



Preparing for Your Visit to the
Department of Human Services, Division of Social Services

Suggested Document Handbook



A Service of the Union County
Board of Chosen Freeholders

UNION COUNTY
We're Connected to You!



www.ucnj.org



Prepared by
Union County Council for Young Children
Community Coordinated Child Care
Union County Department of Human Services, Division of Social Services



**Preparing for Your Visit to the
Department of Human Services, Division of Social Services
Suggested Document Handbook**

Introduction: This document is a collaboration among the Department of Human Services, Division of Social Services (DSS); stakeholders and parents on the Union County Council for Young Children (UCCYC); and, Community Coordinated Child Care (CCCC) to create a handbook of suggested documents needed when visiting Union County's social services offices in either Elizabeth or Plainfield. The goal of this project is to enhance individuals' preparedness and to improve the overall process for both staff and families.

Community Coordinated Child Care (CCCC) of Union County is a private non-profit Resource and Referral Agency dedicated to the improvement of accessibility, affordability and quality child care and related work/family services. CCCC received a grant to become the lead agency for the Union County Council for Young Children (UCCYC). The County Council for Young Children is a strength-based collaboration between parents, families and local community stakeholders. The focus of the Council is to address the following areas: Health, Early Care and Education, Arts and Recreation, Community Resources and Family Supports. The goal is to empower families to advocate for themselves and their children, and to find ways to assist parents with additional services in the community.

Disclaimer: *The following information in this handbook is suggested information only. Documentation for each case may vary. Be sure to follow the request of your case manager.*

Purposes for this Handbook:

- Provide Parents/Guardians with an understanding of the suggested documentation needed when visiting the Division of Social Services (DSS) by using visuals and writing examples.
- Avoid return visits to the Division of Social Services.
- Improve the customer service relationship between the Division of Social Services (DSS) Staff and Community (Parents/Guardians).

Suggested documents to have when visiting the Division of Social Services:

Identification: Must be New Jersey ID

- New Jersey Driver's License
- Permanent Resident Card (Green Card)
- Passport
- Voters Registration Card
- County Identification
- United States Citizenship Born Birth Certificate (all family members)

Social Security Cards (all family members)

Proof of Income:

- Pay Stubs - 4 paystubs if paid weekly/2 paystubs if paid bi-weekly
- Proof of Child Support (print out), letter from parent if cash is paid directly (required).
- Unemployment Benefits
- Tax Return/Profit Loss page
- Letter of Self-Employment (previous year's tax return)
- Personal Bank Account
- New Employment (Letter on Company Letterhead stating: start date, hired hours per week, hourly rate, business card)
- Day Laborer (waitress, babysitter, housekeeper, landscaping, cleaning business etc.) must provide a letter on company letterhead with the number of hours worked for the day and the amount you were paid for the day.

Self- Employment: Letter on company letterhead and previous year's tax return and profit loss.

Utilities:

- Gas & Electric Bills (current bill) i.e. Elizabethtown Gas, PSE&G
- Cell Phone (T Mobile, Sprint, AT&T etc.) (current bill)
- Water (current bill)
- Cable bill/telephone bill
- Oil/heat bill

Apartment Lease/Mortgage Bill

- Homeowners Insurance
- Tax Statements

Letter from Friend/Relative: When rent is not an expense

- **Must include:** Name, address, any payment or contribution being made, signed and dated by friend.

Letter from Landlord: When lease is not available

- **Must include:** Name, address, amount paid to rent, signed and dated by landlord.

Basic Information to know and have:

- Have pen and paper for taking notes.
- Write down the name of the program you are applying for: _____
- Case Number: _____
- Case Manager's (CM) name: _____
- CM Phone Number: _____
- Important dates to remember: _____

Websites/Phone Numbers:

