



Preparación para su visita a la  
División de Servicios Sociales del  
Departamento de Servicios Humanos

# Manual de Documentos Sugeridos



A Service of the Union County  
Board of Chosen Freeholders

**UNION COUNTY**  
*We're Connected to You!*

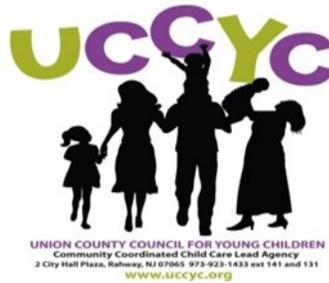


[www.ucnj.org](http://www.ucnj.org)



Preparado por:  
Union County Council for Young Children  
Community Coordinated Child Care  
Union County Department of Human Services, Division of Social Services

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**Preparación para su visita a la**  
**División de Servicios Sociales del Departamento de Servicios Humanos**  
**Manual de documentos sugeridos**

**Introducción:** Cuidado Infantil Coordinado por la Comunidad (Community Coordinated Child Care, CCCC) del condado de Union es una Agencia de Recursos y Referidos privada sin fines de lucro, dedicada a mejorar el acceso, la asequibilidad y la atención infantil de calidad, así como los servicios relacionados con trabajos y familias. CCCC recibió un subsidio para ser la principal agencia del Consejo del condado de Union para Niños Pequeños (Union County Council for Young Children, UCCYC). El Consejo del Condado para Niños Pequeños es una asociación sólida de padres, familias y partes interesadas de la comunidad local. El Consejo se centra en abordar las siguientes áreas: Salud, atención temprana y educación, artes y recreación, recursos comunitarios y apoyos familiares. El objetivo consiste en capacitar a las familias para que abogar por sus derechos y el de sus hijos, y en hallar maneras de asistir a los padres con servicios adicionales en la comunidad. El UCCYC colaboró con padres, con partes interesadas y con la División de Servicios Sociales (Division of Social Services, DSS) del Departamento de Servicios Humanos (Department of Human Services) a fin de elaborar un manual de los documentos sugeridos para las oficinas de servicios sociales, con el objeto de preparar a las personas interesadas en adquirir beneficios y de mejorar el proceso general, tanto para el personal como para las familias.

**Exención de responsabilidad:** Este manual solo contiene información sugerida. La documentación correspondiente a cada caso podría variar. Asegúrese de remitirse a lo que solicite su administrador u/o consejero de casos.

**Propósitos de este manual:**

- Informar a los padres/tutores para que comprendan la documentación sugerida necesaria al visitar la División de Servicios Sociales (DSS) usando elementos visuales y presentando ejemplos por escrito.
- Evitar visitas reiteradas a la División de Servicios Sociales.
- Mejorar la relación entre el personal de la División de Servicios Sociales (DSS) y la comunidad (padres/tutores) al prestar el servicio al cliente.

**Documentos sugeridos para llevar a la División de Servicios Sociales de su condado:**

**Identificación: la identificación deberá ser de Nueva Jersey**

- Licencia de conducir de Nueva Jersey
- Tarjeta de residente permanente (tarjeta verde)
- Pasaporte
- Tarjeta de votante
- Identificación del condado
- Certificado de nacimiento de los ciudadanos nacidos en Estados Unidos (todos los miembros de la familia)

**Tarjetas del Seguro Social (todos los miembros de la familia)**

**Comprobante de ingresos:**

- Recibos de sueldo: 4 recibos de sueldo si el pago es semanal/2 recibos de sueldo si el pago es quincenal
- Comprobante de manutención de menores (impreso), carta del padre/de la madre si el pago se hace de manera directa y en efectivo (obligatorio)
- Beneficios por desempleo
- Declaración fiscal/Registro de ganancias y pérdidas
- Carta de autoempleo (declaración fiscal del año previo)
- Cuenta bancaria personal
- Empleo nuevo (carta con membrete de la empresa que incluya la fecha de inicio, las horas que trabaja por semana, la tarifa por hora y la tarjeta comercial)
- Jornalero (camarera, niñera, mucama, jardinero, empleado doméstico, etc.); debe presentar una carta con membrete de la empresa donde se especifique la cantidad de horas que trabaja por día y el monto de dinero que cobra por día

**Autoempleo:** Carta con membrete de la compañía y declaración fiscal del año previo con el registro de ganancias y pérdidas.

