electric Gas Oil Other: Telephone
 In order to receive the utility standard, you must provide proof of
 expenses for oil, electricity, or gas. In order to receive actual
 utility expenses, you must provide all of your most recent bills.

	Household Members	Amount	Portion of Bill Paid (All; 1/2; 1/3; Etc.)	Signature of All Who Pay Utilities
1.				
2.				
3.				
4.				
5.				
6.				
7.				

If you do not provide the above, you may get less food stamps.

(9) If at any time during the tenancy hereby created any repairs or services shall become necessary to the premises hereby leased, or in any other part of the building, which shall necessitate entering the premises hereby leased for the purpose of making repairs or services, permission for such purposes is hereby given by Lessee; and the Lessor shall not be liable for any damage by reason of such entry or the making of such repairs, nor for any damage to any property in, upon or about the demised premises at any time, however caused, whether through the carelessness or negligence of the agent of the Lessor or otherwise; and all claims for such damage are hereby released to the Lessor or its assigns who may plead this release in bar thereof in any and every suit, demand and claim for the same. It is further agreed that during the last thirty days that this lease is in effect, the Lessor or its agents shall have free access to the Apartment at all reasonable hours for the purpose of displaying Apartment for reassignment to other Parties, or inspecting same.

(10) The Lessee will not place anything in or upon the balconies or windows of the premises hereby leased without written permission from the Lessor first had and obtained.

(11) If Lessee shall desire to remove from the premises at the expiration of the term hereof, he shall give Lessor notice in writing of his intention to remove at least thirty (30) days prior to the expiration of the term hereof.

(12) Lessee will not keep gasoline or any other explosives or highly inflammable material in the building which will increase the rate of fire insurance beyond the ordinary risk, or do any act or thing upon the premises or in or about the building which may make void or voidable any insurance on the said premises or building against fire, or that may be contrary to the management's ruling.

(13) Said Lessee will give said Lessor prompt notice of any defects in or accidents to the water or steam pipes, electric wiring, heating apparatus, or any other part of said demised premises, in order that the same may be repaired with due diligence, but the said Lessor shall not be liable in any manner for any interruption to any services, such as heat, water, or the like, nor shall the said Lessor be liable for any loss or damage to the person or property of said Lessee, or of any person using or occupying said demised premises arising from any cause in or about said building or said demised premises, unless caused by willful negligence of the Lessor.

(14) Lessee agrees that, in the event of the failure of the Lessor to deliver possession of said demised premises at the time herein agrees as the date of commencement of the term hereof, then neither the Lessor or its agent shall be liable for any damage thereby nor shall this lease be void or voidable, but in this event the Lessee shall not be liable for rent until such time as the Lessor delivers possession.

(15) In the event Lessee is adjudicated a bankrupt, or makes an assignment for the benefit of creditors this agreement shall, at the option of the Lessor, cease and determine, and said premises shall be surrendered to Lessor, who hereby reserves the right in either of said events, to forthwith re-enter and repossess said premises.

(16) All goods and personal property of every kind in and upon the said leased premises shall be at the sole risk and hazard of the Lessee or those claiming by, through or under him, or the owner thereof.

(17) Lessee will not make any structural changes or alterations in the premises hereby let, nor paint the interior of the premises without express written permission from Lessor nor will the Lessee install any washing or drying machines, air-conditioning machines, manglers, ironers (other than small hand irons) or any other equipment or machinery of any kind or nature whatsoever that will or may necessitate any change or additions to, or require the use of, the water system, heating system, or the electric system of the premises hereby let, or the building in which said premises are located, other than such small household appliances normally used in an apartment of this character.

(18) No radio or television aerials or lead-in wires shall be strung or erected upon or about the roof or windows of the leased premises, or the building of which the leased premises is a part. Radios or television sets are to be operated only between 7:30 A.M. and 12:00 midnight, but under no circumstances shall they be operated in a loud manner so as to disturb other tenants.

(19) Lessee will not drive nails, except approved picture hooks, into the walls of said demised premises, attach drapery or curtain fixtures, except in the manner approved by the Lessor, nor in any manner deface or injure the walls, windows, or woodwork; and should defacement or injury occur by accident, or otherwise, within the demised premises, the Lessee agrees to immediately repair the damage at his own expense. All picture hooks to remain attached to walls.

(20) Lessee will conform to all rules and regulations from time to time made by Lessor for the use, government and management of said building and its appurtenances.

(21) It is agreed that the Lessor tenders and the Lessee accepts this agreement on the basis of representations contained in the application submitted to Lessor by Lessee for the purpose of inducing Lessor to enter into this agreement with Lessee. The Lessor reserves the right to cancel this agreement and repossess the said premises should any of the said representations be misleading, inaccurate or untrue.

(22) To assure the performance by Lessee of all his covenants and agreements herein contained, Lessee herewith deposits with the Lessor the sum of \$100.00 and hereby waives their homestead exemption as to their obligation. Lessor shall have forty-five (45) days to inspect premises and return deposit following termination of this lease, less any expense caused by the breach of any covenant or agreement of this lease; less any damages to the property other than ordinary wear and tear; plus any sums due from the Lessee; when Lessee has fulfilled his obligation to this lease and thoroughly cleaned the stove, refrigerator, kitchen, bath room, venetian blinds, all floors and windows in these premises. If the Lessee fails to do so, Lessor shall have the right to retain said deposit as fixed and liquidated damages for the breach of this agreement by the Lessee. It is understood and agreed by the Lessee that this Security Deposit cannot be used or applied by the Lessee as a substitute for rent.

(23) Lessee to furnish the following utilities: none

(23a) No water beds allowed in this apartment.

(24) Military Clause: In the event the Lessee is or hereafter becomes a member of the United States Armed Forces, Lessee may terminate this lease upon the occurrence of any of the following events in the manner set forth below: 1. Receipt of orders to report to active duty at a station located more than fifty miles from the leased premises. 2. Receipt of permanent change of station orders to a station located more than fifty miles from the leased premises. 3. Receipt of orders discharging Lessee from active duty. Manner of Termination: Lessee may terminate this lease by written notice accompanied by a copy of the Lessee's orders delivered to the Lessor. Said termination shall become effective thirty (30) days after the receipt of said notice by the Lessor.

(25) The failure of the Lessor to exercise any of the rights granted to it herein or to enforce any of the restrictions imposed upon the Lessee herein shall not be deemed to be a waiver on the part of the Lessor so as to preclude it from exercising said rights in the future or to preclude it from subsequent enforcement of the restrictions contained herein.

IN WITNESS WHEREOF, the Lessor and Lessee have signed and sealed this lease the day and year first above written.

M-G APARTMENTS
Lessor

By: M. G. Williams

Make checks payable to: "M-G Apartments"

Mail to: M-G Apartments
P. O. Drawer 1217
McLean, Va. 22101

Lessee W. W. Williams

Lessee W. W. Williams

M.G. Apartments

P. O. DRAWER 1217

McLEAN, VA. 22101

THIS DEED OF LEASE, made this 15th day of April in the year 1995, between M-G APARTMENTS, lessor and The Dinh Phan, Minh Tran, Phuoc Huu Phan, Minh Nhut Nguyen called the lessee.

WITNESSETH:

That in consideration of the rent herein reserved and of the covenants herein contained and by the said Lessee to be performed, the said Lessor does hereby lease to said Lessee the premises in the State of Virginia, known as 2906 John Marshall Dr. #101 Falls Church 22041 for the term of 1 year, commencing on the 1st day of the month following the signing hereof for the monthly rental of Six hundred ninety five 695.00 Dollars, payable in advance without deduction or demand, at the office of the Lessor, or at such other place designated by the Lessor, on the FIRST day of each and every month during the said term, the first payment of which is to be made upon the signing hereof as rent in advance for the first month of said term.

COVENANTS OF LEASE

(1) And the Lessee for himself, his heirs, executors and administrators, does hereby covenant to and with the said Lessor, its successors and assigns, that the Lessee shall and will during the said term pay unto the Lessor the rent hereby reserved in the manner hereinbefore mentioned without any deduction whatsoever and without any obligation on the part of the Lessor to make any demand for same; and further that the Lessee will not use said premises for any unlawful purposes or in any manner which will disturb neighbors, but will occupy the same only as a dwelling and will not sublet said premises or any part thereof, nor assign this lease, nor transfer possession thereof, to any person, persons or corporation, nor carry on any business therein; and further that the Lessee will, at the end of the said term, deliver up the said premises to the Lessor in the like good order in which they now are, ordinary wear and tear expected. Lessee further agrees not to keep or maintain any dog, cat or other pet in the demised premises without the written consent of Lessor first had and obtained, which consent, if given either verbally or in writing may be revoked by Lessor at any time.

(2) If the Lessee shall not immediately surrender said premises on the day of the end of said term, the Lessee shall by virtue of this agreement, at the option of the Lessor, become a tenant by the month at the rental per month of the monthly installments of rent to be paid as aforesaid, commencing said monthly tenancy with the first day next after the end of the term above demised: said Lessee, as a monthly tenant shall be subject to all conditions and covenants of the said lease as though the same had originally been a monthly tenancy and the Lessee shall give the Lessor at least thirty (30) days' written notice of any intention to remove from said premises, said notice to expire on the day of the month from which the tenancy commenced to run, and Lessee shall be entitled to thirty (30) days' written notice to quit said premises, except in the event of non-payment of rent in advance, in which event the Lessee shall not be entitled to any notice to quit, the usual thirty (30) days' notice being hereby expressly waived.

(3) The storage spaces in the basement of said building, if provided by Lessor, are provided by Lessor only as an accommodation to the tenants for the storage of trunks, lockers, and luggage only subject to the rules and regulations governing such use as imposed by the Lessor, with the express understanding by Lessee that the said storage spaces are provided gratuitously by the Lessor; the tenants using the same for any purpose do so at their own risk and upon the express stipulation and agreement that the Lessor shall not be liable for any loss of property therein, or for any damage or injury whatsoever, whether such loss or damage is incurred in said storage space or any portion of the building or any place appurtenant thereto. It is also further agreed and understood that employees of the Lessor are prohibited as such from in any way storing, moving or handling articles or for such storage or any laundry room, and if any such employee does, at the request of the Lessee take part in storing, moving, handling, opening or removing anything in, to, or from such laundry or storage room, he or she so doing shall be the agent of the Lessee and not an agent of the Lessor.

(4) If Lessor shall set apart outside parking space for the parking of automobiles, the Lessee may, at his own risk, use for the purpose of parking reasonable space therein, if available, provided, however, that if any employee or Lessor shall, at the request of Lessee, member of his family or household, take part in moving, handling or removing anything in, or from such parking space, including the driving or operating of such automobile, such employee in so doing, shall be the agent of the Lessee, and not the agent of Lessor. And Lessee further agrees that if any goods, merchandise, property of automobiles of any kind shall be given, entrusted or placed in the hands or custody of any of the employees of the Lessor for safekeeping, or for delivery to Lessee, or to any person for Lessee, then such employee shall be deemed the agent of Lessee, and Lessor is hereby expressly released from any and all loss, damage, or expense in connection therewith.

(5) Lessee agrees that no more than four persons shall be permitted to occupy the aforementioned premises as living quarters nor shall the Lessee utilize the demised premises as a location to provide for the care of those who do not physically reside at the demised premises; failure to comply with this limitation shall constitute a breach of covenant by the Lessee herein.

(6) Garage accommodations are not included in the rental, nor are garage accommodations to be furnished to the Lessee unless a separate express agreement in writing with respect thereto is made between Lessee and Lessor.