- Public Service Electric & Gas: www.pseg.com/1-800-436-7734
- Elizabethtown Gas: www.elizabethtowngas.com/1-800-242-5830
- Birth Certificate: www.usbirthcertificate.com/certified
- Social Security: www.ssa.gov/ 1-877-803-6306
- Child Support: www.njchildsupport.org
- United States Passport: www.uspassporthehelpguide.org
- NJ Unemployment Office: www.fileunemployment.org
- Internal Revenue: www.irs.gov
- NJ Family Care: 1-800-701-0710/www.njfamilycare.org
- Energy Assistance Programs: 1-800-510-3102/www.energyassistance.nj.gov
- NJ Earned Income Tax Credit (EITC): 1-888-895-9179/www.njeitc.org
- NJ SNAP: 1-800-510-3102/www.njsnap.org
- Medicaid Hotline: 1-800-356-1561
- New Jersey WIC Services: 1-866-446-5942/www.njwic.org
- End Hunger NJ: www.endhungernj.org
- Family/Domestic Violence Hotline 1-877-652-2873
- Fair Hearing Hotline: 1-800-792-9774
- 211: www.nj211.org
- NJ Helps: www.njhelps.org
- Early Intervention: 1-888-653-4463/www.nj.gov/health/fhs/eis/
- Partnership for Maternal and Child Health of Northern New Jersey: 201-876-8900 ext. 221 <http://partnershipmch.org/>

Contributors: Union County Council for Young Children (UCCYC) Community Resource Sub-Committee

To name a few of our contributors:

- Eneida Velasquez, Parent
- Angelica Moranchel, Parent
- Charlene Green, Parent
- Guadalupe Alonso, Parent
- Enriqueta Alonso, Parent
- Rosette Agyeman, Union County Stakeholder
- Juanita Miller, Union County Stakeholder
- Mary Carroll-Robertson, Union County Stakeholder/Volunteer
- All Union County Stakeholders
- Jessica Olivera, UCCYC Program Coordinator
- Kim Wilson, UCCYC Program Specialist
- Nicole Neto, UCCYC Program Specialist
- Pat Mennuti, Executive Director Community Coordinated Child Care
- Marge Zarkowski, Program Director Community Coordinated Child Care
- Charles Gillon, Executive Director Department of Human Services, Division of Social Services
- Jocelyn Casey, Department of Human Services, Division of Social Services
- Elizabeth Sebring, Department of Human Services, Office of the Director.
- Alan McGarry, Department of Human Services, Division of Social Services
- Ms. Daramola, Department of Human Services, Division of Social Services
- Betsy Scheidegger, Department of Human Services, Division of Social Services
- Lisa Holland, Department of Human Services, Division of Social Services
- Susan Eagle, Department of Human Services, Division of Social Services

We would like to acknowledge and thank all who have contributed to this handbook. Your hard work and efforts have enabled us to compile this list of resources that will empower parents to become independent seekers of their own solutions!

Samples of Suggested Documents

Proof of Identification/ID

Sample # 1: Municipal ID



To receive a municipal ID in Elizabeth, Union County: Visit www.elizabethnj.org for further information and an application, or call for an appointment at (908)820-4298.

Cities of Union County that provide Municipal IDs: Elizabeth and Roselle

Sample #2: Driver License



Motor Vehicle Commission (MVC) Locations to receive a Drivers License in Union County:

- 1140 Woodbridge Rd. Rahway, NJ 07065
- 34 Center St. Springfield, NJ 07081

For more information visit: <http://newjerseydriverslicense.org>.

Sample #3: Permanent Resident



To apply for a Permanent Resident card, visit: <https://www.uscis.gov/i-485>.

Proof of Identification/ID (continued)

United States Passport– Sample



To obtain a passport in Union County:

Elizabeth – Union County Courthouse

2 Broad Street, Room 114, Elizabeth, NJ 07207
908-527-4966

Westfield – Colleen Fraser Building

300 North Avenue East, Westfield, NJ 07090
908-654-9859

To apply online or for more information, please visit: <https://travel.state.gov>.

Voter Registration Card– Sample

If not delivered in two days, return to.
Commissioner of Registration
Union County Board of Elections
271 N. Board Street
Elizabeth, NJ 07208



RETURN SERVICE REQUESTED

County of Union, New Jersey
Voter Acknowledgement Card
Recibo de tarjeta de Votantes

IMPORTANT

If your address changes, return this card to your County Commissioner of Registration, not later than twenty one days before any election, giving your new address below.

IMPORTANTE

Si hay un cambio en su dirección, regresa esta tarjeta a su Registro del Comisionado del Condado no mas tardar de veinte uno días antes de la elección, dando su nueva dirección abajo.

