

MOR-EV Sample Supporting Documents

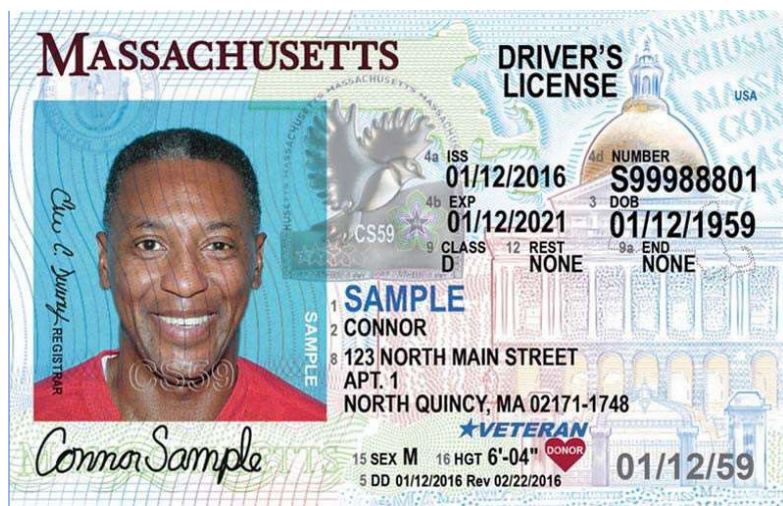
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Contents

Massachusetts Driver's License.....	3
Certificate of Registration.....	3
Purchase/Lease Agreement	5
Optional: Additional Monroney Sticker.....	7
Tesla- Complete Purchase Agreement	7
MOR-EV Terms & Conditions (Dealer Point of Sale Applications Only).....	10
Rebate Transfer Form (Dealer Point of Sale Applications Only)	10
Used Vehicle Attestation Form (Used Rebates Only).....	12
Trade-In Vehicle Attestation Form (Trade-In Applications Only)	13
Trade-In Vehicle Inspection Report (Trade-In Applications Only).....	13
Income Verification: Tax Return Transcript	14
Participation in Income-Qualifying Program.....	15

Massachusetts Driver's License

- ✓ The name on the driver's license must match the name on the application.
- ✓ Driver's license must be valid at time of application submittal.
- ✓ Please submit a complete, clear, and legible copy of the front of the driver's license.
The back of the driver's license does not need to be submitted.
- ✓ If you do not have a Massachusetts driver's license, please contact us at mor-ev@energycenter.org for additional proof of residency options.



Certificate of Registration

- ✓ Registration must be the permanent Certificate of Registration. Temporary registrations are not permitted.
- ✓ Registration must be valid at the time of application submittal.
- ✓ Registration must have either the applicant's name or the business's name listed as either the owner or the lessee in custody of the vehicle.
- ✓ Please submit a complete, clear, and legible copy of the registration.



CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

EXTERNAL CODE PAS		REGISTRATION TYPE Electric Vehicle		PLATE NUMBER [REDACTED]	EFFECTIVE DATE [REDACTED]	TITLE NUMBER [REDACTED]	EXPIRES ON [REDACTED]
MODEL YEAR [REDACTED]	MAKE [REDACTED]	MODEL [REDACTED]	MODEL NUMBER [REDACTED]	BODY STYLE [REDACTED]	COLOR BLUE	VEHICLE IDENTIFICATION NUMBER [REDACTED]	
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING) [REDACTED]						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER [REDACTED]	
GARAGE ADDRESS [REDACTED]						US DOT NUMBER FOR COMMERCIAL VEHICLE [REDACTED]	
NAME(S) OF OWNER(S) AND MAILING ADDRESS [REDACTED]						INSURANCE COMPANY [REDACTED]	
						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE [REDACTED]	
LESSEE/IN CUSTODY OF [REDACTED]						<i>Colleen J. O'Brien</i> Registrar of Motor Vehicles	
SPECIAL MESSAGE If this vehicle is newly acquired, it must be inspected within 7 days of registration.					CHANGE OF ADDRESS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE		

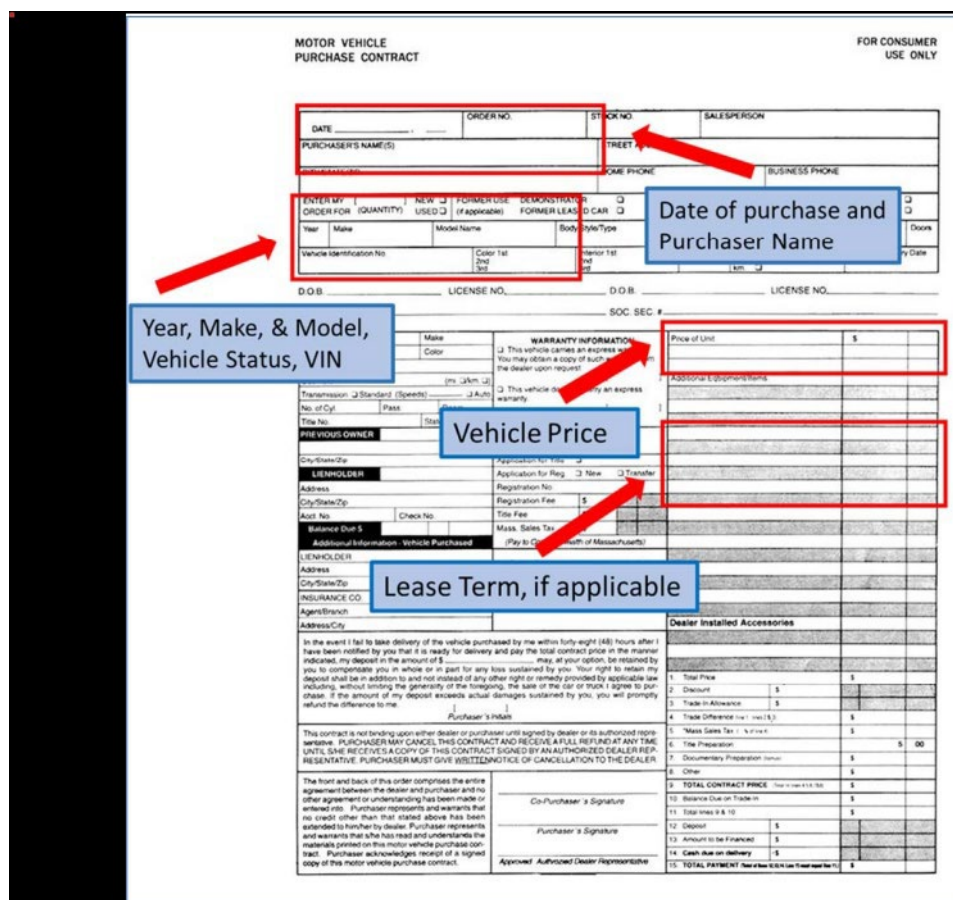
Important information for vehicle owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit mass.gov/rmv to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, Section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- **Transferring Your Plates:** Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at mass.gov/rmv for more information.
- **Cancel the registration plates if:**
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
 - You move to another state and you register the vehicle in that state.
 - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Skip the Line, Go Online! Visit Mass.Gov/RMV for list of available transactions.