**Servicios públicos:**

- Facturas de gas y electricidad (actuales) como Elizabethtown Gas, PSE&G
- Teléfono celular (T Mobile, Sprint, AT&T, etc.) (factura actual)
- Agua (factura actual)
- Factura del servicio de cable/Factura de teléfono
- Factura de calefacción/combustible

**Factura de hipoteca/renta de apartamento**

- Seguro de propietario
- Declaraciones fiscales

**Carta de un amigo o familiar: en caso de que la renta no constituya un gasto**

- **Debe incluir:** nombre, dirección y cualquier pago o contribución que se realizó, y debe estar firmada y fechada por el amigo o el familiar.

**Carta del arrendador: en caso de que no exista un contrato de arrendamiento**

- **Debe incluir:** nombre, dirección y cantidad que se paga de renta, y debe estar firmada y fechada por el arrendador.

**Información básica que debe saber y tener:**

- Tenga lapicero o bolígrafo y papel para tomar nota.
- Anote el nombre del programa que solicita: \_\_\_\_\_
- Número de caso: \_\_\_\_\_
- Nombre del administrador u/o consejero del caso (Case Manager, CM): \_\_\_\_\_
- Número de teléfono del CM: \_\_\_\_\_
- Fechas importantes para recordar: \_\_\_\_\_

**Sitios web/Números de teléfono:**

- Servicios Públicos Gas y Electricidad (Public Service Electric & Gas): [www.pseg.com/1-800-436-7734](http://www.pseg.com/1-800-436-7734)  
(Public Service Electric & Gas: [www.pseg.com/1-800-436-7734](http://www.pseg.com/1-800-436-7734))
- Elizabethtown Gas: [www.elizabethtowngas.com/1-800-242-5830](http://www.elizabethtowngas.com/1-800-242-5830)  
(Elizabethtown Gas: [www.elizabethtowngas.com/1-800-242-5830](http://www.elizabethtowngas.com/1-800-242-5830))
- Certificado de nacimiento: [www.usbirthcertificate.com/certified](http://www.usbirthcertificate.com/certified)  
(Birth Certificate: [www.usbirthcertificate.com/certified](http://www.usbirthcertificate.com/certified))
- Seguro Social: [www.ssa.gov/1-877-803-6306](http://www.ssa.gov/1-877-803-6306)  
(Social Security: [www.ssa.gov/1-877-803-6306](http://www.ssa.gov/1-877-803-6306))
- Manutención de menores: [www.njchildsupport.org](http://www.njchildsupport.org)  
(Child Support: [www.njchildsupport.org](http://www.njchildsupport.org))
- Pasaporte estadounidense: [www.uspassporthehelpguide.org](http://www.uspassporthehelpguide.org)  
(United States Passport: [www.uspassporthehelpguide.org](http://www.uspassporthehelpguide.org))
- Oficina de Desempleo de NJ: [www.fileunemployment.org](http://www.fileunemployment.org)  
(NJ Unemployment Office: [www.fileunemployment.org](http://www.fileunemployment.org))
- Impuestos internos: [www.irs.gov](http://www.irs.gov)  
(Internal Revenue: [www.irs.gov](http://www.irs.gov))
- Atención para Familias de NJ (NJ Family Care): [1-800-701-0710/www.njfamilycare.org](http://1-800-701-0710/www.njfamilycare.org)  
(NJ Family Care: [1-800-701-0710/www.njfamilycare.org](http://1-800-701-0710/www.njfamilycare.org))
- Programas de asistencia de energía: [1-800-510-3102/www.energyassistance.nj.gov](http://1-800-510-3102/www.energyassistance.nj.gov)  
(Energy Assistance Programs: [1-800-510-3102/www.energyassistance.nj.gov](http://1-800-510-3102/www.energyassistance.nj.gov))
- Crédito fiscal por ingresos devengados de NJ (NJ Earned Income Tax Credit, EITC): [1-888-895-9179/www.njeitc.org](http://1-888-895-9179/www.njeitc.org)  
(NJ Earned Income Tax Credit (EITC): [1-888-895-9179/www.njeitc.org](http://1-888-895-9179/www.njeitc.org))
- Programa de Asistencia Nutricional Suplementaria de NJ (NJ Supplemental Nutrition Assistance Program, SNAP): [1-800-510-3102/www.njsnap.org](http://1-800-510-3102/www.njsnap.org)  
(NJ SNAP: [1-800-510-3102/www.njsnap.org](http://1-800-510-3102/www.njsnap.org))
- Línea directa de Medicaid: [1-800-356-1561](http://1-800-356-1561)  
(Medicaid Hotline: [1-800-356-1561](http://1-800-356-1561))
- Servicios del programa Mujeres, Bebés y Niños bebés y niños (Women, Infants and Children, WIC) de Nueva Jersey: [1-866-446-5942/www.njwic.org](http://1-866-446-5942/www.njwic.org)  
(New Jersey WIC Services: [1-866-446-5942/www.njwic.org](http://1-866-446-5942/www.njwic.org))