On/En _____, 20 ____ I moved to/me mudé a:

Street/Calle _____

(Municipality/Municipalidad) _____

Signature/Firma _____

In case of death, it is requested that some surviving relative return this card with the **date of death** shown here:

En caso de muerte, se solicita que algunos sobrevivientes de retorno en relación con esta tarjeta la **fecha de la muerte** se muestra aquí:

____/____/____, Signature/Firma _____

To be a registered voter, visit vote.org

Birth Certificate/Social Security

Birth Certificate - Sample

OFFICE of VITAL STATISTICS

CERTIFICATION OF BIRTH

STATE FILE NUMBER: 109-1962-200000

CHILD'S NAME: SAMPLE SAMPLE SAMPLE

DATE OF BIRTH: DECEMBER 30, 1962

SEX: FEMALE

COUNTY OF BIRTH: Union

DATE FILED: DECEMBER 30, 1962

MOTHER'S MAIDEN NAME: SAMPLE SAMPLE SAMPLE

FATHER'S NAME: SAMPLE SAMPLE SAMPLE

DATE ISSUED: MARCH 22, 2005

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

State Registrar

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD AS FILED BY THIS OFFICE.
THIS DOCUMENT IS PRINTED ON PHOTOGRAPHIC COPY WITH A WATERMARK.

WARNING:

B1426036 CERTIFICATION OF VITAL RECORD

CDC

Birth Certificates

Must be obtained from the city/town in which the individual was born.

Contact the City/Town Hall for further information.

Union County Clerk's Office

2 Broad Street – Room 114

Elizabeth, NJ 07207

908-527-4000

info@ucnj.org

Social Security Card -Sample



Social Security Administration

855 Lehigh Avenue
Union, NJ 07083

Union Office: 1-877-803-6306

Toll-Free: 1-800-772-1213

TTY: 1-800-325-0778

Also visit: www.ssa.gov/forms

Proof of Income

Employment Paystubs—Sample

123 your street
Your town, NJ 012345

123 your street
Your town, NJ 012345

Check No. 9044

One Thousand One Hundred Sixty-One Dollars and Twenty-Five Cents

Date
09/11/2007

Amount
*****\$1,161.25

Pay
to the
Order
of

XYZ

ed Bank NJ 07701

9044

m		2 119-60-9160		09/11/2007			
<u>Income</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>	<u>Year</u>	<u>Tax/Deduction</u>	<u>Amount</u>	<u>Year</u>
Holiday	8.00	18.50	148.00	740.00	Fed Tax	178.73	3395.87
Rg Wages	64.00	18.50	1184.00	26492.00	FICA-E	91.76	1743.44
Vacation	0.00	18.50	0.00	296.00	Med-E	21.46	407.74
Sick	0.00	18.50	0.00	444.00	NJ Tax	26.80	509.20
Personal	8.00	18.50	148.00	148.00	NJ UI-E	0.00	101.73
Totals:	80.00		1480.00	28120.00	NJ SDI-E	0.00	133.00
					NJ WFD-E	0.00	11.32
					Totals:	318.75	6302.30

This Check: 1161.25

Proof of Child Support

New Jersey
ChildSupport.
It's more than just money.

Union County office:

Elizabeth Child Support & Social Service Office

2 Elizabethtown Plaza, Elizabeth, New Jersey, 07201

To apply for Child Support or to obtain proof of
receiving child support, visit www.njchildsupport.org.

Proof of Income (continued)

Unemployment Paystub– Sample

Pay Statement

Client: 8552 R42
YOUR COMPANY, INC.
1590 ANYTOWN ROAD
SUITE 200
CITYTOWN 52250

Wage # 1111
Check Date 01/15/2017
Period Ending Date 01/15/2017

Division/Department	Employee #	Social Security #	Pay Freq	Type	Base Pay	Tax Type	Tax Jurisdiction	Stat Exem	Add \$	Plan%	Plan \$
MR DERRMAN 245 FOURTH ST ROAD CITYTOWN 52250	12	123	2015/2016	EMPLOYEE/1111	500.00	FEDERAL	YOUR STATE	1			

Pay Type	Pay Type	Hours (Units)	Gross Pay	YTD Hours (Units)	YTD Gross Pay	Desc	Wages	Amount	Y-T-D Amount	Desc	Scheduled Amount	Amount Taken	Y-T-D Amount
REGULAR		40	150.00	400	500.00	FEDERAL	1455.00	200.00	2000.00	FICA	150.00	150.00	1500.00
						MEDICARE	150.00	24.00	240.00	ST SIT	1455.00	100.00	1000.00
Current		40	150.00					475.00				475.00	
YTD				400	500.00			1500.00				1500.00	