Purchase/Lease Agreement

- ✓ The name on the purchase/lease agreement must match the name on the application.
- ✓ The copy of your purchase/lease agreement must be a final executed and signed copy.
- ✓ The paper size of the purchase/lease agreement may be longer than a normal sheet of paper. Please submit a copy of all sections and ensure none are cut off. We recommend overlapping scanned sections of the copy to ensure no sections are missing.
- ✓ Please include all pages/sections of your purchase/lease agreement.
- ✓ Purchase/lease agreements may look different depending on the dealership and the automaker. Please contact mor-ev@energycenter.org if you have any questions.



MOTOR VEHICLE PURCHASE CONTRACT FOR CONSUMER USE ONLY

DATE: _____ ORDER NO.: _____ STOCK NO.: _____ SALESPERSON: _____

PURCHASER'S NAME(S): _____ STREET: _____

HOME PHONE: _____ BUSINESS PHONE: _____

ENTER MY ORDER FOR: ☐ NEW ☐ FORMER USE ☐ DEMONSTRATOR ☐ FORMER LEASED CAR ☐ **Date of purchase and Purchaser Name**

Year: _____ Make: _____ Model Name: _____ Body Style/Type: _____

Vehicle Identification No.: _____ Color 1st: _____ 2nd: _____ 3rd: _____

DOB: _____ LICENSE NO.: _____ D.O.B.: _____ LICENSE NO.: _____ SOC. SEC. #: _____

Male: _____ Female: _____ **Year, Make, & Model, Vehicle Status, VIN**

Transmission: ☐ Standard (Speeds) ☐ Auto

No. of Cyl: _____ Pass: _____

Title No.: _____ State: _____

FINANCIAL INFORMATION

Application for Title: ☐ New ☐ Transfer

Registration No.: _____

Registration Fee: \$ _____

Title Fee: \$ _____

Mass. Sales Tax: _____ (Pay to Clerk of Superior Court)

Vehicle Price

Price of Unit: \$ _____

Additional Equipment: _____

Lease Term, if applicable

Address: _____ City/State/Zip: _____

INSURANCE CO.: _____

Agent/Branch: _____

Address/City: _____

In the event I fail to take delivery of the vehicle purchased by me within forty-eight (48) hours after I have been notified by you that it is ready for delivery and pay the total contract price in the manner indicated, my deposit in the amount of \$ _____ may, at your option, be retained by you to compensate you in whole or in part for any loss sustained by you. Your right to retain my deposit shall be in addition to and not instead of any other right or remedy provided by applicable law including, without limiting the generality of the foregoing, the sale of the car or truck I agree to purchase. If the amount of my deposit exceeds actual damages sustained by you, you will promptly refund the difference to me.

Purchaser's Initials: _____

This contract is not binding upon either dealer or purchaser until signed by dealer or its authorized representative. PURCHASER MAY CANCEL THIS CONTRACT AND RECEIVE A FULL REFUND AT ANY TIME UNTIL SHE RECEIVES A COPY OF THIS CONTRACT SIGNED BY AN AUTHORIZED DEALER REPRESENTATIVE. PURCHASER MUST GIVE WRITTEN NOTICE OF CANCELLATION TO THE DEALER.

The front and back of this order comprises the entire agreement between the dealer and purchaser and no other agreement or understanding has been made or entered into. Purchaser represents and warrants that no credit other than that stated above has been extended to him/her by dealer. Purchaser represents and warrants that she has read and understands the material printed on this motor vehicle purchase contract. Purchaser acknowledges receipt of a signed copy of this motor vehicle purchase contract.

Co-Purchaser's Signature: _____

Purchaser's Signature: _____

Approved: Authorized Dealer Representative

Dealer Installed Accessories

1. Total Price	\$
2. Discount	\$
3. Trade-In Allowance	\$
4. Trade Difference (see 1, 2, 3)	\$
5. Mass. Sales Tax (see 1, 4)	\$
6. Title Preparation	\$
7. Documentary Preparation (see 1)	\$
8. Other	\$
9. TOTAL CONTRACT PRICE (see 1, 2, 3, 4, 5, 6, 7, 8)	\$
10. Balance Due on Trade-In	\$
11. Cash Price \$ 8,100	\$
12. Deposit	\$
13. Amount to be Financed	\$
14. Cash due on delivery	\$
15. TOTAL PAYMENT (see 1, 10, 11, 12, 13, 14)	\$

LAW 553-MA-ARB-eps 10/14

RETAIL INSTALLMENT SALE CONTRACT – SIMPLE FINANCE CHARGE (WITH ARBITRATION PROVISION)

Dealer Number _____ Contract Number _____

Buyer Name and Address (Including County and Zip Code)	Co-Buyer Name and Address (Including County and Zip Code)	Seller-Creditor (Name and Address) TESLA MOTORS MA INC. 840 PROVIDENCE HIGHWAY DEDHAM, MA 02026
---	--	--

You, the Buyer (and Co-Buyer, if any), may buy the vehicle below for cash or on credit. By signing this contract, you choose to buy the vehicle on credit under the agreements in this contract. You agree to pay the Seller - Creditor (sometimes "we" or "us" in this contract) the Amount Financed and Finance Charge in U.S. funds according to the payment schedule below. We will figure your finance charge on a daily basis. The Truth-In-Lending Disclosures below are part of this contract.