Si se presenta una carta escrita, como parte de las verificaciones; esta carta debe tener la fecha en que fue escrita (con fecha cercana o igual a la de solicitud), información de contacto y firma. La información de contacto se refiere a: nombre completo impreso/visible, número de teléfono válido que trabaje (funcione), dirección de la persona que escribió la carta. Asegúrese de que la carta esté clara, legible y tenga toda la información pertinente a la aplicación, por si hay necesidad de que algún trabajador de DSS necesite comunicarse, de lo contrario sus beneficios sufrirán una demora.

- Lucha contra el Hambre (End Hunger) de NJ: [www.endhungernj.org](http://www.endhungernj.org)  
(End Hunger NJ: [www.endhungernj.org](http://www.endhungernj.org))
- Línea directa para casos de violencia doméstica/familiar: 1-877-652-2873  
(Family/Domestic Violence Hotline 1-877-652-2873)
- Línea directa para audiencia imparcial: 1-800-792-9774  
(Fair Hearing Hotline: 1-800-792-9774)
- 211: [www.nj211.org](http://www.nj211.org)  
(211: [www.nj211.org](http://www.nj211.org))
- NJ Ayuda: [www.njhelps.org](http://www.njhelps.org)  
(NJ Helps: [www.njhelps.org](http://www.njhelps.org))
- Intervención temprana: 1-888-653-4463/[www.nj.gov/health/fhs/eis/](http://www.nj.gov/health/fhs/eis/)  
(Early Intervention: 1-888-653-4463/[www.nj.gov/health/fhs/eis/](http://www.nj.gov/health/fhs/eis/))
- Asistencia para mujeres embarazadas y Niños del Noreste de New Jersey (Partnership for Maternal and Child Health of Northern New Jersey): [senniss@partnershipmch.org](mailto:senniss@partnershipmch.org)  
201-876-8900 ext. 221

**Nuestros Colaboradores: Subcomité de Recursos Comunitarios del Consejo del Condado de Union para Niños Pequeños (UCCYC)**

Estos son algunos de nuestros colaboradores:

- Eneida Velasquez, madre
- Angelica Moranchel, madre
- Charlene Green, madre
- Guadalupe Alonso, madre
- Enriqueta Alonso, madre
- Rosette Agyeman, parte interesada del condado de Union
- Juanita Miller, parte interesada del condado de Union
- Mary Carroll-Robertson, parte interesada del condado de Union/voluntaria
- Todas las partes interesadas del condado de Union
- Jessica Olivera, Coordinador del programa UCCYC
- Kim Wilson, miembro del personal del UCCYC
- Pat Mennuti, Director Ejecutivo de Cuidado Infantil Coordinado por la Comunidad (CCCC)
- Marge Zarkowski, Director de Programas de Cuidado Infantil Coordinado por la Comunidad (CCCC)
- Jocelyn Casey, División de Servicios Sociales del Departamento de Servicios Humanos
- Betsy Scheidegger, División de Servicios Sociales del Departamento de Servicios Humanos
- Susan Eagle, División de Servicios Sociales del Departamento de Servicios Humanos
- Kamili Williams, Directora, División de Servicios Sociales del Condado de Union
- Tina Marie Lopez, Directora Adjunta, División de Servicios Sociales del Condado de Union
- Elizabeth Sebring, Miembro de la Comunidad del Condado de Union

***Deseamos expresar nuestro reconocimiento y agradecimiento a todos aquellos que han contribuido con la elaboración de este manual. ¡Gracias a su dedicación y sus esfuerzos pudimos compilar esta lista de recursos que les permitirá a los padres encontrar sus soluciones de manera independiente!***

## Ejemplos de Documentos Sugeridos

### Comprobante de Identificación/ID

#### Ejemplo nº 1: Id. Municipal



Para recibir un ID en Elizabeth, condado de Union: Visite [www.elizabethnj.org](http://www.elizabethnj.org) para obtener más información y una solicitud, o llame para programar una cita al (908)820-4298.

Ciudades del condado de Union que proveen documentos de identificación municipales: Elizabeth y Roselle.

#### Ejemplo Nº 2: Licencia de Conducir



Centros de la Comisión de Vehículos Motorizados (Motor Vehicle Commission, MVC) para obtener una licencia de conducir en el condado de Union:

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

Para obtener más información, visite: <http://newjerseydriverslicense.org>.

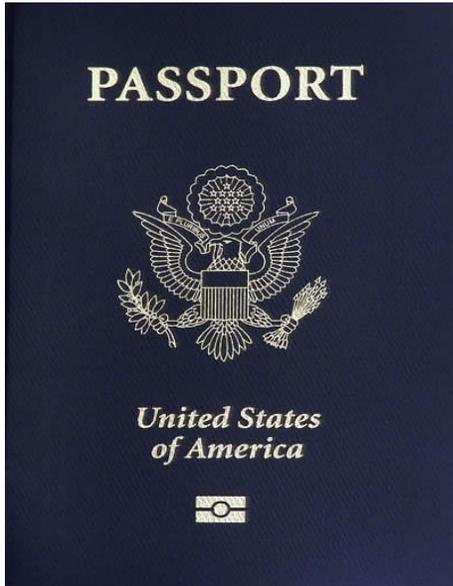
#### Ejemplo Nº 3: Residente Permanente



Para solicitar una tarjeta de residente permanente, visite: <https://www.uscis.gov/i-485>.

# Comprobante de Identificación/ID (continuación)

## Pasaporte estadounidense– Ejemplo



Para obtener un pasaporte en el condado de Union:

**Tribunal del Condado de Union, Elizabeth**  
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

Para solicitarlo por internet u obtener más información, visite: <https://travel.state.gov>.

## Tarjeta de Votante– Ejemplo

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 \_\_\_\_\_

Para ser un votante registrado, visite [vote.org](http://vote.org)

# Certificado de nacimiento/Tarjeta del Seguro Social

## Certificado de nacimiento– Ejemplo

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

John Hancock, State Registrar

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE.  
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK.

CDC

B1426036 CERTIFICATION OF VITAL RECORD

### Certificados de Nacimiento

Deben obtenerse en la ciudad o pueblo donde nació la persona.

Para obtener más información, comuníquese con el ayuntamiento o la municipalidad.

### Union County Clerk's Office

2 Broad Street – Room 114

Elizabeth, NJ 07207

908-527-4000

info@ucnj.org

## Tarjeta del Seguro Social– Ejemplo



### Oficina de la Administración de la Seguridad Social

855 Lehigh Avenue  
Union, NJ 07083

Oficina en Union: 1-877-803-6306

Línea telefónica gratuita: 1-800-772-1213

TTY: 1-800-325-0778

También visite: [www.ssa.gov/forms](http://www.ssa.gov/forms)

# Comprobante de Ingresos

## Recibos de sueldo- Ejemplo

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

Pay to the Order of \_\_\_\_\_  
Date 09/11/2007 Amount \*\*\*\*\*\$1,161.25

XY \_\_\_\_\_ Bank NJ 07701 \_\_\_\_\_ 9044

Income	Hours	Rate	Amount	Year	Tax/Deduction	Amount	Year
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
					TOTAL*	318.75	6302.30

This Check: 1161.25

## Comprobante de manutención de menores



**Oficina del Condado de Union:**  
Oficina de Apoyo al Niño y Servicio Social de Elizabeth  
2 Elizabethtown Plaza, Elizabeth, New Jersey, 07201

Para solicitar manutención de menores u obtener el comprobante de que recibe manutención de menores, visite [www.njchildsupport.org](http://www.njchildsupport.org).

# Comprobante de Ingresos (continuación)

## Recibo de Desempleo- Ejemplo

**Pay Statement** YOUR COMPANY, INC.  
1590 ANYTOWN ROAD  
SUITE 2007  
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	A445	Plan%	Plan #
12	146	146	368-563068	SCHEDULED	SA	500.0000	FEDERAL	YOUR STATE	1			
MR. DEDYHAM 2445 HOURS/2427 ROAD CITYTOWN 52250												

Pay Type	Pay Type	Hours (Units)	Gross Pay	YTD Hours (Units)	YTD Gross Pay	Tax Deductions				Voluntary Deductions			
						Desc	Wages	Amount	Y-T-D Amount	Desc	Scheduled Amount	Amount Taken	Y-T-D Amount
REGULAR		80	1500.00	800	15000.00	FEDERAL	1455.00	200.00	2000.00	FICA	150.00	150.00	1500.00
						MEDICARE	1500.00	24.00	240.00	ST SIT	100.00	100.00	1000.00
Current		80	1500.00										
YTD			1500.00	800	15000.00								Net Pay 981.00

Type	Accruals		Balance	Description	Scheduled Amount	Calc Amount	Y-T-D Amount	Y-T-D Amount
	Accrued Amount	Taken Amount						
ACDC	56.00	.00	56.00					
ACDCR	20.00	.00	20.00					

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

Oficina de Desempleo en Elizabeth

921 Elizabeth Avenue

Elizabeth, New Jersey 07202

Oficina de Desempleo en Plainfield

200 West 2nd Street

Plainfield, New Jersey 07060

## Declaración Fiscal- Ejemplo

**Form 1040** Department of the Treasury - Internal Revenue Service **2013** U.S. Individual Income Tax Return

OMB No. 1545-0047 IRB 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 \_\_\_\_\_ See separate instructions.

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/county \_\_\_\_\_ 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 a child under age 17, qualifying for child tax credit (see instructions)

d Total number of exemptions claimed \_\_\_\_\_

**Income**

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

8a Taxable interest. Attach Schedule B if required \_\_\_\_\_ 8a

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

9a Ordinary dividends. Attach Schedule B if required \_\_\_\_\_ 9a

Para obtener este formulario e información adicional visite:

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

# Comprobante de Ingresos (continuación)

## Formulario de Ganancias o Pérdidas– Ejemplo

SCHEDULE C (Form 1040)		Profit or Loss From Business (Sole Proprietorship)		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service (99)		▶ For information on Schedule C and its instructions, go to <a href="http://www.irs.gov/schedulec">www.irs.gov/schedulec</a> ▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.		2011 Attachment Sequence No. 09	
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"/>					
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					
<b>Part I Income</b>					
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. <b>Caution.</b> See instr. before completing this line	1c			
d	<b>Total gross receipts.</b> 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	<b>Gross profit.</b> 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	<b>Gross income.</b> Add lines 5 and 6	7			

## Declaración de Autoempleo –Ejemplo

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

# Comprobante de Ingresos (continuación)

## Cuenta de Ahorro –Ejemplo

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	**6.77		**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.

## Carta de Empleo Nuevo– Ejemplo

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

Debe tener el membrete de la empresa, la fecha de inicio, la cantidad de horas que trabaja por semana y la tarifa por hora.

# Facturas de Servicios Públicos

## Factura de Electricidad y Gas- Ejemplo

ELECTRIC & GAS BILL		Charges		Rate - RS
Usage	Meter 111111111			
Estimated reading July 10	25250			
Estimated reading June 10	24470			
<b>Total kWh</b>	<b>780</b>			
		<b>Delivery</b>		
		Service charge \$2.46		
		<b>Distribution charges</b>		
		kWh charges	600 kWh @ \$0.059600	35.76
			Next 180 kWh @ \$0.063722	11.47
		<b>Sub-Total Delivery \$49.69</b>		
		<b>Supply*</b>		
		BGS Energy		
		Charges	600 kWh @ \$0.122367	73.42
			Next 180 kWh @ \$0.132111	23.78
		<b>Sub-Total Supply \$97.20</b>		
		<b>Total electric charges \$146.89</b>		
<p><i>*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.</i></p>				

## Factura del Servicio de Agua- Ejemplo

Water Charges		USAGE HISTORY (Total HCF)																
<b>BILLING PERIOD</b>	<b>DAYS</b>																	
6/18/10 - 8/18/10	61	<table border="1"> <tr> <th>Month</th> <th>Total HCF</th> </tr> <tr> <td>Aug 09</td> <td>8</td> </tr> <tr> <td>Aug 10</td> <td>12</td> </tr> </table>		Month	Total HCF	Aug 09	8	Aug 10	12									
Month	Total HCF																	
Aug 09	8																	
Aug 10	12																	
<b>RATE SCHEDULE</b>		<table border="1"> <tr> <td>Total HCF used</td> <td>8</td> <td>12</td> </tr> <tr> <td>Average daily gallons</td> <td>98</td> <td>147</td> </tr> <tr> <td>Days in billing period</td> <td>61</td> <td>61</td> </tr> <tr> <td>Your average daily cost of water</td> <td>\$0.74</td> <td>\$0.74</td> </tr> <tr> <td>Your average cost per gallon of water</td> <td>\$0.005</td> <td>\$0.005</td> </tr> </table>		Total HCF used	8	12	Average daily gallons	98	147	Days in billing period	61	61	Your average daily cost of water	\$0.74	\$0.74	Your average cost per gallon of water	\$0.005	\$0.005
Total HCF used	8	12																
Average daily gallons	98	147																
Days in billing period	61	61																
Your average daily cost of water	\$0.74	\$0.74																
Your average cost per gallon of water	\$0.005	\$0.005																
A - Single-Dwelling Unit Residential		<p>1 Hundred Cubic Feet (HCF) = 748 Gallons</p>																
<b>NEXT SCHEDULED READ DATE</b>																		
10/17/10																		
<b>TIER 1 ALLOTMENT</b>	<b>TEMP ZONE</b>																	
12 HCF	High																	
<b>METER NUMBER</b>	<b>CURRENT READ</b>	<b>PREVIOUS READ</b>	<b>TOTAL USED</b>															
12345678	3458	3446	12 HCF															
Tier 1 Water		12 HCF x \$3.74818 = 44.98																
		<b>Total Water Charges \$ 44.98</b>																

### Your Water Usage by Tier



There is a tier of 2 different rates. If you use more than 12 HCF, you will be charged for the extra water used.

# Facturas de Servicios Públicos (continuación)

## Factura de Combustible-Ejemplo

**ABC OIL COMPANY**

\*\*\* STATEMENT \*\*\*

First name, last name  
123 Your street  
Your Town, NJ 12345

ACCT#: >5/11/11

---

**OIL Total**

PREVIOUS BALANCE	402.16
4/26/11 3630            100.0 GAL@3.0190	381.90

<BALANCE DUE>

CURRENT\*\*\*\*\* 381.90

## Factura del Servicio de Cable- Ejemplo



123 Streetname St.  
Hometown, Statename  
ZIPCODE

**CUSTOMER:**

Client Name  
456 Streetname St.  
Hometown, Statename  
ZIPCODE

### CABLE BILL

BILLING NUMBER:	000123
BILLING DATE:	JAN 13, 2012
TOTAL AMOUNT DUE:	\$131.12
DUE DATE:	JAN 30, 2012
PAYMENT ENCLOSED	

Please return this portion with your payment

---

**BILLING SUMMARY: 000123**

Previous Balance:	\$ 130.22
Total Payment since last bill:	\$ -130.22
Balance forward:	\$ 0.00
Total Current Cable Charges:	\$ 159.68

Billing Date: **JAN 17, 2012**

Customer Name: **NAME SURNAME**

Customer Number: **000123**

Mailing Zip Code: **ZIPCODE**

---

**ACC. 32354-078**

PERIOD: NOV 26, 2012 - DEC 23, 2012

TV Package:

Receiver Fee:	\$ 47.30
Local Video Facilities Fee:	\$ 30.61
Local Video Service Fee:	\$ 4.58
Cable Maintenance Fee:	\$ 4.48
Taxes:	\$ 11.31
Transit Sales tax:	\$ 88.28
Local benefit:	\$ 9.82
<b>Total Cable TV Service Charges:</b>	<b>\$ 88.46</b>

**CABLE TV SERVICE**

PACKAGE CONTENTS

■ BASIC CHANNELS PACKAGE	15
■ LOCAL CHANNELS PACKAGE	5
■ SPECIALTY PACKAGE	25
■ MOVIES CHANNELS PACKAGE	10
■ NEWS CHANNELS PACKAGE	15
■ SPORTS CHANNELS PACKAGE	11

**TOTAL CHANNELS: 81**

---

**ACC. 32354-078**

PERIOD: NOV 26, 2012 - DEC 23, 2012

Land Line Service:

Domestic Charges:	\$ 14.95
Minutes Used:	211
Number Of Calls:	38

Long Distance Charges:

Minutes Used:	\$ 24.48
Number Of Calls:	48
Taxes:	\$ 12
<b>Total Phone Service Charges:</b>	<b>\$ 9.65</b>

**PHONE SERVICE**

CUSTOMER REFERENCE NUMBER: 789123

READ DATE	TIME USED / CHARGES	MINUTES / \$
DEC-28-12		10
NOV-28-12		10
OCT-28-12		10
SEP-28-12		10
AUG-28-12		10
JUL-27-12		22
JUN-23-12		10
MAY-23-12		10
APR-25-12		7
MAR-26-12		5
FEB-27-12		10
JAN-27-12		10
DEC-20-12		10

---

**TOTAL CHARGES: \$ 131.12**

# Facturas de Servicios Públicos (continuación)

## Factura de Teléfono –Ejemplo

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

## Factura de Teléfono Celular –Ejemplo

CELL PHONE

BILL

My Sprint

Shop

Digital Lounge

Community

Support

### 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](http://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!

# Factura Hipotecaria/Seguro de Propietario

## Estado de Cuenta de la Hipoteca (solo para el propietario de casa)-Ejemplo

<b>MORTGAGE COMPANY</b>		<b>Mortgage Statement</b> Statement Date: 3/20/2012													
<table border="1" style="width: 100%;"> <tr> <td>Account Number</td> <td style="background-color: black; color: black;">[REDACTED]</td> </tr> <tr> <td>Payment Due Date</td> <td>4/1/2012</td> </tr> <tr> <td><b>Amount Due</b></td> <td>Option 1 (Full): \$1,829.71</td> </tr> <tr> <td></td> <td>Option 2 (Interest-Only): \$1,443.25</td> </tr> <tr> <td></td> <td>Option 3 (Minimum): \$1,156.43</td> </tr> <tr> <td colspan="2" style="font-size: small;"><i>If payment is received after 4/15/12, \$160 late fee will be charged.</i></td> </tr> </table>				Account Number	[REDACTED]	Payment Due Date	4/1/2012	<b>Amount Due</b>	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 Number	[REDACTED]														
Payment Due Date	4/1/2012														
<b>Amount Due</b>	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>															
<b>Account Information</b>															
Outstanding Principal	\$260,000.00														
Interest Rate (Until October 2012)	4.75%														
Prepayment Penalty	\$3,500.00														
<b>Explanation of Amount Due</b>															
	<u>Option 1 (Full)</u>	<u>Option 2 (Interest-Only)</u>	<u>Option 3 (Minimum)</u>												
Principal	\$386.46	\$0	\$0												
Interest	\$1,048.07	\$1,048.07	\$761.25												
Escrow (Taxes and Insurance)	<u>\$235.18</u>	<u>\$235.18</u>	<u>\$235.18</u>												
<b>Regular Monthly Payment</b>	<b>\$1,669.71</b>	<b>\$1,283.25</b>	<b>\$996.43</b>												
Total Fees and Charges	<u>\$160.00</u>	<u>\$160.00</u>	<u>\$160.00</u>												
<b>Total Amount Due</b>	<b>\$1,829.71</b>	<b>\$1,443.25</b>	<b>\$1,156.43</b>												
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.	... <b>your principal balance will increase</b> . You will be borrowing more money and losing equity in your home.												
<b>Transaction Activity (2/20 to 3/19)</b>															
<b>Date</b>	<b>Description</b>	<b>Charges</b>	<b>Payments</b>												
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												
<b>Past Payments Breakdown</b>															
	<b>Paid Last Month</b>	<b>Paid Year to Date</b>													
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													
<b>Total</b>	<b>\$1,669.71</b>	<b>\$5,009.13</b>													



# Contrato de Arrendamiento de Apartamento - Ejemplo

## Apartment Lease

THIS APARTMENT LEASE by and between **CCCC HOME 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 HOME INC** in the form of personnel check, money order, or certified bank check and mailed to **CCCC HOME 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 1/30<sup>th</sup> 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.

## Carta de un amigo o familiar– Ejemplo: En caso de que la renta no constituya un gasto

Para: A quien corresponda

De: Amigo/Familiar:

Fecha: 00/00/0000

Asunto:

Yo, \_\_\_\_\_, por medio de la presente le informo que \_\_\_\_\_ está residiendo conmigo en 123 Glad Lane, Plainfield, New Jersey. No le cobro renta, aunque tiene la responsabilidad de comprar sus alimentos.

Si necesita información adicional, puede llamarme al (862) 123-4567.

Atentamente.

\_\_\_\_\_

Nombre y apellido

## Carta del Arrendador Ejemplo: En caso de que no exista un contrato de arrendamiento

Para: A quien corresponda

De: Arrendador

Fecha: 00/00/0000

Asunto:

Yo, \_\_\_\_\_, le escribo en nombre de \_\_\_\_\_ que reside en 123 Glad Lane, Plainfield, New Jersey y paga \_\_\_\_\_ en concepto de renta.

Si necesita información adicional, puede llamarme al (862) 123-4567.

Atentamente.

\_\_\_\_\_

Nombre y apellido

## NOTAS:

La División de Servicios Sociales proporciona asistencia a las personas necesitadas en el Condado de Union mediante la administración de una variedad de vacunas gratuitas para niños, así como: Asistencia Temporal para Familias Necesitadas (TANF); Asistencia General; cupones de alimentos; asistencia de emergencia; cuidado familiar; cuidado en el hogar de enfermería; asistencia médica; Asistencia Farmacéutica para Ancianos y Discapacitados (PAAD); y, Servicios de Manutención Infantil. También ayudamos con la vivienda temporal, refugio o asistencia de alquiler (**solo en casos de emergencia**). Le recordamos que DSS solo ayuda a prevenir la falta de vivienda.

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(Union County Council for Young Children, UCCYC)

El manual puede ser adquirido o reproducido  
Envíe una solicitud por escrito a Community Coordinated Child Care  
2 City Hall Plaza 3<sup>rd</sup> floor  
Rahway, NJ 07065