NET INC. DEDUCTIONS (OF PAY) **Net Pay** 581.00

Type	Accrued Amount	Taken Amount	Balance	Description	Scheduled Amount	Calc Amount	Y-T-D Amount
ACCV	50.00	0.00	50.00				
ACCV	20.00	0.00	20.00				

Desc.	Wages	Amount	Y-T-D Amount
FEDERAL	1455.00	200.00	2000.00
FICA	1500.00	150.00	1500.00
MEDICARE	1500.00	24.00	240.00
ST SIT	1455.00	100.00	1000.00

Direct Deposit
Account Number 12345678901234567890
Account Type CHECKING
Description 000000
Amount 581.00

Elizabeth Unemployment Office

921 Elizabeth Avenue

Elizabeth, New Jersey 07202

Plainfield Unemployment Office-

200 West 2nd Street

Plainfield, New Jersey 07060

Income Tax Return– Sample

Form 1040 Department of the Treasury - Internal Revenue Service (IRS) **2013** OMB No. 1545-0047 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning , 2013, ending , 20

Your first name and initial Last name Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/state/country Foreign postal code

Filing Status

1 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☐ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☐ Spouse

c Dependents:

(i) First name Last name (ii) Dependent's social security number (iii) Dependent's relationship to you (iv) ☐ If child under age 17 qualifying for child tax credit (see instructions)

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

Where to retrieve this form and
any further information:

<https://www.irs.gov/uac/about-form-1040>

Proof of Income (continued)

Profit or Loss Form Sample

SCHEDULE C (Form 1040) <small>Department of the Treasury Internal Revenue Service (99)</small>	Profit or Loss From Business (Sole Proprietorship) ► For information on Schedule C and its instructions, go to www.irs.gov/schedulec ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.	<small>OMB No. 1545-0074</small> <div style="font-size: 2em; font-weight: bold;">2011</div> <small>Attachment Sequence No. 09</small>
Name of proprietor _____		Social security number (SSN) _____
A Principal business or profession, including product or service (see instructions) _____		B Enter code from instructions ► _____
C Business name. If no separate business name, leave blank. _____		D Employer ID number (EIN). (see instr.) _____
E Business address (including suite or room no.) ► _____ City, town or post office, state, and ZIP code _____		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ► _____		
G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses <input type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2011, check here <input type="checkbox"/> Yes <input type="checkbox"/> No		
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No		
J If "Yes," did you or will you file all required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Part I Income		
1a Merchant card and third party payments. For 2011, enter -0-	1a	
b Gross receipts or sales not entered on line 1a (see instructions)	1b	
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line	1c	
d Total gross receipts. Add lines 1a through 1c	1d	
2 Returns and allowances plus any other adjustments (see instructions)	2	
3 Subtract line 2 from line 1d	3	
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	

Self– Employment Declaration

I, _____, have been self-employed

Name

for _____ years.

The name and address of my business are:

Name of business

Address of business

Address of business

My gross income in 2016 was _____.

My expected income for 2017 will be _____.

Signature of Applicant

Date

Proof of Income (continued)

Savings Account

DATE	DESCRIPTION	WITHDRAWALS	DEPOSITS	BALANCE
03-10-16	ATMW	**21.25		**474.11
03-10-16	ATMF	**1.50		**472.61
03-10-20	DEBP	**2.99		**469.62
03-10-21	WEBP	**300.00		**169.62
03-10-22	ATMW	**100.00		**69.62
03-10-23	DEBP	**29.08		**40.54
03-10-24	DEBR		**2.99	**43.53
03-10-27	TELP	**5.77		**36.76
03-10-28	PYRL		**694.81	**731.57
03-10-30	WEBT		**50.00	**781.57
Please refer to the back cover for the list of common transaction codes.			Please verify your account activity regularly. If there is an error, notify the bank within 45 days.	

New Employment Letter: Must be on company letterhead, showing start date, hours hired per week, hourly rate.

Employment Verification Letter

Name of Company

Date

Address

To whom it may concern:

_____ has been employed by our
Name of Employee

company _____ since _____
Name of Employer

_____ works _____ hours a
Name of Employee # of hours

week. _____ earns _____
Name of Employee Amount

per hour.