New/Used	Year	Make and Model	Vehicle Identification Number	Primary Use For Which Purchased Personal, family, or household unless otherwise indicated below <input type="checkbox"/> business <input type="checkbox"/> agricultural <input type="checkbox"/>
New	2018	Tesla Model 3		

FEDERAL TRUTH-IN-LENDING DISCLOSURES				
ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	Amount Financed The amount of credit provided to you or on your behalf.	Total of Payments The amount you will have paid after you have made all payments as scheduled.	Total Sale Price The total cost of your purchase on credit, including your down payment of \$ _____ is \$ _____.
% \$	\$	\$	\$	\$
Your Payment Schedule Will Be:				
Number of Payments	Amount of Payments	When Payments Are Due		
		Monthly beginning 12/30/2018		
N/A	N/A	N/A		
Or As Follows: N/A				
Late Charge. If payment is not received in full within 15 days after it is due, you will pay a late charge of 5% of the part of the payment that is late. The charge will not exceed \$5 if you bought the vehicle primarily for personal, family, or household use. Prepayment. If you pay off all your debt early, you will not have to pay a penalty. Security Interest. You are giving a security interest in the vehicle being purchased. Additional Information: See this contract for more information including information about nonpayment, default, any required repayment in full before the scheduled date and security interest.				

Used Car Buyers Guide. The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale.

Spanish Translation: Guía para compradores de vehículos usados. La información que ve en el formulario de la ventanilla para este vehículo forma parte del presente contrato. La información del formulario de la ventanilla deja sin efecto toda disposición en contrario contenida en el contrato de venta.

☐ **VENDOR'S SINGLE INTEREST INSURANCE (VSI insurance):** If the preceding box is checked, the Creditor requires VSI insurance for the initial term of the contract to protect the Creditor for loss or damage to the vehicle (collision, fire, theft). VSI insurance is for the Creditor's sole protection. This insurance does not protect your interest in the vehicle. You may choose the insurance company through which the VSI insurance is obtained. If you elect to purchase VSI insurance through the Creditor, the cost of this insurance is \$ _____.

Returned Check Charge: You agree to pay a charge of \$ 10 if any check you give is returned.

NOTICE: ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS HEREBY NOTIFIED THAT THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED HEREON OR WITH THE PROCEEDS HEREOF, RECOVERY HEREON OR HEREUNDER, OF ANY AMOUNTS PAID BY THE DEBTOR HEREUNDER.

The preceding NOTICE applies only to goods or services obtained primarily for personal, family, or household use. In all other cases, Buyer will not assert against any subsequent holder or assignee of this contract any claim that may have against the Seller, or against the manufacturer of the vehicle or equipment obtained under this contract.

Agreement to Arbitrate: By signing below, you agree that, pursuant to the Arbitration Provision on page 5 of this contract, you or we shall submit to resolve any dispute by neutral, binding arbitration and not by a court action. See the Arbitration Provision for additional information concerning the agreement to arbitrate.

Buyer Signs X _____ Co-Buyer Signs X _____

Please note: This is a sample of a first page only; your agreement will be multiple pages. Please submit all pages.

Buyer Signs X _____ Co-Buyer Signs X _____

LAW 553-MA-ARB-eps 10/14 v1 Page 1 of 5

Optional: Additional Monroney Sticker

DRB-003961 AL 9-B00001, 10-19161, 12-041 9635 220201112 5715 11/09/2020

VEHICLE DESCRIPTION
F-150
2021 F-150 4X4 SUPERCREW
145" WHEELBASE
3.5L POWERBOOST FULL HYBRID
HYBRID ELEC 10-SPD AUTO T1A

EXTERIOR
STAR WHITE METALLIC TRICOAT
INTERIOR
JAVIA INT W/KINGSVILLE LEATH

MF A02062

STANDARD EQUIPMENT INCLUDED AT NO EXTRA CHARGE

EXTERIOR
• LED LIGHTING LED
• DOORLINER™
• DAYTIME RUNNING LAMPS
• EXHAUST TIP - CHROME
• FOLD LAMP LED
• LED SIDE MIRROR SPOTLIGHTS
• POWER ADJUSTABLE MIRROR
• FOLD EXTERIOR MIRROR
• POWER SLIDING REAR WINDOW
• WHEEL TIE & TRUCK TIRE
• POWER TAILGATE LOCK
• PROJECTOR BEAMS AMP LED
• REMOTE TAILGATE RELEASE
• TAIL LAMP - LED
• ZONE LIGHTING

INTERIOR
• 10-WAY POWER DRW & MULTADJ
• PWR FRT SEAT
• 2ND ROW HEATED SEATS
• 8-WAY FOLD-UP REAR BENCH
• A/C VISUAL CLIMATE CONTROL
• AMBIENT LIGHTING ONE COLOR
• ONLINE WOOD ACCENTS
• HYDROVENTILATED FRT SEATS
• INTELL ADAPT CRUISE CTL
• KING RANCH FLOOR MATS
• LEATHER BUCKET FRONT SEATS
• LTR WRAPPED INTO STR WHL
• PWR DRIVER/PASS LUMBAR
• PWR TRITVL STR COX WRMEN

FUNCTIONAL
• ADAPTIVE STEERING
• BLUE WIRELESS TRAFFIC ALERT
• SYNCING STEERING ASSIST
• FORECAST CONNECT™ HD
• KNOTPOT TELEMETRICS MODERN
• INTELLIGENT ACCESS W/PUISH
• BUTTON EMITT
• LANE-KEEPING SYSTEM
• POWER LOCK LAMPS BRNNG
• REVERSE BRAKE ADJUST
• REVERSE SENDING AND
• NEAR VIEW CAMERA
• SYNCING 12" SCREEN W/APP LNDG
• VOICE ACTIVATED NAVIGATION
• WIRELESS CHARGING PAD

SAFETY/SECURITY
• ADVANCED SECURITY PACK
• ADVANCETRAC WITH RDRB
• ARRANGE - FRONT SEAT
• MOUNTED SIDE IMPACT
• ARRANGE - SAFETY CONCERN
• LED CTR HIGH MNT STOP LAMP
• 800 POST-CRASH ALERT 911™
• TIRE PRESSURE MONIT SYS

WARRANTY
• 5-YR/100,000 BUMPER TO BUMPER
• 5-YR/100,000 DIESEL ENGINE
• 5-YR/100,000 POWERTRAIN
• 5-YR/100,000 HYBRID BATTERY

INCLUDED ON THIS VEHICLE
EQUIPMENT GROUP 861A
• KING RANCH EXTER
• POWER TAILGATE
• TAILGATE STEP
• POWER DEPLOYABLE RUNNING BGS
• 8-SPE SOUND SYSTEM UNLIMATED