(7) If during the continuance of said term, or if after the commencement of said monthly tenancy, if any arise as aforementioned, Lessee shall fail to pay any of said monthly installments of rent reserved as aforesaid when and as the same shall respectively become due and payable, although no demand may have been made for the same, or if Lessee shall in any other manner or respect fail to keep or shall violate any one of the covenants and agreements herein made by the said Lessee, then it shall be lawful for the Lessor, or its assigns, at its or their election and option, to re-enter and take possession of said premises forthwith, without process, or by any legal processes in force in State of Virginia governing proceedings between Landlords and Tenants, and without any previous demand for possession or notice, the said Lessee hereby expressly waiving all right to claim a thirty (30) days' notice or other notice to remove from the said premises, in the event it should become necessary for Lessor to proceed legally to collect the rent, get possession or enforce any other terms and conditions of this lease; the Lessee hereby agrees to pay a service charge of fifty dollars (\$50.00), plus Attorney fees, if any. Lessee agrees to pay a service charge of \$10.00 each on any installment of rent that should not be paid within five (5) days from the rental due date and in the event that any such installment remains unpaid for ten (10) days after the rental due date, an additional service charge of ten dollars (\$10.00).

(8) And it is further provided that if under the provisions of this lease summary proceedings or any proceedings are taken by the Lessor seeking to recover possession of said premises, and a compromise or settlement should be made either before or after judgment, whereby the said Lessee shall be allowed to retain said premises, such proceedings shall not constitute a waiver of any covenant herein contained, or the lease itself, or the monthly tenancy if that be in force at such time or times; and it is further understood and agreed that the covenants and agreements contained in the within agreement to be performed by the respective parties are binding on the said parties and the successors and the legal representative or representatives of the said Lessor and Lessee, respectively, and that no waiver of, nor any breach of any covenant herein shall be construed to be a waiver of the covenant itself or of any subsequent breach thereof, or of this agreement.

M.G. Apartments

P. O. DRAWER 1217

McLEAN, VA. 22101

THIS DEED OF LEASE, made this 15th day of April in the year 1995, between M-G APARTMENTS, lessor and Phan, Minh Nhac Nguyen called the lessee.

WITNESSETH:

That in consideration of the rent herein reserved and of the covenants herein contained and by the said Lessee to be performed, the said Lessor does hereby lease to said Lessee the premises in the State of, Virginia, known as —

for the term of 1 year, commencing on the 1st day of the month following the signing hereof for the monthly rental of six hundred ninety five 695 00 Dollars, payable in advance without deduction or demand, at the office of the Lessor, or at such other place designated by the Lessor, on the FIRST day of each and every month during the said term, the first payment of which is to be made upon the signing hereof as rent in advance for the first month of said term.

COVENANTS OF LEASE

(1) And the Lessee for himself, his heirs, executors and administrators, does hereby covenant to and with the said Lessor, its successors and assigns, that the Lessee shall and will during the said term pay unto the Lessor the rent hereby reserved in the manner hereinbefore mentioned without any deduction whatsoever and without any obligation on the part of the Lessor to make any demand for same; and further that the Lessee will not use said premises for any unlawful purposes or in any manner which will disturb neighbors, but will occupy the same only as a dwelling and will not sublet said premises or any part thereof, nor assign this lease, nor transfer possession thereof, to any person, persons or corporation, nor carry on any business therein; and further that the Lessee will, at the end of the said term, deliver up the said premises to the Lessor in the like good order in which they now are, ordinary wear and tear expected. Lessee further agrees not to keep or maintain any dog, cat or other pet in the demised premises without the written consent of Lessor first had and obtained, which consent, if given either verbally or in writing may be revoked by Lessor at any time.

(2) If the Lessee shall not immediately surrender said premises on the day of the end of said term, the Lessee shall by virtue of this agreement, at the option of the Lessor, become a tenant by the month at the rental per month of the monthly installments of rent to be paid as aforesaid, commencing said monthly tenancy with the first day next after the end of the term above demised: said Lessee, as a monthly tenant shall be subject to all conditions and covenants of the said lease as though the same had originally been a monthly tenancy and the Lessee shall give the Lessor at least thirty (30) days' written notice of any intention to remove from said premises, said notice to expire on the day of the month from which the tenancy commenced to run, and Lessee shall be entitled to thirty (30) days' written notice to quit said premises, except in the event of non-payment of rent in advance, in which event the Lessee shall not be entitled to any notice to quit, the usual thirty (30) days' notice being hereby expressly waived.

(3) The storage spaces in the basement of said building, if provided by Lessor, are provided by Lessor only as an accommodation to the tenants for the storage of trunks, lockers, and luggage only subject to the rules and regulations governing such use as imposed by the Lessor, with the express understanding by Lessee that the said storage spaces are provided gratuitously by the Lessor; the tenants using the same for any purpose do so at their own risk and upon the express stipulation and agreement that the Lessor shall not be liable for any loss of property therein, or for any damage or injury whatsoever, whether such loss or damage is incurred in said storage space or any portion of the building or any place appurtenant thereto. ~~It is also further agreed and understood that employees of the Lessor are prohibited as such from in any way storing, moving or handling articles or for such storage or any laundry room, and if any such employee does, at the request of the Lessee take part in storing, moving, handling, opening or removing anything in, to, or from such laundry or storage room, he or she so doing shall be the agent of the Lessee and not an agent of the Lessor.~~

(4) If Lessor shall set apart outside parking space for the parking of automobiles, the Lessee may, at his own risk, use for the purpose of parking reasonable space therein, if available, provided, however, that if any employee or Lessor shall, at the request of Lessee, member of his family or household, take part in moving, handling or removing anything in, or from such parking space, including the driving or operating of such automobile, such employee in so doing, shall be the agent of the Lessee, and not the agent of Lessor. And Lessee further agrees that if any goods, merchandise, property of automobiles of any kind shall be given, entrusted or placed in the hands or custody of any of the employees of the Lessor for safekeeping, or for delivery to Lessee, or to any person for Lessee, then such employee shall be deemed the agent of Lessee, and Lessor is hereby expressly released from any and all loss, damage, or expense in connection therewith.

(5) Lessee agrees that no more than four persons shall be permitted to occupy the aforementioned premises as living quarters nor shall the Lessee utilize the demised premises as a location to provide for the care of those who do not physically reside at the demised premises; failure to comply with this limitation shall constitute a breach of covenant by the Lessee herein.

(6) Garage accommodations are not included in the rental, nor are garage accommodations to be furnished to the Lessee unless a separate express agreement in writing with respect thereto is made between Lessee and Lessor.

(7) If during the continuance of said term, or if after the commencement of said monthly tenancy, if any arise as aforesaid, Lessee shall fail to pay any of said monthly installments of rent reserved as aforesaid when and as the same shall respectively be due and payable, although no demand may have been made for the same, or if Lessee shall in any other manner or respect fail to keep or shall violate any one of the covenants and agreements herein made by the said Lessee, then it shall be lawful for the Lessor, or its assigns, at its or their election and option, to re-enter and take possession of said premises forthwith, without process, or by any legal processes in force in State of Virginia governing proceedings between Landlords and Tenants, and without any previous demand for possession or notice, the said Lessee hereby expressly waiving all right to claim a thirty (30) days' notice or other notice to remove from the said premises, in the event it should become necessary for Lessor to proceed legally to collect the rent, get possession or enforce any other terms and conditions of this lease; the Lessee hereby agrees to pay a service charge of fifty dollars (\$50.00), plus Attorney fees, if any. Lessee agrees to pay a service charge of \$10.00 each on any installment of rent that should not be paid within five (5) days from the rental due date and in the event that any such installment remains unpaid for ten (10) days after the rental due date, an additional service charge of ten dollars (\$10.00).

(8) And it is further provided that if under the provisions of this lease summary proceedings or any proceedings are taken by the Lessor seeking to recover possession of said premises, and a compromise or settlement should be made either before or after judgment, whereby the said Lessee shall be allowed to retain said premises, such proceedings shall not constitute a waiver of any covenant herein contained, or the lease itself, or the monthly tenancy if that be in force at such time or times; and it is further understood and agreed that the covenants and agreements contained in the within agreement to be performed by the respective parties are binding on the said parties and the successors and the legal representative or representatives of the said Lessor and Lessee, respectively, and that no waiver of, nor any breach of any covenant herein shall be construed to be a waiver of the covenant itself or of any subsequent breach thereof, or of this agreement.

(9) If at any time during the tenancy hereby created any repairs or services shall become necessary to the premises hereby leased, or in any other part of the building, which shall necessitate entering the premises hereby leased for the purpose of making repairs or services, permission for such purposes is hereby given by Lessee; and the Lessor shall not be liable for any damage by reason of such entry or the making of such repairs, nor for any damage to any property in, upon or about the demised premises at any time, however caused, whether through the carelessness or negligence of the agent of the Lessor or otherwise; and all claims for such damage are hereby released to the Lessor or its assigns who may plead this release in bar thereof in any and every suit, demand and claim for the same. It is further agreed that during the last thirty days that this lease is in effect, the Lessor or its agents shall have free access to the Apartment at all reasonable hours for the purpose of displaying Apartment for reassignment to other Parties, or inspecting same.

(10) The Lessee will not place anything in or upon the balconies or windows of the premises hereby leased without written permission from the Lessor first had and obtained.

(11) If Lessee shall desire to remove from the premises at the expiration of the term hereof, he shall give Lessor notice in writing of his intention to remove at least thirty (30) days prior to the expiration of the term hereof.

(12) Lessee will not keep gasoline or any other explosives or highly inflammable material in the building which will increase the rate of fire insurance beyond the ordinary risk, or do any act or thing upon the premises or in or about the building which may make void or voidable any insurance on the said premises or building against fire, or that may be contrary to the management's ruling.

(13) Said Lessee will give said Lessor prompt notice of any defects in or accidents to the water or steam pipes, electric wiring, heating apparatus, or any other part of said demised premises, in order that the same may be repaired with due diligence, but the said Lessor shall not be liable in any manner for any interruption to any services, such as heat, water, or the like, nor shall the said Lessor be liable for any loss or damage to the person or property of said Lessee, or of any person using or occupying said demised premises arising from any cause in or about said building or said demised premises, unless caused by willful negligence of the Lessor.

(14) Lessee agrees that, in the event of the failure of the Lessor to deliver possession of said demised premises at the time herein agrees as the date of commencement of the term hereof, then neither the Lessor or its agent shall be liable for any damage thereby nor shall this lease be void or voidable, but in this event the Lessee shall not be liable for rent until such time as the Lessor delivers possession.

(15) In the event Lessee is adjudicated a bankrupt, or makes an assignment for the benefit of creditors this agreement shall, at the option of the Lessor, cease and determine, and said premises shall be surrendered to Lessor, who hereby reserves the right in either of said events, to forthwith re-enter and repossess said premises.

(16) All goods and personal property of every kind in and upon the said leased premises shall be at the sole risk and hazard of the Lessee or those claiming by, through or under him, or the owner thereof.

(17) Lessee will not make any structural changes or alterations in the premises hereby let, nor paint the interior of the premises without express written permission from Lessor nor will the Lessee install any washing or drying machines, air-conditioning machines, manglers, ironers (other than small hand irons) or any other equipment or machinery of any kind or nature whatsoever that will or may necessitate any change or additions to, or require the use of, the water system, heating system, or the electric system of the premises hereby let, or the building in which said premises are located, other than such small household appliances normally used in an apartment of this character.