If you need any further information, please feel free to contact me.

Sincerely yours,

Name of Employer

Utilities Bills - Samples

Electric and Gas Bill

		Page 3 of 4	
		Summer Month 2010	
		Account number 12 345 678 90	
		Customer service and emergency	
ELECTRIC & GAS BILL		ELECTRIC & GAS BILL	
Usage Meter 111111111		Charges	
Estimated reading July 10 25250		Delivery	
Estimated reading June 10 24470		Service charge	
Total kWh 780		Distribution charges	
		kWh charges 600 kWh @ \$0.059600	
		Next 180 kWh @ \$0.063722	
		Sub-Total Delivery	
		Supply*	
		BGS Energy	
		Charges 600 kWh @ \$0.122367	
		Next 180 kWh @ \$0.132111	
		Sub-Total Supply	
		Total electric charges	
		*The total supply amount (\$97.20 or an average of 0.124615 per kWh) is your Price to Compare for this month should you consider another electric supplier for these services. Your Price to Compare varies each month depending upon your usage pattern.	

Water Bill

Water Charges

BILLING PERIOD **DAYS**

6/18/10 - 8/18/10 61

RATE SCHEDULE

A - Single-Dwelling Unit Residential

NEXT SCHEDULED READ DATE

10/17/10

TIER 1 ALLOTMENT **TEMP ZONE**

12 HCF High

USAGE HISTORY (Total HCF)

Month	Usage (HCF)
JUL 09	8
OCT	8
DEC	7
FEB	8
APR	9
JUN	12
JUL 10	12

	Aug 09	Aug 10
Total HCF used	8	12
Average daily gallons	98	147
Days in billing period	61	61
Your average daily cost of water		\$ 0.74
Your average cost per gallon of water		\$ 0.005
1 Hundred Cubic Feet (HCF) = 748 Gallons		

METER NUMBER	CURRENT READ	—	PREVIOUS READ	=	TOTAL USED
12345678	3458		3446		12 HCF
Tier 1 Water			12 HCF x \$3.74818		44.98

Total Water Charges \$ 44.98

Your Water Usage by Tier

Tier 1 Water Allotment	Tier 2
12 HCF	More than 12 HCF

(Usage is billed at 2 different rates depending on how much you use. The more you use the more you pay.)

Utilities Bills (continued)

Telephone Bill

Quick Bill Summary		Mar 24 - Apr 23
Previous Balance (see back for details)		\$120.61
Payment – Thank You		–\$120.61
Balance Forward		\$0.00
Monthly Access Charges		\$109.98
Usage Charges		
Voice		\$0.00
Messaging		\$0.00
Data		\$9.99
Verizon Wireless' Surcharges and Other Charges & Credits		\$4.44
Taxes, Governmental Surcharges & Fees		\$7.23
Total Current Charges		\$131.64
Total Charges Due by May 18, 2012		\$131.64

Cell Phone Bill

CELL PHONE

[My Sprint](#)
[Shop](#)
[Digital Lounge](#)
[Community](#)
[Support](#)

BILL

Monthly Statement

[Select Another Account](#)

Customer	Account Number	Bill Period	Bill Date	Printer-friendly Version (PDF)
Customer	Customer	Jan 24-Feb 23	Feb 27, 2012	Change Billing Preference

Hello!

Need more information? Visit [sprint.com](#) for a complete view of account activity and call detail. [Plan Details](#)

[Make a payment](#)

Previous Balance.....	\$91.62
Payment on Feb 16.....	-\$91.62

New Charges

Everything Data - 450 Anytime Minutes Included.....	\$69.99
Employee Discount Sprint 10%.....	-\$7.00

Just shows you they can always make it work. Just be persistent!