OPTIONAL EQUIPMENT/OTHER
2021 MODEL YEAR
STAR WHITE METALLIC TRICOAT
3.5L POWERBOOST FULL HYBRID
HYBRID ELEC 10-SPD AUTO TRANS
STUNNING DRL ALL TOWBAR
3.73 ELECTRIC LOCK RELEASABLE
POWER OVER PACKAGE
KING RANCH CHROME APPEARANCE
20" CHROME WHEELS
CHROME FRONT/REAR BUMPERS
FRONT LICENSE PLATE BRACKET
10 STATE EMISSIONS
TWIN PANEL MOONROOF
LINER TRAY STYLE 10-CARPET MAT
PWR POWER OVERBOARD - 120W
MAX TRAILER TOW PACKAGE
MIRROR POWER TELEASSISTFOLD
PARTITIONED LOCKABLE STORAGE
KING RANCH MONO PAINT PND
800-REG-RECALL CAMERA PACKAGE
WHEEL WELL LINER

MSRP
4,500.00
NO CHARGE
NO CHARGE
1,399.00
NO CHARGE
NO CHARGE
1,450.00
250.00
750.00
250.00
250.00
250.00
750.00
180.00

PRICE INFORMATION
BASE PRICE \$53,700.00
TOTAL VEHICLE & OPTIONS/OTHER DESTINATION & DELIVERY 1,000.00
TOTAL 76,300.00
TOTAL BEFORE DISCOUNTS 76,300.00
KING RANCH HIGH DISCNT - 500.00
KING RANCH CHROME DIRECT - 750.00
TOTAL SAVINGS - 1,250.00

TOTAL MSRP \$75,050.00

Whether you decide to lease or finance, you can get the best deal on your Ford vehicle. For more information, visit www.ford.com/finance.

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11/09/2020 2202011125715

EPA Fuel Economy and Environment
Gasoline Vehicle
Fuel Economy 24 MPG combined city/hwy
24 MPG city
24 MPG highway
4.2 gallons per 100 miles
You spend \$1,000 more in fuel costs over 5 years compared to the average new vehicle.
Annual fuel cost \$1,700
Fuel Economy & Greenhouse Gas Rating (EPA est.)
Smog Rating (EPA est.)
Actual results will vary for every reason, including driving conditions and how you drive and maintain your vehicle. The average new vehicle gets 27 mpg and costs \$1,700 more in fuel costs over 5 years. Fuel economy is based on 15,000 miles per year at 55 mph per gallon. 100% to reflect per gallon fuel economy equivalent. Vehicle weight and distribution affect fuel economy and emissions. See www.fueleconomy.gov for more information.

GOVERNMENT 5-STAR SAFETY RATINGS
Overall Vehicle Score Not Rated
Based on the combined ratings of frontal, side and rollover. Should ONLY be compared to other vehicles of similar size and weight.
Frontal Crash Driver Not Rated
Passenger Not Rated
Side Crash Front seat Not Rated
Rear seat Not Rated
Rollover Not Rated
Based on the risk of injury in a frontal impact.
Based on the risk of injury in a side impact.
Based on the risk of rollover in a non-crash event.
Star ratings range from 1 to 5 stars (★★★★★), with 5 being the highest.
Source: National Highway Traffic Safety Administration (NHTSA).
www.safercar.gov or 1-888-327-4238

43 YEARS FORD F-SERIES
RELIABLE. RUGGED. READY.
The equipped vehicle, the Ford F-Series, is a solid and reliable workhorse. It's the most reliable full-size pickup truck in the industry, based on longevity. See www.ford.com/43years for more information.
Ford's 43-year history of producing reliable pickup trucks is a testament to the company's commitment to quality and reliability. The Ford F-Series is a proven performer in the commercial market, and it's no wonder why it's the most reliable full-size pickup truck in the industry.
Ford's 43-year history of producing reliable pickup trucks is a testament to the company's commitment to quality and reliability. The Ford F-Series is a proven performer in the commercial market, and it's no wonder why it's the most reliable full-size pickup truck in the industry.

WARNING: Operating, servicing and maintaining a passenger vehicle, pickup truck, van, or off-road vehicle can expose you to chemicals including engine exhaust, carbon monoxide, phthalates, and lead, which are known to the State of California to cause cancer and birth defects or other reproductive harm. To minimize exposure, avoid breathing exhaust, do not use the engine except as necessary, service your vehicle in a well-ventilated area and wear gloves or wash your hands frequently when servicing your vehicle. For more information go to www.P65Warnings.ca.gov/passenger-vehicle.

DEALER TEXT CHARGES TO OWNER
Title and Registration
Sales Tax
License
Fees
Other

Tesla- Complete Purchase Agreement

Note: For Tesla vehicles, the date of registration is considered the date of purchase.

MOR-EV can accept multiple purchase agreement documents for Tesla vehicles.

Documents must be finalized and signed. Please see copies below.

Acceptable Tesla Document Combinations:

- ✓ Option 1: All pages of the signed Retail Installment Contract or
- ✓ Option 2: **Both** the Motor Vehicle Purchase Agreement: Final Price Sheet and the Motor Vehicle Purchase Agreement: Vehicle Configuration Sheet

Option 1: Retail Installment Contract

ILAW 553-MA-ARB-eps 10/14

**RETAIL INSTALLMENT SALE CONTRACT – SIMPLE FINANCE CHARGE
(WITH ARBITRATION PROVISION)**

Dealer Number _____ Contract Number _____

Buyer Name and Address (Including County and Zip Code)	Co-Buyer Name and Address (Including County and Zip Code)	Seller-Creditor (Name and Address) TESLA MOTORS MA INC. 840 PROVIDENCE HIGHWAY DEDHAM, MA 02026
---	--	--

You, the Buyer (and Co-Buyer, if any), may buy the vehicle below for cash or on credit. By signing this contract, you choose to buy the vehicle on credit under the agreements in this contract. You agree to pay the Seller - Creditor (sometimes "we" or "us" in this contract) the Amount Financed and Finance Charge in U.S. funds according to the payment schedule below. We will figure your finance charge on a daily basis. The Truth-in-Lending Disclosures below are part of this contract.

New/Used	Year	Make and Model	Vehicle Identification Number	Primary Use For Which Purchased Personal, family, or household unless otherwise indicated below <input type="checkbox"/> business <input type="checkbox"/> agricultural <input type="checkbox"/> _____
New	2018	Tesla Model 3		

FEDERAL TRUTH-IN-LENDING DISCLOSURES				
ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	Amount Financed The amount of credit provided to you or on your behalf.	Total of Payments The amount you will have paid after you have made all payments as scheduled.	Total Sale Price The total cost of your purchase on credit, including your down payment of \$ _____ is \$ _____.
% \$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Your Payment Schedule Will Be:

Number of Payments	Amount of Payments	When Payments Are Due
		Monthly beginning 12/30/2018
N/A	N/A	N/A

Or As Follows: _____ N/A

Late Charge. If payment is not received in full within 15 days after it is due, you will pay a late charge of 5% of the part of the payment that is late. The charge will not exceed \$5 if you bought the vehicle primarily for personal, family, or household use.