(18) No radio or television aerials or lead-in wires shall be strung or erected upon or about the roof or windows of the leased premises, or the building of which the leased premises is a part. Radios or television sets are to be operated only between 7:30 A.M. and 12:00 midnight, but under no circumstances shall they be operated in a loud manner so as to disturb other tenants.

(19) Lessee will not drive nails, except approved picture hooks, into the walls of said demised premises, attach drapery or curtain fixtures, except in the manner approved by the Lessor, nor in any manner deface or injure the walls, windows, or woodwork; and should defacement or injury occur by accident, or otherwise, within the demised premises, the Lessee agrees to immediately repair the damage at his own expense. All picture hooks to remain attached to walls.

(20) Lessee will conform to all rules and regulations from time to time made by Lessor for the use, government and management of said building and its appurtenances.

(21) It is agreed that the Lessor tenders and the Lessee accepts this agreement on the basis of representations contained in the application submitted to Lessor by Lessee for the purpose of inducing Lessor to enter into this agreement with Lessee. The Lessor reserves the right to cancel this agreement and repossess the said premises should any of the said representations be misleading, inaccurate or untrue.

(22) To assure the performance by Lessee of all his covenants and agreements herein contained, Lessee herewith deposits with the Lessor the sum of \$100.00 and hereby waives their homestead exemption as to their obligation. Lessor shall have forty-five (45) days to inspect premises and return deposit following termination of this lease, less any expense caused by the breach of any covenant or agreement of this lease; less any damages to the property other than ordinary wear and tear; plus any sums due from the Lessee; when Lessee has fulfilled his obligation to this lease and thoroughly cleaned the stove, refrigerator, kitchen, bath room, venetian blinds, all floors and windows in these premises. If the Lessee fails to do so, Lessor shall have the right to retain said deposit as fixed and liquidated damages for the breach of this agreement by the Lessee. It is understood and agreed by the Lessee that this Security Deposit cannot be used or applied by the Lessee as a substitute for rent.

(23) Lessee to furnish the following utilities: None

(23a) No water beds allowed in this apartment.

(24) Military Clause: In the event the Lessee is or hereafter becomes a member of the United States Armed Forces, Lessee may terminate this lease upon the occurrence of any of the following events in the manner set forth below: 1. Receipt of orders to report to active duty at a station located more than fifty miles from the leased premises. 2. Receipt of permanent change of station orders to a station located more than fifty miles from the leased premises. 3. Receipt of orders discharging Lessee from active duty. Manner of Termination: Lessee may terminate this lease by written notice accompanied by a copy of the Lessee's orders delivered to the Lessor. Said termination shall become effective thirty (30) days after the receipt of said notice by the Lessor.

(25) The failure of the Lessor to exercise any of the rights granted to it herein or to enforce any of the restrictions imposed upon the Lessee herein shall not be deemed to be a waiver on the part of the Lessor so as to preclude it from exercising said rights in the future or to preclude it from subsequent enforcement of the restrictions contained herein.

IN WITNESS WHEREOF, the Lessor and Lessee have signed and sealed this lease the day and year first above written.

M-G APARTMENTS
Lessor

By: M. G. Apartments

Make checks payable to: "M-G Apartments"

Mail to: M-G Apartments
P. O. Drawer 1217
McLean, Va. 22101

Lessee

Lessee

DATE: 4/11/95WORKER IBM No. 705NAME: Minh Nhat Nguyen

ADDRESS: _____

SHARED SHELTER FORM

I. SHARED RENT - Total Rent: \$ _____. Please provide proof of total bill - (i.e. rent receipt, copy of lease):

	Household Members Who Pay Rent	Amount of Rent Paid 1/4; <u>1/2</u> ; 1/3	Signature of All Who Pay Rent
1.	PHUOC HUU PHAM	} \$ 347.50	<u>UeeNhe</u>
2.	MINH-NHAT THI NGUYEN		<u>Minh</u>
3.	KHANH NGUYEN PHUONG PHAM		
4.	THO DINH PHAN	} \$ 347.50	<u>Minh</u>
5.	DAT-MINH THI TRAN		<u>Minh</u>
6.	TRUET MINH PHAN		<u>Minh</u>
7.			

Rent Total \$ 695.00

II. SHARED UTILITY - Type (circle): Electric Gas Oil Other: Telephone
 In order to receive the utility standard, you must provide proof of expenses for oil, electricity, or gas. In order to receive actual utility expenses, you must provide all of your most recent bills.

	Household Members	Amount	Portion of Bill Paid (All; 1/2; 1/3; Etc.)	Signature of All Who Pay Utilities
1.				
2.				
3.				
4.				
5.				
6.				
7.				

If you do not provide the above, you may get less food stamps.

CHECKLIST OF NEEDED VERIFICATIONS

Name	<i>Mr. Mark - What Nguyen</i>
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Case Number	<i>107-029012-007</i>	
Program(s)	<i>Ref. PS</i>	Date <i>4/11/95</i>
Worker	<i>WALOKA</i>	Telephone <i>533-5372</i>

In order to receive assistance, you must provide the information checked below. We will help you obtain the information. If you cannot provide the information, or if you need help in providing the information, contact your worker. Call collect, if necessary. IF YOU DO NOT PROVIDE THIS INFORMATION OR CONTACT THE AGENCY BY THE FOLLOWING DATES, YOUR APPLICATION MAY BE DENIED. AFDC FOOD STAMPS *4/11/95*

- | | | |
|--|---|--|
| <p>1. INCOME (Earned and Unearned)
for _____</p> <p><input type="checkbox"/> Pay stubs</p> <p><input type="checkbox"/> Statement from employer</p> <p><input type="checkbox"/> Self-employment records</p> <p><input type="checkbox"/> Social Security/SSI benefits</p> <p><input type="checkbox"/> VA benefits</p> <p><input type="checkbox"/> Retirement income</p> <p><input type="checkbox"/> Child support, alimony</p> <p><input type="checkbox"/> Unemployment benefits</p> <p><input type="checkbox"/> Workers' Compensation benefits</p> <p><input type="checkbox"/> Loans (personal or education)</p> <p><input type="checkbox"/> Scholarships, (BEOG, PELL, SEOG, CSAP, or other)</p> <p><input type="checkbox"/> Work-study pay stubs</p> <p><input checked="" type="checkbox"/> Other <i>loss in income Ver. Resettlement Agency, Springfield</i></p> <p>2. WORK OR SCHOOL EXPENSES</p> <p><input type="checkbox"/> Day care expenses for child or adult</p> <p><input type="checkbox"/> School expenses (tuition, fees, books, supplies, transportation, or other)</p> <p><input type="checkbox"/> Other _____</p> <p>3. AFDC-UP</p> <p><input type="checkbox"/> Income for both parents for past 24 months</p> <p><input type="checkbox"/> Income for _____</p> <p><input type="checkbox"/> Dates unemployment received</p> <p><input type="checkbox"/> Application for unemployment</p> <p><input type="checkbox"/> Other _____</p> <p>4. RESOURCES</p> <p><input type="checkbox"/> Checking, savings, credit union, Christmas Club account statements</p> <p><input type="checkbox"/> Stocks, bonds or CDs</p> <p><input type="checkbox"/> Pension plans, retirement accounts, IRAs</p> | <p><input type="checkbox"/> Burial plots, funds, contracts</p> <p><input type="checkbox"/> Real estate property</p> <p><input type="checkbox"/> Title, registration, or personal property tax receipt for motor vehicles, motor boats, motor homes</p> <p><input type="checkbox"/> Life insurance policies</p> <p><input type="checkbox"/> Other _____</p> <p>5. SHELTER EXPENSES <i>optional</i></p> <p><input checked="" type="checkbox"/> Rent or mortgage receipt</p> <p><input type="checkbox"/> Real estate taxes</p> <p><input type="checkbox"/> Homeowner's insurance</p> <p><input type="checkbox"/> Electric bill</p> <p><input type="checkbox"/> Gas/kerosene/coal/oil/wood bill</p> <p><input type="checkbox"/> Water/sewage bill</p> <p><input type="checkbox"/> Garbage bill</p> <p><input type="checkbox"/> Phone bill</p> <p><input type="checkbox"/> Initial installation charge</p> <p><input type="checkbox"/> Other _____</p> <p>6. LEGALLY RESPONSIBLE RELATIVE</p> <p><input type="checkbox"/> Income verification</p> <p><input type="checkbox"/> Statement of contribution</p> <p><input type="checkbox"/> Child support or alimony</p> <p><input type="checkbox"/> Extraordinary expenses</p> <p><input type="checkbox"/> Proof of continued absence</p> <p><input type="checkbox"/> Other _____</p> <p>7. WORK REGISTRATION</p> <p><input type="checkbox"/> Registration form</p> <p>8. IDENTITY</p> <p><input type="checkbox"/> Driver's license</p> <p><input type="checkbox"/> Voter registration card</p> <p><input type="checkbox"/> Clinic, medical card</p> <p><input type="checkbox"/> Work ID, school ID, library card</p> <p><input type="checkbox"/> Other _____</p> | <p>9. RESIDENCY, LIVING ARRANGEMENTS, SCHOOL ENROLLMENT</p> <p><input checked="" type="checkbox"/> Verification of residence</p> <p><input type="checkbox"/> Verification of child(ren) living in the home</p> <p><input type="checkbox"/> School enrollment</p> <p><input type="checkbox"/> Separate arrangements to buy and prepare food</p> <p><input type="checkbox"/> Other _____</p> <p>10. DOCUMENTS</p> <p><input type="checkbox"/> SSN cards/numbers</p> <p><input type="checkbox"/> Application for SSN card</p> <p><input type="checkbox"/> Declaration of citizenship</p> <p><input type="checkbox"/> Alien documentation</p> <p><input type="checkbox"/> Birth verification</p> <p><input type="checkbox"/> Verification of paternity</p> <p><input type="checkbox"/> Marriage certificate</p> <p><input type="checkbox"/> Divorce decree</p> <p><input type="checkbox"/> Death certificate</p> <p><input type="checkbox"/> Deprivation statement</p> <p><input type="checkbox"/> Other _____</p> <p>11. MEDICAL INFORMATION</p> <p><input type="checkbox"/> Assignment of Rights form</p> <p><input type="checkbox"/> Medical form, statement</p> <p><input type="checkbox"/> Pregnancy statement</p> <p><input type="checkbox"/> Health insurance policies, cards</p> <p><input type="checkbox"/> Medicare card</p> <p><input type="checkbox"/> Health insurance premiums</p> <p><input type="checkbox"/> Medical bills for _____</p> <p><input type="checkbox"/> Prescription drug bills</p> <p><input type="checkbox"/> Other _____</p> |
|--|---|--|

Other information or verification needed: _____

CHECKLIST OF NEEDED VERIFICATIONS

Name	<i>Mr. Mark - Nhat Nguyen</i>
Address	

Case Number	<i>107-029012-007</i>	
Program(s)	<i>Ref. PS</i>	Date <i>4/11/95</i>
Worker	<i>Waluka</i>	Telephone <i>533-5372</i>

In order to receive assistance, you must provide the information checked below. We will help you obtain the information. If you cannot provide the information, or if you need help in providing the information, contact your worker. Call collect, if necessary. IF YOU DO NOT PROVIDE THIS INFORMATION OR CONTACT THE AGENCY BY THE FOLLOWING DATES, YOUR APPLICATION MAY BE DENIED. AFDC _____ FOOD STAMPS *4/11/95*

- | | | |
|---|---|--|
| <p>1. INCOME (Earned and Unearned)
for _____</p> <p><input type="checkbox"/> Pay stubs</p> <p><input type="checkbox"/> Statement from employer</p> <p><input type="checkbox"/> Self-employment records</p> <p><input type="checkbox"/> Social Security/SSI benefits</p> <p><input type="checkbox"/> VA benefits</p> <p><input type="checkbox"/> Retirement income</p> <p><input type="checkbox"/> Child support, alimony</p> <p><input type="checkbox"/> Unemployment benefits</p> <p><input type="checkbox"/> Workers' Compensation benefits</p> <p><input type="checkbox"/> Loans (personal or education)</p> <p><input type="checkbox"/> Scholarships, (BEOG, PELL, SEOG, CSAP, or other)</p> <p><input type="checkbox"/> Work-study pay stubs</p> <p><input checked="" type="checkbox"/> Other <i>loss income ver. Resettlement Agency, Spokane</i></p> <p>2. WORK OR SCHOOL EXPENSES</p> <p><input type="checkbox"/> Day care expenses for child or adult</p> <p><input type="checkbox"/> School expenses (tuition, fees, books, supplies, transportation, or other)</p> <p><input type="checkbox"/> Other _____</p> <p>3. AFDC-UP</p> <p><input type="checkbox"/> Income for both parents for past 24 months</p> <p><input type="checkbox"/> Income for _____</p> <p><input type="checkbox"/> Dates unemployment received</p> <p><input type="checkbox"/> Application for unemployment</p> <p><input type="checkbox"/> Other _____</p> <p>4. RESOURCES</p> <p><input type="checkbox"/> Checking, savings, credit union, Christmas Club account statements</p> <p><input type="checkbox"/> Stocks, bonds or CDs</p> <p><input type="checkbox"/> Pension plans, retirement accounts, IRAs</p> | <p><input type="checkbox"/> Burial plots, funds, contracts</p> <p><input type="checkbox"/> Real estate property</p> <p><input type="checkbox"/> Title, registration, or personal property tax receipt for motor vehicles, motor boats, motor homes</p> <p><input type="checkbox"/> Life insurance policies</p> <p><input type="checkbox"/> Other _____</p> <p>5. SHELTER EXPENSES <i>optional</i></p> <p><input checked="" type="checkbox"/> Rent or mortgage receipt</p> <p><input type="checkbox"/> Real estate taxes</p> <p><input type="checkbox"/> Homeowner's insurance</p> <p><input type="checkbox"/> Electric bill</p> <p><input type="checkbox"/> Gas/kerosene/coal/oil/wood bill</p> <p><input type="checkbox"/> Water/sewage bill</p> <p><input type="checkbox"/> Garbage bill</p> <p><input type="checkbox"/> Phone bill</p> <p><input type="checkbox"/> Initial installation charge</p> <p><input type="checkbox"/> Other _____</p> <p>6. LEGALLY RESPONSIBLE RELATIVE</p> <p><input type="checkbox"/> Income verification</p> <p><input type="checkbox"/> Statement of contribution</p> <p><input type="checkbox"/> Child support or alimony</p> <p><input type="checkbox"/> Extraordinary expenses</p> <p><input type="checkbox"/> Proof of continued absence</p> <p><input type="checkbox"/> Other _____</p> <p>7. WORK REGISTRATION</p> <p><input type="checkbox"/> Registration form</p> <p>8. IDENTITY</p> <p><input type="checkbox"/> Driver's license</p> <p><input type="checkbox"/> Voter registration card</p> <p><input type="checkbox"/> Clinic, medical card</p> <p><input type="checkbox"/> Work ID, school ID, library card</p> <p><input type="checkbox"/> Other _____</p> | <p>9. RESIDENCY, LIVING ARRANGEMENTS, SCHOOL ENROLLMENT</p> <p><input checked="" type="checkbox"/> Verification of residence</p> <p><input type="checkbox"/> Verification of child(ren) living in the home</p> <p><input type="checkbox"/> School enrollment</p> <p><input type="checkbox"/> Separate arrangements to buy and prepare food</p> <p><input type="checkbox"/> Other _____</p> <p>10. DOCUMENTS</p> <p><input type="checkbox"/> SSN cards/numbers</p> <p><input type="checkbox"/> Application for SSN card</p> <p><input type="checkbox"/> Declaration of citizenship</p> <p><input type="checkbox"/> Alien documentation</p> <p><input type="checkbox"/> Birth verification</p> <p><input type="checkbox"/> Verification of paternity</p> <p><input type="checkbox"/> Marriage certificate</p> <p><input type="checkbox"/> Divorce decree</p> <p><input type="checkbox"/> Death certificate</p> <p><input type="checkbox"/> Deprivation statement</p> <p><input type="checkbox"/> Other _____</p> <p>11. MEDICAL INFORMATION</p> <p><input type="checkbox"/> Assignment of Rights form</p> <p><input type="checkbox"/> Medical form, statement</p> <p><input type="checkbox"/> Pregnancy statement</p> <p><input type="checkbox"/> Health insurance policies, cards</p> <p><input type="checkbox"/> Medicare card</p> <p><input type="checkbox"/> Health insurance premiums</p> <p><input type="checkbox"/> Medical bills for _____</p> <p><input type="checkbox"/> Prescription drug bills</p> <p><input type="checkbox"/> Other _____</p> |
|---|---|--|

Other information or verification needed: _____

CHECKLIST OF NEEDED VERIFICATIONS

Name	<i>Ms. Mark - What Nguyen</i>
Address	

Case Number	<i>107-029012-007</i>	
Program(s)	<i>Ref. PS</i>	Date <i>4/11/95</i>
Worker	<i>Waluka</i>	Telephone <i>533-5372</i>

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- | | | |
|---|---|--|
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|---|---|--|

Other information or verification needed: _____

CHECKLIST OF NEEDED VERIFICATIONS

Name	<i>Mr. Mead - What Knepper</i>
Address	

Case Number	<i>107-029012-007</i>	
Program(s)	<i>Ref. PS</i>	Date <i>4/11/95</i>
Worker	<i>Waleka</i>	Telephone <i>533-5372</i>

In order to receive assistance, you must provide the information checked below. We will help you obtain the information. If you cannot provide the information, or if you need help in providing the information, contact your worker. Call collect, if necessary. IF YOU DO NOT PROVIDE THIS INFORMATION OR CONTACT THE AGENCY BY THE FOLLOWING DATES, YOUR APPLICATION MAY BE DENIED. AFDC _____ FOOD STAMPS *4/11/95*

1. INCOME (Earned and Unearned)
for _____
 - ☐ Pay stubs
 - ☐ Statement from employer
 - ☐ Self-employment records
 - ☐ Social Security/SSI benefits
 - ☐ VA benefits
 - ☐ Retirement income
 - ☐ Child support, alimony
 - ☐ Unemployment benefits
 - ☐ Workers' Compensation benefits
 - ☐ Loans (personal or education)
 - ☐ Scholarships, (BEOG, PELL, SEOG, CSAP, or other)
 - ☐ Work-study pay stubs
 - ☒ Other *Loss in Unemployment*
Resettlement Agency, Spokane, WA
2. WORK OR SCHOOL EXPENSES
 - ☐ Day care expenses for child or adult
 - ☐ School expenses (tuition, fees, books, supplies, transportation, or other)
 - ☐ Other _____
3. AFDC-UP
 - ☐ Income for both parents for past 24 months
 - ☐ Income for _____
 - ☐ Dates unemployment received
 - ☐ Application for unemployment
 - ☐ Other _____
4. RESOURCES
 - ☐ Checking, savings, credit union, Christmas Club account statements
 - ☐ Stocks, bonds or CDs
 - ☐ Pension plans, retirement accounts, IRAs
- ☐ Burial plots, funds, contracts
- ☐ Real estate property
- ☐ Title, registration, or personal property tax receipt for motor vehicles, motor boats, motor homes
- ☐ Life insurance policies
- ☐ Other _____
5. SHELTER EXPENSES *optional*
 - ☒ Rent or mortgage receipt
 - ☐ Real estate taxes
 - ☐ Homeowner's insurance
 - ☐ Electric bill
 - ☐ Gas/kerosene/coal/oil/wood bill
 - ☐ Water/sewage bill
 - ☐ Garbage bill
 - ☐ Phone bill
 - ☐ Initial installation charge
 - ☐ Other _____
6. LEGALLY RESPONSIBLE RELATIVE
 - ☐ Income verification
 - ☐ Statement of contribution
 - ☐ Child support or alimony
 - ☐ Extraordinary expenses
 - ☐ Proof of continued absence
 - ☐ Other _____
7. WORK REGISTRATION
 - ☐ Registration form
8. IDENTITY
 - ☐ Driver's license
 - ☐ Voter registration card
 - ☐ Clinic, medical card
 - ☐ Work ID, school ID, library card
 - ☐ Other _____
9. RESIDENCY, LIVING ARRANGEMENTS, SCHOOL ENROLLMENT
 - ☒ Verification of residence
 - ☐ Verification of child(ren) living in the home
 - ☐ School enrollment
 - ☐ Separate arrangements to buy and prepare food
 - ☐ Other _____
10. DOCUMENTS
 - ☐ SSN cards/numbers
 - ☐ Application for SSN card
 - ☐ Declaration of citizenship
 - ☐ Alien documentation
 - ☐ Birth verification
 - ☐ Verification of paternity
 - ☐ Marriage certificate
 - ☐ Divorce decree
 - ☐ Death certificate
 - ☐ Deprivation statement
 - ☐ Other _____
11. MEDICAL INFORMATION
 - ☐ Assignment of Rights form
 - ☐ Medical form, statement
 - ☐ Pregnancy statement
 - ☐ Health insurance policies, cards
 - ☐ Medicare card
 - ☐ Health insurance premiums
 - ☐ Medical bills for _____
 - ☐ Prescription drug bills
 - ☐ Other _____

Other information or verification needed: _____

fax
h/6/94

IV # 225-619

LÝ LỊCH CÁ NHÂN

. Tên họ, năm sinh và nơi sinh :

1. PHẠM HỮU PHƯỚC 21-3-1951 Chợ-Lớn

2. NGUYỄN THỊ MINH NHẬT 24-9-53 Saigon

3. PHẠM NGUYỄN 22-11-1988 TP.HCM

PHƯƠNG KHAIHI

. Trình độ học vấn : Cử nhân năm thứ 4 Đại học Luật khoa Saigon.

. Địa chỉ thường trú : 94 Lầu 1A Điện Biên Phủ, Phường Đa Kao,

. Ngày nhập ngũ : 03-7-1972 Quân 1, Thành Phố Hồ Chí

. Số quân (K.2) : 71/607964 Minh, Vietnam

. Cấp bậc : Thiếu úy

. Chức vụ : Sĩ quan trực (ban Tin tức).

. Binh chủng : Không quân.

. Đơn vị công tác : Phòng Quân báo - Sư đoàn 5 Không quân. (TSN Air port)

. Ngày bị bắt : Tháng 10-1975.

. Ngày vào trại : 13-01-1976 (Trại Xuân-Phước tỉnh Phú-Khánh).

. Ngày ra trại : 25-9-1981

. Giấy ra trại : Số 652/GGT ngày 25-9-81.

. Ngày đăng ký kết hôn : 07-10-1986.

. Danh sách : H028 - Số thứ tự trên danh sách : 703 (Giấy báo tin số 703/XC)

. Hộ chiếu PHƯỚC số PT 1508/91-ĐC1 cấp 07-01-1991 tại Hà-Nội.

- NHẬT số PT 1510/91-ĐC1 - -

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x x

. Địa chỉ của bà THƠ :

(KHUCC MINH THƠ)

. Địa chỉ của em con : THANH TOAN PHAM

Phone :

. Ông nội của O. Nguyễn Đình Phúc và ông nội của Nga (Minh-Nhật) là anh em ruột. Ông Nguyễn Đình Quảng là ba của O. Nguyễn Đình Phúc.

Ba của Nga (vợ con) là O. Nguyễn Quý Dục. Đ/C : 292 Hai bà Trưng Q.I.

(Photo Luyến)

Các con của bà Thơ và ông Phúc : Minh Châu, Minh Phương, Phúc Tuệ.

. *** Chi Trí mến,

Nhờ chi làm thủ tục bảo trợ gấp dùm hồ sơ này vì họ sẽ được phỏng vấn vào tuần từ April 18 đến 29, 1994. Chi gởi gấp bản bảo trợ về để kịp trình cho phái đoàn phỏng vấn. Chi gởi cho tôi 1 bản. Cảm ơn chi nhiều. Gợi tôi để tôi biết diễn tiến xem có kịp không.

Khúc Minh Tho

PHONE NO. : 703 241 9211

FROM :

10 NOV 10 '94 21:16 BUREAU FAX 298540

P.1

000

NO. FAX
PREPAID

11/9 SAIGON FAX 11/10

STT:

10284

TONGUOI NHAN

Ten/Name: Nguyễn Thị Minh Phương

Địa chỉ/Address: ...

FROM/NGƯỜI GỬI

Ten/Name: Phạm Hải Phước

Địa chỉ/Address: 94 Lầu 1 A Đường Điện Ph

Phường Đa Kao Quận 1 TP. HCM

Tel: Fax: VN

Ngày:

STT

chuyển:

Số trang:

545 + Prepaid: 781A

Ref Fax số: 10/11/0

Ngày:

Thính gửi Mẹ Tôi,

Chúng cháu được tin Mẹ cho hay là chúng cháu đi định cư tại Richmond Virginia, chúng cháu rất lo lắng, vì nơi đó chúng cháu hoàn toàn xa lạ. Đến nơi rồi là quê người, không có người thân, chúng cháu vô cùng lo âu.

Đến đó về tình gia đình thân thuộc, hãy tình bạn bè. Hai Thiên Nguyễn ở Richmond cho chúng cháu về với Mẹ, để chúng cháu được gần gũi với người thân. Hai gia đình đều mong muốn chúng cháu được về với Mẹ. Bác Hai và Ba mẹ cũng rất cố gắng đến tận tận căn cứ để cố gắng giúp đỡ cho chúng cháu và cháu bé, chắc họ cũng hiểu là chúng cháu không nơi nào để ở. Anh như thế nên chúng cháu không thể giao dịch với người Mỹ khi đến nơi định cư.

Rất mong tin Mẹ sớm.

Thính mến,

Phạm Hải Phước

PHONE NO. : 703 241 9211

FROM:

10 NOV 10 '94 21:16 BUREAU FAX 298540

P.1

200

FAX
PREPAID

11/9 SAIGON FAX 11/10

STT:

10/284

TONGUOI NHAN

Ten/Name: Nguyễn Thị Minh Phương

Địa chỉ/Address: ...

FROM/NGƯỜI GỬI

Ten/Name: Phan Hải Phước

Địa chỉ/Address: 91 Lầu 1 A Địch Bền Ph

Phường Đa Kao Quận 1 TP HCM

Tel: Fax: VN

Ngày:

STT

chuyển:

Số trang:

545 + Prepaid: 7811

Ref fax số: 10/11/9

REPLY:

Sinh gửi Mẹ Tú,

Chúng cháu được tin Mẹ cho hay là chúng cháu
đi định cư tại Richmond Virginia, chúng cháu rất
lo lắng, vì nơi đó đúng cháu hoàn toàn oa lạ.
Đến nơi sẽ là quê người, không có người thân,
chúng cháu vô cùng lo âu.

Đến đó sẽ tình gia đình thân thuộc, hãy tình
hữu với Hải Thiên Nguyễn ở Richmond cho chúng cháu
về với Mẹ; để chúng cháu được gần gũi với
người thân. Đại gia đình đến mong muốn chúng
cháu được về với Mẹ. Bác Hai và Ba mẹ cũng rất
cố gắng đến yêu cầu Mẹ cố gắng giúp đỡ cho
cho chúng cháu và cháu bé, chắc họ cũng hiểu
là chúng cháu không nói trước tiếng Anh như
nên chúng cháu không thể giao dịch với người Mỹ
khi đến nơi định cư.

Rất mong tin Mẹ sớm.

Sinh mến,

Phan Hải Phước

05.12.94

Kính thưa Mẹ ơi,

Được hết, vợ chồng cháu xin gửi lời
kính thăm sức khỏe Mẹ và gia đình. Xin cảm ơn Mẹ đã
đúng ra bảo trợ cho gia đình cháu cũng như lưu tâm theo dõi
tình trạng hồ sơ của cháu.

Gia đình cháu đã được phỏng vấn ngày
23.4 (nhận giấy bảo trợ của Mẹ trước đó vài ngày) và cũng
đã hoàn tất việc khám sức khỏe, chiếu xạ. Về y học,
cho đến nay, chúng cháu vẫn chưa nhận được giấy mời đi
đăng ký chuyển bay mà lẽ ra phải có rồi. Chẳng hiểu vì sao
có sự chậm trễ như vậy, Mẹ à? Trong lúc ấy, nhiều
người bạn cùng đợt với cháu đã lên được đi Mỹ hoặc đi
đăng ký chuyển bay. Cháu có nhớ có quan chức vụ xuất cảnh
và được biết là cháu đã có tên trên danh sách ở Sở Ngoại vụ
VN từ tháng 9, song rồi chẳng thấy gì cho tới hôm nay.
Mẹ chồng cháu thật sự lo lắng!

Chúng cháu cũng ngạc nhiên và thắc mắc
khi nhận được fax của Mẹ hôm 10.11. Ngay sau đó, cháu
đã hồi báo. Việc nhận lần ấy đến nay đã được triển khai
xong chưa, thưa Mẹ? Vì có phải vì điều này mà hồ sơ của
cháu bị chậm không? Thật đáng tiếc là làm phiên Mẹ và
tổn kém việc xử lý của Mẹ với cháu. Chẳng biết gia đình
cháu có tiếp xúc với gia đình của Mẹ hay không?

Cháu xin có vài hàng kính báo Mẹ được rồi.
Kính mong được tin Mẹ.

Tham gia 1 được

H 28.703 (V.N)

IV # 225019 (U.S.A)

Kính chào Mẹ,



Cháu Thuận



風景圖

山水風景圖

山水風景圖

山水風景圖

山水風景圖



Kính mời Quý,

Vợ chồng cháu Kính chúc Mẹ
và gia đình được an Khang, hạnh phúc,
thịnh vượng trong năm mới - 1995.

Cháu THUỐC & NHẬT

U
September 27, 1994

IRSA
1717 Massachusetts Avenue, N. W.
Suite 701
Washington, D.C. 20036
Attn. Elaine Martin

Dear Elaine:


On April 7, 1994, I have submitted Affidavit of Relationship to sponsor my nephew-in-law - IV 225019 and his family to join me here in Falls Church, Virginia.

Now I learn that they are leaving the country in the near future but I do not hear anything from you, my niece whose is the wife of PHAM HUU PHUOC and the whole family are eagerly to reunify with me here.

Greatly appreciate if you let me know the date of their arrival in order I can arrange their housing and their well-being resettlement of their new home.

Thank you very much for your prompt assistance in this matter.

Sincerely,



Khuc Minh Tho

Re: PHAM HUU PHUOC (3)
V 100197

SAIGON FAX

TO: NGUYEN THI MINH PHUONG

FROM: PHAM HUU PHUOC

ADDRESS:

address; 94 Lau 1 A DIEN BIEN PHU
PHUONG DAKAO, QUAN 1
T.P. HO CHI MINH, VI

Dear Mo Tu:

When we got your news that we go to resettle in Richmond, Virginia we are so scared and concerned because there is no relatives living in that area.

Please reconsidere our family relationship, talk to the Voluntary Agency in Richmond, Virginia to let us to resettle with you in order we can be close with relatives in the new country. All extended family members want us to be near you. My older uncle and my parents desire you to interfere and work hard to help us to live near you and relatives. You understand that we do not speak English, we need you when we arrive in the new Country. We are very afraid when we have to go to Richmond because we do not know anybody there.

Anxi ously to hear from you very soon.

Sincerely,

IV# 225-619

11 17 94 14:02 202 546 1625

TRAVELERS AID

0001 001

November 17, 1994

DEMS
EPISCOPAL CHURCH CENTER
815 - Second Avenue
New York, N. Y. 10017
Attn. Mr. Frank Vizquete

Dear Mr. Vizquete:

I am requesting you to transfer the case V 100197 PHAM
HUU PHUOC, 3 persons, to IRSA as soon as possible.

I choose IRSA, Travelers Aid Society because I can work
easily with them.

Your prompt action on this request is greatly appreciated.

Sincerely,


NGUYEN THI MINH PHUONG

**FAX
PREPAID**

SAIGON FAX

11/10 STT: 10287

TÊN NGƯỜI NHẬN
Tên/Name: Nguyễn Thị Minh Phượng
Địa chỉ/Address: ...

FROM/NGƯỜI GỬI
Tên/Name: Phạm Hữu Phước
Địa chỉ/Address: 9H Lầu 1A Điện Biên Ph
Phường Hòa Lạc Quận 1 TP HCM
Tel: ... Fax: VN

Ngày: STT chuyển: 545 + Prepaid: 781A Rel Fax số: 10/11/0

Đính gửi Mẹ tôi,

Chúng cháu được tin Mẹ cho hay là chúng cháu
đi định cư tại Richmond Virginia, chúng cháu rất
lo lắng, vì mới đó chúng cháu hoàn toàn oa lạ.
Đến nơi xứ lạ quê người, không có người thân,
chúng cháu vô cùng lo âu.

Đến đó về tỉnh Gia định Khỏe Khỏe, hay tình
hạn chế. Hai Thiên Nguyễn ở Richmond cho chúng cháu
về với Mẹ, để chúng cháu được gần gũi với
người thân. Đại gia đình đến mừng đón chúng
cháu được về với Mẹ. Đặc hai và Ba mẹ cũng tất
cả qua thăm đến yêu cầu Mẹ cố gắng giúp đỡ cho
cho chúng cháu và cháu bé, đặc biệt cũng hiểu
là chúng cháu không nơi trốn tránh Anh Thiên
nên chúng cháu không thể nào dịch về người Mỹ
khi đến nơi định cư.

Rất mong tin Mẹ sớm.

Đính kèm,

Phạm Hữu Phước

Phạm Hữu Phước

IV # 225 - 019.

SAIGON FAX

TO: NGUYEN THI MINH PHUONG

FROM: PHAM HUU PHUOC

ADDRESS:

address: 94 Lau I A DIEN BIEN PHU
PHUONG DAKAO, QUAN 1
T.P. HO CHI MINH, VN

Dear Mo Tu:

When we got your news that we go to resettle in Richmond, Virginia we are so scared and concerned because there is no relatives living in that area.

Please reconsidere our family relationship, talk to the Voluntary Agency in Richmond, Virginia to let us to resettle with you in order we can be close with relatives in the new country. All extended family mambers want us to be near you. My older uncle and my parents desire you to interfere and work hard to help us to live near you and relatives. You understand that we do not speak English, we need you when we arrive in the new Country. We are very afraid when we have to go to Richmond because we do not know anybody there.

Anxi·ously to hear from you very soon.

Sincerely,

SAIGON FAX

TO: NGUYEN THI MINH PHUONG

FROM: PHAM HUU PHUOC

ADDRESS:

address; 94 Lau I A DIEN BIEN PHU
PHUONG DAKAO, QUAN 1
T.P. HO CHI MINH, VN

Dear Mo Tu:

When we got your news that we go to resettle in Richmond, Virginia we are so scared and concerned because there is no relatives living in that area.

Please reconsidere our family relationship, talk to the Voluntary Agency in Richmond, Virginia to let us to resettle with you in order we can be close with relatives in the new country. All extended family members want us to be near you. My older uncle and my parents desire you to interfere and work hard to help us to live near you and relatives. You understand that we do not speak English, we need you when we arrive in the new Country. We are very afraid when we have to go to Richmond because we do not know anybody there.

Anxi·ously to hear from you very soon.

Sincerely,

SAIGON FAX

TO:

NGUYEN THI MINH PHUONG

FROM: PHAM HUU PHUOC

ADDRESS:

address; 94 Lau I A DIEN BIEN PHU
PHUONG DAKAO, QUAN 1
T.P. HO CHI MINH, VN

TEL:

Dear Mo Tu:

When we got your news that we go to resettle in Richmond, Virginia we are so scared and concerned because there is no relatives living in that area.

Please reconsidere our family relationship, talk to the Voluntary Agency in Richmond, Virginia to let us to resettle with you in order we can be close with relatives in the new country. All extended family members want us to be near you. My older uncle and my parents desire you to interfere and work hard to help us to live near you and relatives. You understand that we do not speak English, we need you when we arrive in the new Country. We are very afraid when we have to go to Richmond because we do not know anybody there.

Anxi·ously to hear from you very soon.

Sincerely,

**FAX
PREPAID**

SAIGON FAX

STT:

10287

TONGUOI NHAN

Tên/Name: Nguyễn Thị Minh Phương

Địa chỉ/Address: ...

FROM/NGƯỜI GỬI

Tên/Name: Phạm Hữu Phước

Địa chỉ/Address: 9H Lầu 1A Dãy Điện Ph

Phường Thảo Điền Quận 2 TP HCM

Tel:

Fax:

VN

Ngày:

STT

chuyển:

Số trang:

545 + Prepaid: 721A

Rel. Fax số:

10/11/0

Thính gửi Mẹ Tôi,

Chúng cháu được tin Mẹ cho hay là chúng cháu
đi định cư tại Richmond Virginia, chúng cháu rất
lo lắng, vì nơi đó chúng cháu hoàn toàn oa la.
Đến nơi sẽ là quê người, không có người thân,
chúng cháu sẽ cũng lo âu.

Đine Mẹ và tình gia đình Khỏe Khỏe, hãy tình
hết sức Hải Thiệu Nguyễn ở Richmond cho chúng cháu
về với Mẹ; để chúng cháu được gần gũi với
người thân. Đại gia đình đều mong nhận chúng
cháu được về với Mẹ. Bác Hai và Ba mẹ cũng rất
cố gắng đến yêu cầu Mẹ cố gắng giúp đỡ cho
cho chúng cháu và cháu bé, chắc Mẹ cũng hiểu
là chúng cháu không nơi nào tiếng Anh như
nên chúng cháu không thể giao dịch với người Mỹ
khi đến nơi định cư.

Rất mong tin Mẹ sớm

Thính mến,

Phạm Hữu Phước

Phạm Hữu Phước

IV # 225 - 019.

**FAX
PREPAID**

SAIGON FAX

11/10

STT:

10287

TONGUOI NHAN

Tên/Name: Nguyễn Thị Minh Phượng

Địa chỉ/Address: ...

FROM NGUOI GHI

Tên/Name: Phạm Hữu Phước

Địa chỉ/Address: 91 Lầu 1A Đầm Biền Ph

Phường An Khánh Quận 1 TP HCM

Tel:

Fax:

VN

Ngày:

STT

chuyển:

Số trang:

545 + Prepaid: 781A

Rel Fax số: 10/11/0

Thính gửi Mẹ Tôi,

Chúng cháu được tin Mẹ cho hay là chúng cháu
đi định cư tại Richmond Virginia, chúng cháu rất
lo lắng, vì mới đó chúng cháu hoàn toàn oa la.
Đến nơi đây là quê người, không có người thân,
chúng cháu vô cùng lo âu.

Đến đó về tỉnh Gia Định Khỏe Khỏe, hãy tỉnh
bằng với Hải Triều Nguyễn ở Richmond cho chúng cháu
về với Mẹ; để chúng cháu được gần gũi với
người thân. Đại gia đình đến mong muốn chúng
cháu được về với Mẹ. Đặc biệt về Đ. H. cũng rất
cá gia đình đến yêu cầu Mẹ cố gắng giúp đỡ cho
cho chúng cháu về cháu bé, đặc biệt cũng hiện
là chúng cháu không mới tiếp tếp. Anh Hiền
nên chúng cháu không thể giao dịch với người Mỹ
khi đến nơi định cư.

Rất mong tin Mẹ sớm

Thính mến,

Phạm Hữu Phước

Phạm Hữu Phước

IV # 225 - 019.

FAX
PREPAID

SAIGON FAX

STT:

10284

TONGUOI NHAN

Tên/Name: Nguyễn Thị Minh Phương

Địa chỉ/Address:

FROM/NGUOI GHI

Tên/Name: Phan Hữu Phước

Địa chỉ/Address: 94 Lầu 1 A Điện Biên Ph

Phường Đa Kao Quận 1 TP HCM

Tel:

Fax:

VN

Ngày:

STT

chuyển:

Số trang:

545 +

Prepaid: 7818

Rel Fax số: 10/11/0

PAGE:

Thính gửi Mẹ Tú,

Chúng cháu được tin Mẹ cho hay là chúng cháu đi định cư tại Richmond Virginia, chúng cháu rất lo lắng, vì nơi đó đúng cháu hoàn toàn oa lạ. Đến nơi xử lý là quê người, không có người thân, chúng cháu và cũng lo âu.

Đem Mẹ về tình gia đình thân thuộc, hãy tình họanghi Hải Phước Nguyễn ở Richmond cho chúng cháu về với Mẹ; để chúng cháu được gần gũi với người thân. Đại gia đình đến mong nhận chúng cháu được về với Mẹ. Bác Hai và Ba mẹ cũng rất cố gắng đến yêu cầu Mẹ cố gắng giúp đỡ cho chúng cháu và cháu bé, chắc họ cũng hiểu là chúng cháu không nơi trốn tránh. Anh Hiền nên chúng cháu không thể giao dịch với người Mỹ khi đến nơi định cư.

Rất mong tin Mẹ sớm.

Thính mến,

Phan Hữu Phước

Phan Hữu Phước

IV # 225 - 019.

**FAX
PREPAID**

SAIGON FAX

STT:

10/87

TỔNG QUẢN NHÂN

Tên/Name: Nguyễn Thị Minh Phương

Địa chỉ/Address: ...

FROM/NGƯỜI GỬI

Tên/Name: Phạm Hải Phước

Địa chỉ/Address: Phố Lũy T. A. Đền Biên Ph

Phường An Lạc Quận 1 TP. HCM

Tel: ... Fax: ... VN

Ngày:

STT

chuyển:

Số trang:

545 + Prepaid: 78 IAT

Ref Fax số: 10/11/87

Thính gửi Mẹ Tôi,

Chúng cháu được tin Mẹ cho hay là chúng cháu
đi định cư tại Richmond Virginia, chúng cháu rất
lo lắng, vì nơi đó đúng cháu hoàn toàn oa lạ.
Đến nơi rồi là quê người, không có người thân,
chúng cháu vô cùng lo âu.

Mẹ và tình gia đình thân thuộc, hãy tình
hỗ trợ. Hải Phước Nguyễn ở Richmond cho chúng cháu
về với Mẹ; để chúng cháu được gần gũi với
người thân. Đại gia đình đến mừng đón chúng
cháu được về với Mẹ. Bác Hai và Ba mẹ cũng rất
cố gắng để yên tâm Mẹ có gắng giúp đỡ cho
cho chúng cháu và cháu bé, chắc Mẹ cũng hiểu
là chúng cháu không nói trước tiếng Anh như
nên chúng cháu không thể giao dịch với người Mỹ
khi đến nơi định cư.

Rất mong tin Mẹ sớm

Thính mến,

Phước

Phạm Hải Phước

IV # 225 - 019

NO. FAX
PREPAID

SAIGON FAX

11/10

STT: 10287

TONGUOI NHAN

Tên/Name: Nguyễn Thị Minh Phương

Địa chỉ/Address: ...

FROM/NGUOI GHI

Tên/Name: Phạm Hữu Phước

Địa chỉ/Address: 9H Lane 1A Diem Dien Ph

Phuong Da Kao Quoc 1 Tp HCM

Tel: ...

Fax: ...

VN

Ngày:

STT

chuyển:

Số trang:

545 +

Prepaid:

781A

Ref Fax số:

10/11/9

Đính gửi Mẹ tôi,

Chúng cháu được tin Mẹ cho hay là chúng cháu đi định cư tại Richmond Virginia, chúng cháu rất lo lắng, vì mới đó chúng cháu hoàn toàn oa lạ. Đến nơi rồi là quê người, không có người thân, chúng cháu vô cùng lo âu.

Xin Mẹ về tỉnh Gia Định thăm Khâm Khúc, hãy trình báo với Hội Thiện Nguyện ở Richmond cho chúng cháu về với Mẹ; để chúng cháu được gần gũi với người thân. Đại gia đình đều mong muốn chúng cháu được về với Mẹ. Đặc biệt là Ba mẹ cũng rất cần gia đình đến yêu cầu Mẹ cố gắng giúp đỡ cho chúng cháu về cháu bé, chắc Mẹ cũng hiểu là chúng cháu không nói đùa. Anh Khâm nên chúng cháu không thể giao dịch với người Mỹ khi đến nơi định cư.

Rất mong tin Mẹ sớm.

Đính kèm,

Phạm Hữu Phước

Phạm Hữu Phước

IV # 225 - 019

PHONE NO. : 703 241 9211

FROM :

10 NOV 10 '94 21:16 BUREAU FAX 298540

P.1

200



SAIGON FAX

STT:

10284

TO/NGƯỜI NHẬN

Tên/Name: Nguyễn Thị Minh Phượng

Địa chỉ/Address: ...

FROM/NGƯỜI GỬI

Tên/Name: Phạm Hữu Phước

Địa chỉ/Address: 9H Lầu 1A Bldg Binn Ph

Phường Ho Van Kiem Quận 1 TP HCM

Tel: ... Fax: ... VN

Ngày:

STT

chuyển:

Số trang:

545 + Prepaid: 781A

Ref fax số: 10/11/94

Ngày:

Thính gần Mò Tẻ,

Chúng cháu được tin Mò cho hay là chúng cháu
đi định cư tại Richmond Virginia, chúng cháu rất
lo lắng, vì nơi đó chúng cháu hoàn toàn oa lạ.
Đến nơi xử lý là quê người, không có người thân,
chúng cháu vô cùng lo âu.

Đến Mò về tỉnh gia đình Khảo Khảo, hãy tỉnh
bằng bạn bè. Khi được tin Mò ở Richmond cho chúng cháu
về với Mò; để chúng cháu được gần gũi với
người thân. Đại gia đình đến mừng đón chúng
cháu được về với Mò. Đặc biệt và đặc biệt cũng tất
cả gia đình đến yên tâm Mò có gắng giúp đỡ cho
cho chúng cháu về cháu bé, đặc biệt cũng hẳn
là chúng cháu không nói trước trước Anh Khảo
nên chúng cháu không thể giao dịch với người Mỹ
khi đến nơi định cư.

Rất mong tin Mò sớm.

Thính mến,

Phạm Hữu Phước

Phạm Hữu Phước

IV # 225-019.

September 27, 1994

IRSA
1717 Massachusetts Avenue, N. W.
Suite 701
Washington, D.C. 20036
Attn. Elaine Martin

Dear Ealaine:

On April 7, 1994, I have submitted Affidavit of Relationship to sponsor my nephew-in-law - IV 225019 and his family to join me here in Falls Church, Virginia.

Now I learn that they are leaving the country in the near future but I do not hear anything from uou, my niece whose is the wife of PHAM HUU PHUOC and the whole family are eagerly to reunify with me here.

Greatly appreciate if you let me know the date of their arrival in order I can arrange their housing and their well-being resettlement of their new home.

Thank you very much for your prompt assistance in this matter.

Sincerely,



Khuc Minh Tho

Re: PHAM HUU PHUOC (3)
V 100197

SAIGON FAX

TO: NGUYEN THI MINH PHUONG

FROM: PHAM HUU PHUOC

ADDRESS:

address; 94 Lau I A DIEN BIEN PHU
PHUONG DAKAC, QUAN 1
T.P. HO CHI MINH, VN

TEL:

Dear Mo Tu:

When we got your news that we go to resettle in Richmond, Virginia we are so scared and concerned because there is no relatives living in that area.

Please reconsidere our family relationship, talk to the Voluntary Agency in Richmond, Virginia to let us to resettle with you in order we can be close with relatives in the new country. All extended family members want us to be near you. My older uncle and my parents desire you to interfere and work hard to help us to live near you and relatives. You understand that we do not speak English, we need you when we arrive in the new Country. We are very afraid when we have to go to Richmond because we do not know anybody there.

Anxi·ously to hear from you very soon.

Sincerely,

FAX
PREPAID

SAIGON FAX

STT:

10/87

TONGUOI NHAN

Tên/Name: Nguyễn Thị Minh Phương

Địa chỉ/Address: ...

FROM/NGƯỜI GỬI

Tên/Name: Phạm Hải Phước

Địa chỉ/Address: 9H Lầu 1A Đường Điện Ph

Phường Đa Kao Quận 1 TP. HCM

Tel: Fax: VN

Ngày:

STT

chuyển:

Số trang:

545 + Prepaid: 781A

Rel. Fax số: 10/11/87

Ngày:

Bình gửi Mẹ tôi,

Chúng cháu được tin Mẹ cho hay là chúng cháu
đi định cư tại Richmond Virginia, chúng cháu rất
lo lắng, vì mới đó chúng cháu hoàn toàn oa lạ.
Đến nơi đây là quê người, không có người thân,
chúng cháu vô cùng lo âu.

Đến đó về tình gia đình Khá Khỏe, hay tình
hàng xóm. Hai Thiên Nguyễn ở Richmond cho chúng cháu
về với Mẹ; để chúng cháu được gần gũi với
người thân. Đại gia đình đều mong muốn chúng
cháu được về với Mẹ. Các Hai và Ba mẹ cũng rất
cố gắng đến tận tận căn cứ Mẹ có gắng giúp đỡ cho
cho chúng cháu và cháu bé, chắc hẳn cũng hẳn
là chúng cháu không nói trước tiếng Anh nhiều
nên chúng cháu không thể giao dịch với người Mỹ
khi đến nơi định cư.

Rất mong tin Mẹ sớm.

Hải Phước

Phạm Hải Phước

IV # 225 - 019

September 27, 1994 --

IRSA
1717 Massachusetts Avenue, N. W.
Suite 701
Washington, D.C. 20036
Attn. Elaine Martin

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Now I learn that they are leaving the country in the near future but I do not hear anything from uou, my niece whose is the wife of PHAM HUU PHUOC and the whole family are eagerly to reunify with me here.

Greatly appreciate if you let me know the date of their arrival in order I can arrange their housing and their well-being resettlement of their new home.

Thank you very much for your prompt assistance in this matter.

Sincerely,



Khuc Minh Tho

Re: PHAM HUU PHUOC (3)
V 100197

SAIGON FAX

TO: NGUYEN THI MINH PHUONG

FROM: PHAM HUU PHUOC

ADDRESS:

address; 94 Lau I A DIEN BIEN PHU
PHUONG DAKAO, QUAN 1
T.P. HO CHI MINH, VN

TEL:

Dear Mo Tu:

When we got your news that we go to resettle in Richmond, Virginia we are so scared and concerned because there is no relatives living in that area.

Please reconsidere our family relationship, talk to the Voluntary Agency in Richmond, Virginia to let us to resettle with you in order we can be close with relatives in the new country. All extended family members want us to be near you. My older uncle and my parents desire you to interfere and work hard to help us to live near you and relatives. You understand that we do not speak English, we need you when we arrive in the new Country. We are very afraid when we have to go to Richmond because we do not know anybody there.

Anxi.ously to hear from you very soon.

Sincerely,

FAX
PREPAID

SAIGON FAX

STT:

10284

TONGUOI NHAN

Tên/Name: Nguyễn Thị Minh Phượng

Địa chỉ/Address: 7213 Martha's Lane

Falls Church VA 22043 USA

Tel: (703) Fax: 560.0058

FROM NGUOI GHI

Tên/Name: Phạm Hữu Phước

Địa chỉ/Address: 94 Lầu 1 A Diên Biên Ph

Phường An Lạc Quận 1 TP HCM

Tel: Fax: VN

Ngày:

STT
chuyến:

Số trang:

545 + Prepaid: 781A

Rel Fax số: 10/11/0

Ngày:

Đính gửi Mẹ Tôi,

Chúng cháu được tin Mẹ cho hay là chúng cháu
đi định cư tại Richmond Virginia, chúng cháu rất
lo lắng, vì mới đó chúng cháu hoàn toàn oa lạ.
Đến nơi rồi là quê người, không có người thân,
chúng cháu vô cùng lo âu.

Con Mẹ vô tình gặp được anh Phước, hãy trình
bày với Mẹ, để chúng cháu được gần gũi với
người thân. Đại gia đình đến mừng đón chúng
cháu đến với Mẹ. Các hai và Ba mẹ cũng rất
cố gắng đưa đến yên tâm Mẹ cố gắng giúp đỡ cho
cho chúng cháu và cháu bé, đặc biệt cũng hiểu
là chúng cháu không mới trải qua tình Anh như
nên chúng cháu không thể giao dịch với người Mỹ
khi đến nơi định cư.

Rất mong tin Mẹ sớm.

Đính mến,

Phạm Hữu Phước

Phạm Hữu Phước

IV # 225 - 019.

APRIL 1935

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PHUOC H PHAM
911 EDW FERRY RD NE
LEESBURG VA
22075-0000

7. RENTAL INCREASE RATION CARD 17

ZINZAL ET AL.: THE REAL RETURN USING THE ATTACHED CASE STUDIES

THIS MESSAGE IS FOR YOU IF YOU ARE OVER THE AGE 64, YOU ARE BLIND, OR DISABLED.

MEDALLION, THE MANAGED CARE PROGRAM FOR MEDICAID, WILL BE REPLACING YOUR CURRENT MEDICAID COVERAGE BETWEEN MAY 1 AND JUNE 1.

THIS WILL NOT AFFECT YOU IF YOU HAVE MEDICARE OR OTHER PRIVATE INSURANCE, OR IF YOU ARE IN A NURSING HOME, OR IF YOU RECEIVE PERSONAL CARE AT HOME! FOR THOSE PEOPLE, MEDICAID CONTINUES UNCHANGED. ASK YOUR MAIN DOCTOR IF HE IS PLANNING TO JOIN MEDALLION. IF YOU DO NOT HAVE A PERSONAL DOCTOR, YOU WILL BE ASKED TO CHOOSE ONE. YOU WILL GET MORE INFORMATION ABOUT MEDALLION IN THE MAIL BEFORE MAY 1. THE MOVE FROM MEDICAID TO MEDALLION WILL NOT AFFECT WHAT MEDICAL SERVICES ARE COVERED.

PLEASE REMEMBER
REPORT ALL CHANGES AND DIRECT QUESTIONS ABOUT YOUR
ELIGIBILITY TO YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES.

107-020612

APRIL

1995

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7 107 03/24/95

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0050

PHUOC H PHAM
 911 EDW FERRY RD NE
 LEESBURG VA
 22075-0000

NOTICE TO BENEFICIARIES: (MAY 1995) (MAY 1995) (MAY 1995) (MAY 1995)

THIS MESSAGE IS FOR YOU IF YOU ARE OVER THE AGE 64, YOU ARE BLIND, OR DISABLED.

MEDALLION, THE MANAGED CARE PROGRAM FOR MEDICAID, WILL BE REPLACING YOUR CURRENT MEDICAID COVERAGE BETWEEN MAY 1 AND JUNE 1. THIS WILL NOT AFFECT YOU IF YOU HAVE MEDICARE OR OTHER PRIVATE INSURANCE, OR IF YOU ARE IN A NURSING HOME, OR IF YOU RECEIVE PERSONAL CARE AT HOME! FOR THOSE PEOPLE, MEDICAID CONTINUES UNCHANGED. ASK YOUR MAIN DOCTOR IF HE IS PLANNING TO JOIN MEDALLION. IF YOU DO NOT HAVE A PERSONAL DOCTOR, YOU WILL BE ASKED TO CHOOSE ONE. YOU WILL GET MORE INFORMATION ABOUT MEDALLION IN THE MAIL BEFORE MAY 1. THE MOVE FROM MEDICAID TO MEDALLION WILL NOT AFFECT WHAT MEDICAL SERVICES ARE COVERED.

PLEASE REMEMBER
 REPORT ALL CHANGES AND DIRECT QUESTIONS ABOUT YOUR
 ELIGIBILITY TO YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
NOTICE OF ACTION ON MEDICAID

COUNTY/CITY: London
CASE NUMBER: 100-100012000
CASE NAME: Theresa Ann Smith

*Theresa Ann Smith
100-100012000
10/21/85*

ACTION ON YOUR MEDICAID APPLICATION WAS TAKEN
BY THE DEPARTMENT OF SOCIAL SERVICES ON
10/21/85. THE STATEMENT FOLLOWING
THE CHECKED BLOCK EXPLAINS THE ACTION TAKEN.

<input checked="" type="checkbox"/>	APPROVED FULL MEDICAID COVERAGE. BEGINS <u>3/1/85</u> . PERSONS ELIGIBLE: <u>Theresa Ann Smith</u>
<input type="checkbox"/>	APPROVED LIMITED MEDICAID COVERAGE (QMB <u> </u> SLMB <u> </u> EMERGENCY ONLY <u> </u>). BEGINS <u> </u> . PERSONS ELIGIBLE: <u> </u>
<input type="checkbox"/>	MEDICAID COVERAGE WILL END <u>6/31/85</u> UNLESS YOU BECOME INELIGIBLE BEFORE THIS DATE.
<input type="checkbox"/>	APPROVED RETROACTIVE COVERAGE FOR THE MONTHS OF <u> </u> PERSONS ELIGIBLE: <u> </u>
<input type="checkbox"/>	DID NOT APPROVE RETROACTIVE COVERAGE FOR THE MONTHS OF <u> </u> REASON: <u> </u> MANUAL REFERENCE: <u> </u>
<input type="checkbox"/>	DID NOT EVALUATE RETROACTIVE COVERAGE BECAUSE IT WAS NOT REQUESTED OR APPLICATION WAS WITHDRAWN.
<input type="checkbox"/>	DENIED FULL MEDICAID COVERAGE BECAUSE INCOME EXCEEDS THE INCOME LEVEL. IF MEDICAL OR DENTAL EXPENSES OF \$ <u> </u> ARE INCURRED ON OR BEFORE <u> </u> BRING BILLS TO THE AGENCY AND ELIGIBILITY FOR FULL COVERAGE WILL BE REEVALUATED.
<input type="checkbox"/>	DENIED MEDICAID COVERAGE FOR <u> </u> BECAUSE <u> </u> MANUAL REFERENCE: <u> </u>
<input type="checkbox"/>	ACTION WAS NOT TAKEN ON YOUR MEDICAID APPLICATION DATED <u> </u> WITHIN TEN DAYS FOR A PREGNANT WOMAN. <u> </u> WITHIN 45 DAYS (90 DAYS IF DISABILITY DETERMINATION REQUIRED). REASON: <u> </u>
<input type="checkbox"/>	YOU WILL RECEIVE A NEW MEDICAID CARD BECAUSE THE FOLLOWING PEOPLE ARE NOW ELIGIBLE: <u> </u>
<input type="checkbox"/>	OTHER: <u>See report with change</u>

IF YOU DISAGREE WITH THE ACTION TAKEN, YOU HAVE THE RIGHT TO APPEAL TO THE STATE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES, 600 E. BROAD ST., SUITE 1300, RICHMOND VA 23219. THE APPEAL MUST BE MADE WITHIN 30 DAYS OF THE RECEIPT OF THIS NOTICE. FORMS TO APPEAL WILL BE PROVIDED BY THE LOCAL SOCIAL SERVICES DEPARTMENT OR THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES.

10/23/85 (DATE MAILED) Theresa Ann Smith (WORKER NAME) 8/1/85 (TITLE) 700-7217 (PHONE #)

032-03-008/7 (6/83)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
NOTICE OF ACTION ON MEDICAID

COUNTY/CITY: Stafford
CASE NUMBER: 11-1-100000
CASE NAME: John A. Smith

ACTION ON YOUR MEDICAID APPLICATION WAS TAKEN
BY THE DEPARTMENT OF SOCIAL SERVICES ON
11/1/93. THE STATEMENT FOLLOWING
THE CHECKED BLOCK EXPLAINS THE ACTION TAKEN.

☒ APPROVED FULL MEDICAID COVERAGE. BEGINS 11/1/93. PERSONS ELIGIBLE: John A. Smith

☐ APPROVED LIMITED MEDICAID COVERAGE (QMB SLMB EMERGENCY ONLY). BEGINS . PERSONS ELIGIBLE:

☐ MEDICAID COVERAGE WILL END 12/31/95 UNLESS YOU BECOME INELIGIBLE BEFORE THIS DATE.

☐ APPROVED RETROACTIVE COVERAGE FOR THE MONTHS OF PERSONS ELIGIBLE:

☐ DID NOT APPROVE RETROACTIVE COVERAGE FOR THE MONTHS OF REASON: MANUAL REFERENCE:

☐ DID NOT EVALUATE RETROACTIVE COVERAGE BECAUSE IT WAS NOT REQUESTED OR APPLICATION WAS WITHDRAWN.

☐ DENIED FULL MEDICAID COVERAGE BECAUSE INCOME EXCEEDS THE INCOME LEVEL. IF MEDICAL OR DENTAL EXPENSES OF \$ ARE INCURRED ON OR BEFORE BRING BILLS TO THE AGENCY AND ELIGIBILITY FOR FULL COVERAGE WILL BE REEVALUATED.

☐ DENIED MEDICAID COVERAGE FOR BECAUSE MANUAL REFERENCE:

☐ ACTION WAS NOT TAKEN ON YOUR MEDICAID APPLICATION DATED WITHIN TEN DAYS FOR A PREGNANT WOMAN. WITHIN 45 DAYS (90 DAYS IF DISABILITY DETERMINATION REQUIRED). REASON:

☐ YOU WILL RECEIVE A NEW MEDICAID CARD BECAUSE THE FOLLOWING PEOPLE ARE NOW ELIGIBLE:

☐ OTHER: 11-1-100000

IF YOU DISAGREE WITH THE ACTION TAKEN, YOU HAVE THE RIGHT TO APPEAL TO THE STATE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES, 600 E. BROAD ST., SUITE 1300, RICHMOND VA 23219. THE APPEAL MUST BE MADE WITHIN 30 DAYS OF THE RECEIPT OF THIS NOTICE. FORMS TO APPEAL WILL BE PROVIDED BY THE LOCAL SOCIAL SERVICES DEPARTMENT OR THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES.

11/1/93 (DATE MAILED) John A. Smith (WORKER NAME) Stafford (TITLE) 700-7217 (PHONE #)
032-03-002/7 (6/93)

DEPARTMENT OF SOCIAL SERVICES
FOOD STAMP PROGRAM
NOTICE OF ACTION

THIS IS TO INFORM YOU OF ACTION TAKEN ON YOUR FOOD STAMP APPLICATION OR CASE.

CASE NUMBER

107-129020-07

DATE

4/1/95

COUNTY/CITY

Lebanon

SECTION 1. ACTION ON APPLICATION DATED

- ☐ Approved for following months _____
Amount first month \$ _____ Month covered _____ Amount for following months \$ _____
You selected _____ as Head of Household. If all adult members do not agree, contact your worker within 10 days.
NOTE: If you applied for both Food Stamps and AFDC or GR at the same time, and then are approved for AFDC or GR benefits, your food stamp amount may be reduced without advance notice.
- ☐ If this box is checked, your application was approved even though some verification was postponed. We need the following information or verification from you: _____
If we do not receive these by _____ your case will be closed effective _____
If this verification results in changes in your household's eligibility or amount of benefits, we will make such changes without advance notice.
- ☐ Denied. See Section 3
- ☐ Continue to hold application pending. The cause for the delay is:
☐ Agency delay. Your application will be processed as soon as possible.
☐ Client delay.
☐ We are waiting for the following information from you: _____
We must have this information by _____ or your application will be denied.

SECTION 2. ACTION ON FOOD STAMP CASE

- ☒ Changed from \$ 300 to \$ 400 effective 5/1/95
- ☐ If this box is checked, we must receive the following verification from you: _____
We must receive this verification by _____. If your allotment was increased but we do not receive this verification, your benefits will go back to the amount of \$ _____ effective _____ without advance notice.
- ☐ Reinstated -- Amount \$ _____ effective _____
- ☐ Supplemented -- Amount \$ _____ for the month of _____
- ☐ Terminated effective _____

SECTION 3. REASON FOR ACTION, EXPLANATION OR COMMENTS

Participant earned income from work and did not report it.
you can the government report for assistance.

If you are approved for food stamps and you have children in public school, they may be eligible for free meals. For more information, contact your school.

You must report within 10 days required changes in the persons in your household and in your financial situation. If necessary, you may call collect.

Food stamps or an ATP card not received in the mail or destroyed after receipt may be replaced if the loss is reported right away.

If you do not agree with the action we have taken or the amount of food stamps you are receiving, you can have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made mistake and a hearing officer will decide if you are right. To request a fair hearing, you may call me at the number below or write to the Virginia Department of Social Services, Attention: Manager, Appeals & Fair Hearings, 730 East Broad Street, Richmond, Virginia 23219-1849. You may also request a fair hearing by calling toll free 1-800-552-3451. You must request your fair hearing within the next 90 days. If you appeal the action on your case before _____ assistance may continue. However, if assistance is continued, you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action. For additional information about appeals and fair hearings, please see the back of this notice.

Worker

Telephone Number

For Free Legal Advice Call

**FOOD STAMP PROGRAM
NOTICE OF ACTION**

THIS IS TO INFORM YOU OF ACTION TAKEN ON YOUR FOOD STAMP APPLICATION OR CASE.

CASE NUMBER

DATE

COUNTY/CITY

SECTION 1. ACTION ON APPLICATION DATED

- ☐ Approved for following months _____
Amount for month \$ _____ Month covered _____ Amount for following months \$ _____
You selected _____ as Head of Household. If all adult members do not agree, contact your worker within 10 days.
NOTE: If you applied for both Food Stamps and AFDC or GR at the same time, and then are approved for AFDC or GR benefits, your food stamp amount may be reduced without advance notice.
- ☐ If this box is checked, your application was approved even though some verification was postponed. We need the following information or verification from you: _____
If we do not receive these by _____ your case will be closed effective _____
If this verification results in changes in your household's eligibility or amount of benefits, we will make such changes without advance notice.
- ☐ Denied See Section 3
- ☐ Continues to hold application pending. The cause for the delay is:
☐ Agency delay. Your application will be processed as soon as possible.
☐ Client delay.
☐ We are waiting for the following information from you: _____
 We must have this information by _____ or your application will be denied.

SECTION 2. ACTION ON FOOD STAMP CASE

- ☐ Changed from \$ 314 to \$ 5 effective 5/1/95
- ☐ If this box is checked, we must receive the following verification from you: _____
 We must receive this verification by _____ If your allotment was increased but we do not receive this verification, your benefits will go back to the amount of \$ _____ effective _____ without advance notice.
- ☐ Reinstated -- Amount \$ _____ effective _____
- ☐ Supplemented -- Amount \$ _____ for the month of _____
- ☐ Terminated effective _____

SECTION 3. REASON FOR ACTION, EXPLANATION OR COMMENTS

Full payment received from Food Stamp Office. Please
have the food stamp card for \$314 stamp.

If you are approved for food stamps and you have children in public school, they may be eligible for free meals. For more information, contact your school.

You must report within 10 days required changes in the persons in your household and in your financial situation. If necessary, you may call collect.

Food stamps or an ATP card not received in the mail or destroyed after receipt may be replaced if the loss is reported right away.

If you do not agree with the action we have taken or the amount of food stamps you are receiving, you can have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made mistake and a hearing officer will decide if you are right. To request a fair hearing, you may call the number below or write to the Virginia Department of Social Services, Attention: Manager, Appeals & Fair Hearings, 730 East Broad Street, Richmond, Virginia 23219-1849. You may also request a fair hearing by calling toll free 1-800-552-3431. You must request your fair hearing within 90 days of the date of the action on your case before _____ assistance may continue. However, if assistance is continued, you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action. For additional information about appeals and fair hearings, please see the back of this notice.

Worker

Telephone Number

For Free Legal Advice Call

CLIENT

COUNTY OF FAIRFAX
DEPARTMENT OF HUMAN DEVELOPMENT

PRESORTED
FIRST CLASS



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Notice of Intentional Program Violations and Penalties

If you knowingly make a false statement, withhold information or fail to report changes on time or on purpose to receive Aid to Families with Dependent Children (AFDC), stay eligible for AFDC, or get more AFDC benefits than you are entitled, you may be prosecuted for fraud or be subject to a disqualification hearing. If you are found guilty, you will be ineligible to get AFDC for yourself for 6 months for the first offense, 12 months for the second offense, and permanently for the third offense.