Mortgage Bill/Home Owner Insurance

Mortgage Bill Statement- For homeowner only

MORTGAGE COMPANY

Mortgage Statement

Statement Date: 3/20/2012

Account Number	
Payment Due Date	4/1/2012
Amount Due	Option 1 (Full): \$1,829.71
	Option 2 (Interest-Only): \$1,443.25
	Option 3 (Minimum): \$1,156.43
<i>If payment is received after 4/15/12, \$160 late fee will be charged.</i>	

Account Information

Outstanding Principal	\$260,000.00
Interest Rate (Until October 2012)	4.75%
Prepayment Penalty	\$3,500.00

Explanation of Amount Due

	Option 1 (Full)	Option 2 (Interest-Only)	Option 3 (Minimum)
Principal	\$386.46	\$0	\$0
Interest	\$1,048.07	\$1,048.07	\$761.25
Escrow (Taxes and Insurance)	\$235.18	\$235.18	\$235.18
Regular Monthly Payment	\$1,669.71	\$1,283.25	\$996.43
Total Fees and Charges	\$160.00	\$160.00	\$160.00
Total Amount Due	\$1,829.71	\$1,443.25	\$1,156.43
If you make this payment...	... your principal balance will <u>decrease</u> , and you will be closer to paying off your loan.	... your principal balance will <u>stay the same</u> , and you will <u>not</u> be closer to paying off your loan.	... <u>your principal balance will increase</u> . You will be borrowing more money and losing equity in your home.

Transaction Activity (2/20 to 3/19)

Date	Description	Charges	Payments
3/16/12	Late Fee (charged because payment was received after 3/15/2012)	\$160.00	
3/19/12	Payment Received – Thank you		\$1,669.71

Past Payments Breakdown

	Paid Last Month	Paid Year to Date
Principal	\$384.93	\$1,150.25
Interest	\$1,049.60	\$3,153.34
Escrow (Taxes and Insurance)	\$235.18	\$705.54
Fees	\$0.00	\$0.00
Total	\$1,669.71	\$5,009.13

Mortgage Bill/Home Owner Insurance (continued)

Home Owner Insurance Statement

THIS IS NOT A BILL 3 POLICY NUMBER

HOMEOWNERS RENEWAL DECLARATION POLICY

1 NAMED INSURED AND MAILING ADDRESS:

THE RESIDENCE COVERED BY THIS POLICY IS LOCATED AT THE ABOVE ADDRESS UNLESS OTHERWISE INDICATED

2 FANY

DATE DUE 6/1/06 PREMIUM PAY THIS AMOUNT 4 \$479.53

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT

FULL PAYMENT BY DATE DUE EXTENDS POLICY PERIOD TO JUNE 1, 2006

POLICY NUMBER

COVERAGES/LIMITS

6 SECTION I

A DWELLING \$100,000

B OTHER STRUCTURES \$10,000

C LOSS OF USE \$50,000

ACTUAL LOSS SUSTAINED

7a DEDUCTIBLES-SECTION I COVERED LOSS \$500

7b HURRICANE: SPECIAL 2% DEDUCTIBLE THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

5 MORTGAGEE

9 FORMS, OPTIONS AND ENDORSEMENTS:

SPECIAL FORM 3 FP-7923

JEWELRY AND FURS \$2,500/\$5,000 OPT JF

SILVERWARE THEFT \$5,000 OPT SILG

HOME COMPUTER \$10,000 OPT HC

REPLACEMENT COSTS/CONTENTS OPT KC

10 M MEDICAL PAYMENTS \$1,000 TO OTHERS (EACH PERSON)

Tax Bill Sample

2017 3rd & 4th Quarter Tax Bill

BLOCK NUMBER LOT NUMBER QUALIFICATION

EXPLANATION OF TAXES

DESCRIPTION RATE PER \$100 AMOUNT OF TAX

Property Local Building Desc. Additional Loc. Land Dimens. Date

EXEMPTIONS ▶ NET TAXABLE VALUE ▶

3rd & 4th Quarter

10-11 INFORMATION FOR TAXPAYERS

MAKE CHECK PAYABLE TO: CITY OF ELIZABETH

MAIL TO: TAX 80 W ELIZ

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Half Year Deduction Codes Deduction Amount

10 10 10 10 10 10

CITY OF ELIZABETH COUNTY OF UNION

4 BY COLLECTOR'S SIGN, DETACH AND RETURN WITH YOUR PAYMENT 2017 3RD QUARTER TAX DUE NOVEMBER 1, 2017

3 BY COLLECTOR'S SIGN, DETACH AND RETURN WITH YOUR PAYMENT 2017 4TH QUARTER TAX DUE AUGUST 1, 2017

ADDITIONAL INFORMATION

ADDITIONAL INFORMATION

Apartment Lease Sample

Apartment Lease

THIS APARTMENT LEASE by and between CCCC HOMES INC, a limited liability corporation, hereinafter referred to as ("Landlord"), and _____ referred to as ("Tenant"). The parties agree as follows:

LEASED PREMISES: Landlord, in consideration of the lease payments provided in this Lease, leases to Tenant an apartment (the "Premises") located at:

Address: _____

City: _____ State: _____ Zip: _____

TERM: The lease term will begin on ____/____/____ and will terminate on ____/____/____.