Prepayment. If you pay off all your debt early, you will not have to pay a penalty.

Security Interest. You are giving a security interest in the vehicle being purchased.

Additional Information: See this contract for more information including information about nonpayment, default, any required repayment in full before the scheduled date and security interest.

Returned Check Charge: You agree to pay a charge of \$ _____ 10 _____ if any check you give is returned.

NOTICE: ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS HEREBY NOTIFIED THAT THIS CONTRACT IS SUBJECT TO AN ASSIGNMENT TO THE CREDITORS OF THE SELLER OF GOODS TO WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE CREDITORS IS NOT TO BE IMPAIRED BY ANY ASSIGNMENT OF RIGHTS OF THE DEBTOR HEREUNDER.

The preceding NOTICE applies only to goods or services obtained primarily on credit. In all other cases, Buyer will not assert against any subsequent holder or assignee of this contract any claim that may have against the Seller, or against the manufacturer of the vehicle or equipment obtained under this contract.

Agreement to Arbitrate: By signing below, you agree that, pursuant to the Arbitration Provision on page 5 of this contract, you or we will attempt to resolve any dispute by neutral, binding arbitration and not by a court action. See the Arbitration Provision for additional information concerning the agreement to arbitrate.

Buyer Signs X _____ Co-Buyer Signs X _____

Buyer Signs X _____ Co-Buyer Signs X _____

ILAW 553-MA-ARB-eps 10/14 v1 Page 1 of 5

Please note: This is a sample of a first page only; your agreement will be multiple pages. Please submit all pages.

Option 2: Final Price Sheet and Vehicle Configuration Sheet



MOTOR VEHICLE PURCHASE AGREEMENT
Final Price Sheet

DATE OF AGREEMENT:		December 6, 2018	
BUYER'S AND CO-BUYER'S NAME AND ADDRESS:		SELLER'S NAME AND ADDRESS: TESLA MOTORS MA INC. 840 PROVIDENCE HIGHWAY DEDHAM, MA 02026	
VEHICLE TO BE DELIVERED ON OR ABOUT:		12/8/2018	

DESCRIPTION OF PROPERTY						
New/Used	Year	Make	Model	Style	Vehicle Identification Number	Odometer
New	2018	TESLA	Model 3	4-DR		50

PURCHASE PRICE	
1. Total Vehicle Price	
A. Cash price of motor vehicle, options, accessories and fees. (See attached Vehicle Configuration for itemization.)	\$ 0.00 (A)
B. Other: N/A	\$ 0.00 (B)
C. Other: N/A	\$ 0.00 (C)
Total Vehicle Price (A through C)	\$ 0.00 (1)
2. Sales Tax Calculation	
A. Trade-in tax credit (if applicable)	\$ 0.00 (A)
B. Taxable Fees (if applicable)	\$ 0.00 (B)
C. Subtotal of Taxable Items	\$ 0.00 (C)
D. Sales Tax	\$ 0.00 (2D)
E. Other: N/A	\$ 0.00 (2E)
Total Cash Price (1 plus 2D and 2E)	\$ 0.00 (2)
3. Amounts Paid to Government Agencies*	
A. Registration/Transfer/Titling Fees	\$ 0.00 (A)
B. License Fee (if applicable)	\$ 0.00 (B)
C. Tire Fee (if applicable)	\$ 0.00 (C)
D. Battery Fee (if applicable)	\$ 0.00 (D)
E. Other Fee(s): Title Fee	\$ 0.00 (E)
F. Other Fee(s): Registration Service Fee	\$ 0.00 (F)
Total Government Fees (A through F)	\$ 0.00 (3)
4. Subtotal (2 plus 3)	\$ 0.00 (4)
5. Total Credits	
A. Deposit	\$ 0.00 (A)
B. Financed Amount:	\$ 0.00 (B)
C. EV Incentive (if applicable)	\$ 0.00 (C)
D. Trade in value applied to purchase (if applicable)	\$ 0.00 (D)
E. Customer downpayment	\$ 0.00 (E)
F. Other Credits	\$ 0.00 (F)
Total Credits (A through F)	\$ 0.00 (5)
6. Amount Due from Buyer (4 through 5)	\$ 0.00 (6)

*Seller may retain or receive part of the amounts paid to others.
Auto Broker Fee: This transaction is not subject to a fee received by an auto broker from Seller unless this box is checked:
☐ If checked, name of auto broker receiving fee: _____



Motor Vehicle Purchase Agreement
Vehicle Configuration

Customer Information	Description	Total in USD
	Model 3	-
	Mid Range Rear-Wheel Drive	-
	Rear-Wheel Drive	-
	All Black Premium Interior	-
	Deep Blue Metallic	-
	18" Aero Wheels	-
	Premium Interior	-
	Enhanced Autopilot	-
VIN		
Reservation		
Order Payment 2,500.00		
Accepted by Customer on 10/28/2018		
	Subtotal	\$0.00
	Destination Fee	\$0.00
	Documentation Fee	\$0.00
	Transportation Fee (if applicable)	\$0.00
	Order Modification Fee (if applicable)	\$0.00
	Total	\$00.00

Price indicated does not include taxes and governmental fees, which will be calculated as your delivery date nears. You will be responsible for these additional taxes and fees.

Accepted by Customer on
date must be time-stamped

MOR-EV Terms & Conditions (Dealer Point of Sale Applications Only)

- ✓ All fields must be legible and complete.
- ✓ Signed name must match the name on the application.

Governing Law

These Terms and Conditions and all related documents, and all matters arising out of or relating to the Program, whether sounding in contract, tort, or statute are governed by, and construed in accordance with, the laws of the Commonwealth of Massachusetts, United States of America (including its statutes of limitations), without giving effect to the conflict of laws and provisions thereof to the extent such principles or rules would require or permit the application of the laws of any jurisdiction other than those of the Commonwealth of Massachusetts.

Dispute Resolution

An applicant shall attempt in good faith to resolve any dispute arising out of, or relating to, this transaction promptly by negotiations between the MOR-EV Program Administrator or his or her designated representative and an Applicant or participating dealership or their designees. Either party must give the other party, or parties, written notice of any dispute. Within 30 calendar days after delivery of the notice, the parties shall meet, and attempt to resolve the dispute. If the matter has not been resolved within 30 calendar days of the first meeting, any party may pursue other remedies including mediation. All negotiations and any mediation conducted pursuant to this clause are confidential and shall be treated as compromise and settlement negotiations, to which Section 408 of the Massachusetts Guide to Evidence shall apply. Notwithstanding the foregoing provisions, a party may seek a preliminary injunction or other provisional judicial remedy if in its judgment such action is necessary to avoid irreparable damage or to preserve the status quo. Each party is required to continue to perform its obligations under this contract pending final resolution of any dispute arising out of, or relating to, the MOR-EV Program.

Signature

The Applicant hereby acknowledges that they have read and agree to meet and follow the requirements and responsibilities for the order, purchase, or lease of an eligible vehicle and for rebate program participation as set forth in the MOR-EV Regulations and applicable MOR-EV Guideline(s).

Applicant First Name: _____ Applicant Last Name: _____

Applicant Signature: _____ Date: _____

Rebate Transfer Form (Dealer Point of Sale Applications Only)

- ✓ All fields in the “Vehicle Purchaser or Lessee” section must be complete and legible.
- ✓ Name of Vehicle Purchaser/Lessee must match the applicant name.

- ✓ All fields in the “Authorized Dealership Representative” section must be complete and legible.



MOR-EV REBATE TRANSFER ACKNOWLEDGMENT FORM

Effective 08/31/2023

To transfer a MOR-EV rebate, the vehicle purchaser or lessee and an authorized dealership representative must read and complete this form.

Vehicle Purchaser or Lessee

By signing this form, I acknowledge and agree to the following:

1. I have received the following rebate(s) for an eligible new vehicle in the amount listed below as a deduction on the price of the vehicle, applied towards the downpayment or to lower the monthly payment on the vehicle.

Please select all that apply:

- ☐ MOR-EV Standard Rebate – \$3,500
- ☐ MOR-EV Used Vehicle Rebate - \$3,500
- ☐ MOR-EV+ Rebate Adder - \$1,500

2. I choose to voluntarily transfer the entirety of my MOR-EV rebate funds to the dealership from which I purchased or leased my vehicle.
3. I understand that I am transferring my MOR-EV rebate funds to the dealership and only an authorized dealership representative may void this rebate transfer. I further acknowledge that I cannot apply for a duplicative MOR-EV rebate for the vehicle listed on this form.
4. I understand that I am still bound to abide by the MOR-EV program rules and requirements as defined in the MOR-EV regulations and guidelines.

VIN	Make & Model
Name of Vehicle Purchaser/Lessee	Total MOR-EV Rebate Amount
Signature	Date

Authorized Dealership Representative

By signing this form, I acknowledge and agree to the following:

1. The funding amount of this MOR-EV rebate has been accounted for in the purchase or lease of the vehicle associated with the vehicle (VIN, Make & Model) stated on this form.
2. I am an authorized representative of the dealership that sold or leased the vehicle associated with the MOR-EV application number stated on this form.

1

3. I understand that I am responsible for collecting and submitting all required supporting documents within MOR-EV program time frames to receive the MOR-EV rebate funds.

Dealership Name	Dealership License Number
Name of Authorized Dealership Representative	Title
Signature	Date

Used Vehicle Attestation Form (Used Rebates Only)

- ✓ All fields must be completed and legible.



MOR-EV USED VEHICLE ATTESTATION

Vehicle Purchaser or Lessee

By signing this form, I acknowledge and confirm the following:

Prior to my purchase or lease, the vehicle listed below has not been purchased new or used within the previous twenty-four (24) months or has not been leased for a period less than thirty-six (36) months). Neither has the vehicle received a MOR-EV rebate within the past thirty-six (36) months.

I understand that intentionally providing false information may lead to the denial of my rebate application, and the Department of Energy Resources (DOER) retains the right to pursue reimbursement for some or all of the rebate funds that have been disbursed or may disqualify the Vehicle Purchaser or Lessee from additional participation in the MOR-EV Program. I hereby declare that the information provided in this form is true and accurate to the best of my knowledge.

Year	Make & Model
VIN	Name of Vehicle Purchaser/Lessee
Signature	Date

Trade-In Vehicle Attestation Form (Trade-In Applications Only)

- ✓ All fields must be completed and legible.



MOR-EV TRADE-IN VEHICLE ATTESTATION

Vehicle Purchaser or Lessee

By signing this form, I acknowledge and confirm that the Internal Combustion Engine Vehicle (ICEV) I have traded-in to claim the \$1,000 MOR-EV Trade-In rebate meets the following requirements:

1. The ICEV has been traded-in on or after August 8, 2023, for the purchase or lease of a MOR-EV rebate-eligible vehicle under the MOR-EV Standard or MOR-EV Used programs.
2. The ICEV has been up to date on inspections preceding the trade-in, demonstrated by providing a vehicle inspection report from Massachusetts Vehicle Check.
3. The ICEV has an internal combustion engine (e.g., fueled by gasoline or diesel); hybrid or plug-in hybrid vehicles do not qualify.
4. The ICEV is at least 12 years old based on the model year at the time of trade-in.
5. The ICEV has Market Value, demonstrated by its trade-in value subtracted on the purchase or lease agreement.
6. The ICEV has a gross vehicle weight rating (GVWR) of 8,500 pounds or less.
7. The ICEV was traded-in at a Licensed Dealership at the time of purchase or lease of a new or used eligible vehicle.
8. The ICEV has been registered in Massachusetts to the Applicant or the Applicant's immediate family for at least 2 years prior to the trade-in date.

As the Applicant, I understand that intentionally providing false information may lead to the denial of my rebate application, and the Department of Energy Resources (DOER) retains the right to pursue reimbursement for some or all of the rebate funds that have been disbursed or may disqualify the Applicant from additional participation in the MOR-EV Program. I hereby declare that the information provided in this form is true and accurate to the best of my knowledge.

Model Year	Make & Model
VIN	Date of Last Vehicle Inspection
Date of Last Registration/Registration Renewal	Name of Individual the ICEV has been Registered to and Relationship to the Applicant
Signature	Date

Trade-In Vehicle Inspection Report (Trade-In Applications Only)

- ✓ Document must be for the ICE vehicle that was traded in at the time of purchase of your new/used EV.
- ✓ Document must be from the [Massachusetts Vehicle Check](#).

Vehicle Inspection Report



Please Review This Important Information

Your vehicle has **PASSED** both its **SAFETY TEST** and its **EMISSIONS TEST**. The results are summarized in this report.

Questions? Visit www.mass.gov/vehiclecheck or call Customer Service at 844-358-0135. Customer Service is staffed from 7 a.m. to 5 p.m. Monday through Friday and from 7 a.m. to Noon on Saturday.

Overall Result:	PASS	Vehicle Information	Station Information
Safety Result	PASS	VIN	TIRE WAREHOUSE
Emissions Result	PASS	License Plate	626 BOSTON ROAD
Start Test Date/Time	11/7/2023 12:43 PM	Plate Type/State	BILLERICA MA
End Test Date/Time	11/7/2023 12:53 PM	Vehicle Type	(978) 867-7344
Test Type	Regular	Year / Make	
Sticker Number		Model	Station Number
Inspection Type	Initial	Fuel Type	Workstation Number
Inspection Counter	1	Engine Cyl / Size	Inspector Number
		GVWR	
		Odometer	
			Inspection Fee \$35.00

Safety Inspection Results

License Plate Mounting and Condition	PASS	Service Brakes	PASS	Parking Brake	PASS
Horn	PASS	Stop Lights and Tail Lights	PASS	Headlight Aim and Operation	PASS
Lighting Devices and Reflectors	PASS	Directional Signals and 4-Ways	PASS	Front End	PASS
Steering and Suspension	PASS	Frame	PASS	Windshield Wipers and Cleaner	PASS
Safety Belts	PASS	Air Bags	N/A	Muffler and Exhaust System	PASS
Window Tint	PASS	Windshield	PASS	Rear View Mirror	PASS
Bumpers/Fenders/Exterior Sheet Metal	PASS	Fuel Tank Filler Cap	PASS	Fuel Tank Filler Neck and Components	PASS
Visible Smoke	PASS	Altered Vehicle Height	PASS	Tires	PASS
Other	PASS				

Inspection Comments

None

On-Board Diagnostic (OBD) Results	OBD Readiness Monitor Results	OBD Additional Data
Tampering Check	PASS Catalyst	READY Miles Since Code Clearing 357
Connector Result	PASS Catalyst Heater	UNSUPPORTED Warm-Ups Since Code Clearing 20
RPM Result	PASS Evaporative System	READY Pin 16 Voltage 14.0
Key-On BulbCheck	N/A Secondary Air System	UNSUPPORTED
Engine-Running Bulb Check	N/A A/C System	UNSUPPORTED
Scan Tool Check	N/A Oxygen Sensor	READY
Communication Result	PASS Oxygen Sensor Heater	READY
MIL Status Result	PASS EGR and/or VVT System	READY
Readiness Result	PASS	

Income Verification: Tax Return Transcript

- ✓ Document must be the "Tax Return Transcript." MOR-EV cannot accept any other tax documents.
- ✓ Transcript must be for the most recent tax year that is currently being evaluated.



This Product Contains Sensitive Taxpayer Data

Request Date: 11-07-2024
Response Date: 11-07-2024
Tracking Number: 106889633934

Tax Return Transcript

SSN Provided: [REDACTED]
Tax Period Ending: Dec. 31, 2023

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

NAME(S) SHOWN ON RETURN: [REDACTED]
ADDRESS: [REDACTED]
SSN: [REDACTED]
SPOUSE SSN: [REDACTED]

FILING STATUS: Married Filing Joint
FORM NUMBER: 1040
CYCLE POSTED: 20241305
RECEIVED DATE: Apr.15, 2024
REMITTANCE: \$0.00
EXEMPTION NUMBER: 4
DEPENDENT 1 NAME CTRL: [REDACTED]
DEPENDENT 1 SSN: [REDACTED]
DEPENDENT 2 NAME CTRL: [REDACTED]
DEPENDENT 2 SSN: [REDACTED]
DEPENDENT 3 NAME CTRL: [REDACTED]
DEPENDENT 3 SSN: [REDACTED]
DEPENDENT 4 NAME CTRL: [REDACTED]
DEPENDENT 4 SSN: [REDACTED]
PTIN:
PREPARER EIN:

Income

TOTAL WAGES:.....\$ [REDACTED]
FORM W-2 WAGES:.....\$ [REDACTED]
TAXABLE INTEREST INCOME: SCH B:.....\$0.00
TAX-EXEMPT INTEREST:.....\$0.00
ORDINARY DIVIDEND INCOME: SCH B:.....\$0.00
QUALIFIED DIVIDENDS:.....\$0.00
REFUNDS OF STATE/LOCAL TAXES:.....\$0.00
ALIMONY RECEIVED:.....\$0.00
BUSINESS INCOME OR LOSS (Schedule C):.....\$ [REDACTED]
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....\$ [REDACTED]
CAPITAL GAIN OR LOSS: (Schedule D):.....\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....\$0.00
OTHER GAINS OR LOSSES (Form 4797):.....\$0.00
TOTAL IRA DISTRIBUTIONS:.....\$0.00
TAXABLE IRA DISTRIBUTIONS:.....\$0.00
TOTAL PENSIONS AND ANNUITIES:.....\$0.00

Participation in Income-Qualifying Program

- ✓ Applicant name must match the person receiving the program benefit.
- ✓ Name of qualifying program and/or the government entity or managed care organization that issued the document must match the application.
- ✓ Documentation must have an issue date within the last 12 months or a future expiration date beyond the date of MOR-EV application approval.

- ✓ **Note:** Sample supporting documents can vary based on the program and acceptance year. This is not a comprehensive program list, and alternative documentation may be accepted on a case-by-case basis. Please contact us at mor-ev@energycenter.org for additional information on program examples not listed below.

Health Connector Processing Center
P.O. Box 4404
Taunton, MA 02780



Applicant Name
Street Address
CITY, MA ZIPCODE

October 18, 2023
XXXXXXXXXX

Notice Name: Eligibility Approval
Notice ID: ELAPR01
Member ID: XXXXXXXXXXXX
Ref ID: RefID_XXXXXXXXXX

Important information about your 2024 Health Connector eligibility and next steps

Dear Applicant's Name ,

We reviewed your application to see if you can get health and dental coverage through the Massachusetts Health Connector. Please review the information below about your eligibility and the next steps (if any) that you need to take.

Eligibility results

Household Member: Applicant **Date of Birth:** Birth Date **Member ID:** XXXXXXXXXXXX

If you have an online account, please log in and choose your new plan as soon as possible. You may be asked to answer a few additional questions in the application before you can enroll.

What do I qualify for?

- You qualify to enroll in a ConnectorCare Plan Type 3A with Advance Premium Tax Credit
- You qualify for an Advance Premium Tax Credit, which will help to lower the cost of your monthly health insurance premium payments by \$XXX.00 each month in 2024.
- The type of program and plan costs that you qualify for are based on your household's income. We believe your household income is XXX.XX% of the Federal Poverty Level (FPL). This is based on the income information you gave us on your application, or the most recent information that we received from income data sources.
- Unless your information changes, you will continue to qualify for your current coverage through the end of 2023.

Next steps

- Pay your monthly premium bill for January by December 23 (if you have a premium), in order to stay covered for next year.
- Choose a new plan and enroll before the end of Open Enrollment, if you want to change your health plan for next year. Open Enrollment runs from November 1 to January 23.

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2023 Eligibility Results -Massachusetts State Health Connector-Individual & Families




 My Cart:
  Applicant Name ▾

Time Stamped

Information: All Health Connector Special Enrollment Periods opened after April 1 will be extended until November 23, 2023. Note that Special Enrollment Period notices will have the original date, but accounts will be updated overnight to show the new date. If you have a Special Enrollment Period now, you can shop for a plan by clicking the 'Find a Plan' button.

Important!

Go to the latest application year to find the most recent MassHealth eligibility.

Read through your results below, learn about the programs you qualify for, and look at the proofs we may need you to send us. If you want to change your health and/or dental plan please click "Change Enrollment" button.

[Change Enrollment](#)

Household 1 ▾

Eligibility Details

Date your application was submitted	Aug 01, 2023
Federal Poverty Level (FPL) based on your self-reported income	156.32% What is this?

You qualify for tax credit

This household qualifies for an Advance Premium Tax Credit to help lower monthly health coverage costs.

The maximum monthly tax credit amount: \$754.00

Program Eligibility

URL is present & shows Mass Health Connector Login Portal

All pages are included

<https://www.mass.gov/info-details/individuals-eligibility-results>

1/3

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2023 Eligibility Results -Massachusetts State Health Connector-Individual & Families

Name	You qualify for these programs	We need proofs from these categories
<p>Your Name nt</p> <p>Applicant name is listed</p>	<p>ConnectorCare Plan Type</p> <p>2B (Advance Premium Tax Credit plus Massachusetts state subsidy)</p> <p>Health Safety Net Dental</p>	<p>Connector Plan = Mass Health Connector</p>
<p>Dependent or Spouse</p>	<p>ConnectorCare Plan Type</p> <p>2B (Advance Premium Tax Credit plus Massachusetts state subsidy)</p> <p>Temporary Health Safety Net</p>	
<p>Dependent or Spouse</p>	<p>MassHealth Standard</p>	<p>MassHealth Plan = Mass Health</p>

MassHealth Eligibility

Based on your MassHealth income (FPL) you or some of your household members have been approved for coverage through MassHealth. Your MassHealth FPL may be different from the household FPL displayed on this page. You will get a letter from MassHealth in the next 3-5 days with more information about your coverage. You may also go to the [MassHealth website](#) for more information.

[Enroll in a MassHealth health plan now.](#)

- If you do not already have health insurance or a health plan through MassHealth, you must pick a plan.
- If you already have private health insurance, you do not need to pick a health plan through MassHealth.
- You may also call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

Members of your household who qualify for Health Connector coverage will need to shop for a Health Connector plan separately. To find Health Connector plans for these members, click the "Find a Plan for 2023" button below.

<https://www.mass.gov/individual/eligibility/Result?id=45823596&eid=987265754&year=2023>

2/3

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2023 Eligibility Results • Massachusetts State Health Connector-Individual & Families

Important Links

- Learn more [about the programs that you qualify for](#)
- Learn more [about the next steps you will need to take to enroll in coverage](#)



Your household qualifies for a Special Enrollment Period

You can enroll through
November 23, 2023

You qualify to enroll in a new or different health insurance plan until November 23, 2023. If you would like to enroll in a new or different coverage, you must choose a plan and pay the first monthly premium before coverage can start.

Verification Date = September 05, 2023

Verification Date is
present

<https://www.mahix.org/individual/ssapi/eligibilityResult?Id=45823596&Id=987265754&year=2023>

3/3

Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780-0419

You can get this information in large print and braille. Call (800) 841-2900 from Monday through Friday, 8:00 A.M. to 5:00 P.M. TDD/TTY: 711.



000000
Applicant Name
Address 1
City, State, Zip Code

Date: March 09, 2023
Notice ID: 0030154941 / APPR-CP
Member ID: XXXXXXXXXXXX
SSN: XXX-XX-XXXX

Dear Applicant,

MassHealth has approved the person listed below for MassHealth CarePlus.

➤ **Name:** Applicant, **Member ID:** XXXXXXXXXXXX, **Date of Birth:** XX-XX-XXXX starting on January 01, 2024

Members of your family who applied for benefits but are not listed above may get another letter about their eligibility.

MassHealth CarePlus pays for doctor and clinic visits, hospital stays, prescription medicines and some dental services. There is no monthly premium (fee).

Do you have to pay for this benefit?

Questions? Visit MAhealthconnector.org or call (800) 841-2900. TDD/TTY: 711.

1 of 6

DTA - DPC P.O. BOX 4406
TAUNTON, MA 02780-0420

Massachusetts Department of Transitional Assistance

Applicant Name
Address
City, MA Zipcode

Agency ID: 2779656

Date: Dated in past 12 months

Re: Income Verification

Department of Transitional Assistance (DTA) computer records indicate that you receive the following monthly benefits:

TAFDC Amount:	\$0.00
EAEDC Amount:	\$0.00
SNAP Amount:	\$379.00
SSI State Supplement Amount Only:	\$0.00
Temporary TSS Stipend Amount:	
Work Expense	\$0.00
Transportation	\$0.00

Our records also show that you received a DOR Child Support payment paid through DTA in the amount of \$0.00.

This information is current as of **date within past 12 months**.

This letter serves as proof of the income that you receive from DTA.

DTA Assistance Line
1-877-382-2363

**Social Security Administration
Benefit Verification Letter**

Date: September 13, 2023
BNC#: 00XX000X00000
REF: A, DI

|||||
Applicant Name
Applicant Street Address
City, MA Zip Code

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning February 2024, the full monthly Social Security benefit before any deductions is \$380.80.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$380.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

We found that you became disabled under our rules on October 1, 2020.

Information About Past Social Security Benefits

From December 2023 to January 2024, the full monthly Social Security benefit before any deductions was \$380.80.

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$380.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

See Next Page