LEASE PAYMENTS: Tenant shall pay to Landlord lease payments of \$_____ per month on the _____ day of each month, payable in advance and without demand. Weekends and holidays do not delay or excuse Tenant's obligation of timely payment. Lease payments shall be made payable to CCCC Homes INC in the form of personnel check, money order, or certified bank check and mailed to CCCC Homes INC New York, NY 10026 which may be changed from time to time by Landlord. If payment is not received via mail by the _____ day of the month, on or before that day the Tenant may verbally contact Landlord to make arrangements for personnel delivery of payment. However, this personnel delivery may be at the discretion of the Landlord but does not relieve the Tenant of a timely lease payment obligation.

PRORATED PAYMENT: If the Tenant gains possession of the Premises during any period of the first month of occupancy, the first month's rent shall be prorated at a daily rate of 1/30th applied to the number of days remaining in the first month of occupancy. This prorated rent if any shall be deemed as the first month rent and will not be applied to any other period of this the lease term.

LATE PAYMENTS: If Tenant fails to timely pay any month's rent, Tenant will pay Landlord an initial late charge of \$_____ plus additional daily later charges of \$_____ per day thereafter until rent is paid in full. However, if Landlord receives the monthly rent by the _____ day of each month, Landlord will waive the late charges for that month. Any waiver of the late charges under this paragraph will not affect or diminish any other right or remedy Landlord may exercise for Tenant's failure to timely pay rent (including reporting late payments to the national credit bureau).

NON-SUFFICIENT FUNDS: Tenant shall be charged \$_____ for each check that is returned to Landlord for lack of sufficient funds.

CANCELLATION FEE: A cancellation charge of \$_____ will be assessed to the Tenant if this lease is terminated before its agreed upon end. Further, full rent will be assessed for the month in which the cancellation occurs. Tenant must provide Landlord with a written notice of Tenant's intent to vacate and terminate this Lease. *Verbal notices will not be permitted under any circumstances.*

SECURITY DEPOSIT: At the time of the signing of this Lease, Tenant shall pay to Landlord, in trust, a security deposit of \$_____ to be held and disbursed for Tenant damages to the Premises or other defaults under this Agreement (if any) as provided by law. This lease shall also serve as a receipt for the Security Deposit, which shall include the amount of deposit, name of person receiving it, date of receipt, description of dwelling unit, and signature of person receiving deposit. The Deposit is not rent and shall not be applied to last month's rent. Landlord shall refund the deposit or any balance of the deposit upon termination of the Lease. Tenant must give Landlord at least thirty (30) days written notice of intent to vacate Premises before Landlord is obligated to refund or account for the security deposit. Landlord shall deduct reasonable charges from the Deposit for the following: unpaid rent, late payment charges, non-sufficient fund charges, unpaid utilities, damages or repairs, trips to unlock premises when Tenant does not have keys, unreturned keys, cost of replacing locks and key duplicates, unapproved holes, stains, cleaning, pest control, removal of trash, government fees or fines against tenant, insufficient light bulbs, damage to floors, draperies or any permanent fixture on premises, attorney fees incurred in any court processing against Tenant and other items provided for in Lease.

Letter from Friend/Relative Sample: When rent is not an expense

To: Whom it May Concern

From: Friend/Relative

Date: 00/00/0000

Re:

I, _____, am writing to inform you that _____ is residing with me at 123 Glad Lane, Plainfield, New Jersey. I do not charge he/she for rent however she is responsible for purchasing her food.

If you need additional information you can contact me at (862) 123-4567.

Sincerely,

First name, Last Name

Letter from Landlord Sample: When lease is not available

To: Whom it May Concern

From: Landlord

Date: 00/00/0000

Re:

I, _____, am writing to you on behalf of _____ whom is residing at 123 Glad Lane, Plainfield, New Jersey and is paying _____ amount to rent.

If you need additional information you can contact me at (862) 123-4567.

Sincerely,

First name, Last Name

NOTES: