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

342 Westminster Avenue
Elizabeth, NJ 07208
Tel. (908) 965-2700
Fax (908) 965-2758

200 W. Second Street
Plainfield, NJ 07060
Tel. (908) 791-7000
Fax (908) 791-2090

Handbook of Suggested Documents



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

Edition January 2023

**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 for 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:

**An individual application only requires the applicant's information. If the application is made for a family, information from every member of the family is required.*

Identification required:

- New Jersey Driver's License, with current address, preferable
- Permanent Resident Card (Green Card)
- Passport
- Voters Registration Card
- Municipal Identification from your city of residence (if available)
- US Birth Certificate or one from your country of origin. Or a United States Citizenship Certificate (if you became a US citizen through naturalization process)

Social Security Cards

Proof of Income:

- Pay Stubs: 4 paystubs if paid weekly/2 paystubs if paid bi-weekly or if semi-monthly
- Proof of Child Support (letter/print out). If cash is paid directly, then a letter from the parent that pays it is required, it must explain amount and frequency of payment.
- Unemployment Benefits (letter or statement)
- Income Tax Return (Federal/State - all pages)
- Letter of Self-Employment (previous year's tax return)
- Personal Bank Account Statement (all bank accounts)
- New Employment (Letter on Company Letterhead stating: date hired, work hours per week, hourly rate, company business card)
- Day Laborer (waitress, babysitter, housekeeper, landscaping, cleaning business etc.) If working for a small business, the letter must be on the business letterhead, stating date job started, hours of work and salary expected (hourly, daily, etc.).

Self-Employment: A letter in company letterhead and the previous year's tax return with profit & loss records. A letter can also be written by the person for whom you will be performing any jobs, in case it is not a registered business.

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

- Apartment Lease, showing tenant's name and name of all apartment occupants
- If an Apartment Lease does not exist, the landlord must write a letter explaining the situation regarding living arrangements
- Homeowners Insurance
- Tax Statements

Letter from a friend or relative: when rent is not an expense

- **Must include:** name, address, amount of any contribution made. This letter must be signed, dated with a telephone number from the friend or relative.

Basic Information to know and have:

- Have pen and paper for taking notes.
- Are you completing a New Application? or Recertifying your case? _____
- Write down the name of the program you are applying for: _____
- Case Number: _____
- Important dates to remember: _____

Websites/Phone Numbers:

- **Public Service Electric & Gas:** <https://landing.pseg.com> { 1-800-436-7734 }
- **Elizabethtown Gas:** www.elizabethtowngas.com { 1-800-242-5830 }
- **Birth Certificate:** www.usbirthcertificates.com (refer to your state/city/county of Birth)
- **Social Security:** www.ssa.gov { 1-877-803-6306 }
- **Child Support:** www.njchildsupport.org { 1-877-NJKIDS1 }
- **United States Passport:** www.usa.gov/passport { 1-844-USA-GOV1 }
- **NJ Unemployment Office:** www.nj.gov/labor/myunemployment/
- **Internal Revenue:** www.irs.gov { Find Your Local Office }
- **NJ Family Care:** www.njfamilycare.org { 1-800-701-0710 }
- **Energy Assistance Programs:** www.energyassistance.nj.gov { 1-800-510-3102 }
- **NJ Earned Income Tax Credit (EITC):** www.state.nj.us/treasury/taxation/eitc/eitcinfo.shtml
{ Federal 1-800-929-1040 / State 1-609-292-6400 }
- **NJ SNAP:** www.njsnap.gov/humanservices/njsnap/ { 1-800-687-9512 }
- To Apply for SNAP/WFNJ GA or TANF: **www.mynjhelps.gov**
*For questions, visit or call the Board of Social Services in your county of residence.
- **Medicaid:** www.nj.gov/humanservices/dmahs/clients/medicaid/ { Information 1-800-356-1561 }
- **New Jersey WIC Services:** www.njwiconline.org { Refer to your WIC local agency for info. }
- **USDA NATIONAL HUNGER HOTLINE** 1-866-3-HUNGRY (486479) or 1-877-8-HAMBRE (426273)
- **Family/Domestic Violence:** www.nj.gov/dcf/women/domestic/
In Union County: <https://www.ywcaunioncounty.org/> 24 Hour Hotline 1-908-355-4357
- **Child Abuse:** www.nj.gov/dcf/ - Hotline 1-877-652-2873
- **Fair Hearing Hotline:** 1-800-792-9774
- **NJ211:** www.nj211.org -Dial 2-1-1 or 1-877-652-1148 (TTY users, dial 7-1-1 first) / Text your zip code to 898-211
- **Early Intervention:** www.nj.gov/health/fhs/eis/ { 1-888-653-4463 }
- **Partnership for Maternal and Child Health of Northern New Jersey:** <http://partnershipmch.org>
{ 973-268-2280 }
- **UNION COUNTY ACTION LINE:** Visit www.ucnj.org/dhs | For Inquiries or concerns, please call (908) 558-2288 or email: dhsaction@ucnj.org

REMEMBER:

If a written letter is used as part of verifications. Then, this letter should have the date it was written (current to the date of application), contact information, and the person's signature. Contact information refers to the printed/readable name, working telephone number, and address of the person writing the letter. Make sure this letter is clear and legible, with all the necessary information for DSS to proceed and verify. Otherwise, it could cause a delay and jeopardize the eligibility for benefits timely.

Contributors:

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

To name a few of our contributors:

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- All Union County Stakeholders
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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



The cities of Elizabeth and Plainfield in Union county, offer municipal ID's to their residents.

Elizabeth: visit www.elizabethnj.org or call (908) 820-4298, for information or to make an appointment.

Plainfield: visit www.plainfieldnj.gov or call (908) 753-3222, for information or to make an appointment.

*Union County Id's are discontinued.

Sample #2: Driver License



NJ Motor Vehicle Commission (MVC)

Telephone #: (609) 292-6500

Regional Service Center:

228 Frelinghuysen Ave., Newark 07114

Locations within Union County:

- 1140 Woodbridge Rd. Rahway, NJ 07065
- 17 Caldwell Pl., Elizabeth, NJ 07201
- 34 Center St. Springfield, NJ

For more information visit: <http://njmvc.gov>

Sample #3: Permanent Resident Card



To obtain information on How To Become a Permanent Resident

Visit: <https://www.uscis.gov/i-485> or

<https://www.uscis.gov/forms/explore-my-options>

Proof of Identification/ID (continued)

United States Passport – Sample



To obtain a passport in Union County, please visit www.ucnj.org

> Go to: **County Clerk**, Then select **Passport Services**, there you can make an appointment to visit one of the **Convenient Locations**:

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 and for more information, please visit: <https://travel.state.gov>

-For HELP obtaining a passport through your nearest United States Postal Service; visit <https://www.usps.com/international/passports.htm>

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:

www.vote.org

To register through Union County, visit: www.ucnj.org/boe/voter-registration-information

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: E 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

John Howard, State Registrar

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORDS ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED ON PHOTOGRAPHIC COPY WITH A WATERMARK.

WARNING:

B1426036 CERTIFICATION OF VITAL RECORD

CDC

USA

Birth Certificates

Must be obtained from the Local Health Department in the Town/City where the individual was born.

Contact the City/Town Hall for further information.

To find Your Local Vital Records Offices and for more information, you may visit the State of NJ-Department of Health 'Vital Statistic' website:

<https://www.nj.gov/health/vital/>

**Toll-Free Nationwide
1-877-622-7549**

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

Visit: www.ssa.gov

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

				2 119-60-9160		09/11/2007	
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
					Totals:	318.75	6302.30

This Check: 1161.25

Proof of Child Support

Child Support Office in Union County:

1143-1145 E. Jersey Street
Elizabeth, New Jersey, 07201

Telephone:

1-877-NJKIDS1

(1-877-655-4371)

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

To apply for Child Support or to obtain proof of
receiving child support, visit:

www.njchildsupport.org

Proof of Income (continued)

Unemployment Paystub– Sample

Individuals must create an account on-line by visiting: **www.myunemployment.nj.gov** for questions about unemployment Insurance, or need help with an application or claim.

For in-person help with an unemployment claim, visit your local One-Stop Career Center.

Pay Statement		YOUR COMPANY, INC.		Wage # 1111								
Client: 15952 R443		1880 ANYTOWN ROAD SUITE 2007 CITYTOWN 52250		Check Date 01/15/2007 Period Ending Date 01/15/2007								
Division	Department	Employee #	Social Security #	Pay Freq	Type	Base Pay	Tax Type	Tax Jurisdiction	Stat Exem	Add S	Plan	Plan S
02	145		36-55-5668	SEMI-MONTHLY	SA	\$500.000	FEDERAL	YOUR STATE	0			
MIDWESTERN 245 FOURTH STREET CITYTOWN 52250							WORK STATE	YOUR STATE	0			
							REG STATE	YOUR STATE	0			
							SLA STATE	YOUR STATE	0			
							DIS STATE	YOUR STATE	0			

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	REG	40	1500.00	400	6000.00	FEDERAL	1450.00	200.00	2000.00	FICA	150.00	150.00	600.00	
						FICA	150.00	24.00	960.00	MEDICARE	150.00	24.00	600.00	
						ST SIT	1450.00	100.00	600.00					
Current	REG		1500.00		6000.00									
YTD				400	6000.00				6000.00				600.00	
												NET PAY (GROSS LESS DEDUCTIONS)	Net Pay	910.00

Type	Accruals			Description	Scheduled Amount	Calc Amount	Y-T-D Amount	DIS STATE	Y-T-D Amount
	Accrued Amount	Taken Amount	Balance						
ACCRUE	96.00	.00	96.00						
ACCRUE	20.00	.00	20.00						

Direct Deposit				Tax Deductions			
Account Number	Account Type	Description	Amount	Desc.	Wages	Amount	Y-T-D Amount
548415575118007	CHECKING	DEBIT	1546.00	FEDERAL	1450.00	200.00	2000.00
				FICA	1500.00	150.00	1900.00
				MEDICARE	1500.00	24.00	240.00
				ST SIT	1450.00	100.00	1000.00

Local One-Stop Career Centers

Elizabeth

921 Elizabeth Avenue

Elizabeth, New Jersey 07201

(908) 558-8000

Plainfield

200 West 2nd Street

Plainfield, New Jersey 07060

(908) 412-7980

Unemployment Telephone Numbers

201-601-4100

732-761-2020

NJ Relay 7-1-1

Income Tax Return– Sample

Form	1040	Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return	2013	OMB No. 1545-0047	(R) 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		See separate instructions.																																																
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).				▲ Make sure the SSN(s) above are on line 6c are correct. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> Yes <input type="checkbox"/> Spouse																																														
Foreign country name _____		Foreign province/state/country _____				Foreign postal code _____																																												
Filing Status	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ► 4 <input type="checkbox"/> 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. ► 5 <input type="checkbox"/> Qualifying widow(er) with dependent child																																																	
Check only one box.																																																		
Exemptions	6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b b <input type="checkbox"/> Spouse No. of children on 6c c Dependents: No. of children <input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see instructions) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">(i) First name</th> <th style="width: 20%;">(ii) Last name</th> <th style="width: 20%;">(iii) Dependent's social security number</th> <th style="width: 20%;">(iv) Dependent's relationship to you</th> <th style="width: 20%;">(v) <input type="checkbox"/> If over age 19, qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> Dependents on 6c not entered above Add numbers on lines above ►					(i) First name	(ii) Last name	(iii) Dependent's social security number	(iv) Dependent's relationship to you	(v) <input type="checkbox"/> If over age 19, qualifying for child tax credit (see instructions)					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
(i) First name	(ii) Last name	(iii) Dependent's social security number	(iv) Dependent's relationship to you	(v) <input type="checkbox"/> If over age 19, qualifying for child tax credit (see instructions)																																														
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				<input type="checkbox"/>																																														
If more than four dependents, see instructions and check here <input type="checkbox"/>																																																		
Income	d Total number of exemptions claimed _____ Add numbers on lines above ► 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7a 8 Taxable interest. Attach Schedule B if required 8a 9a Tax-exempt interest. Do not include on line 8a 9a 9b Ordinary dividends. Attach Schedule B if required 9b																																																	
Attach Form(s) W-2 here, also																																																		

To obtain Your Tax Record and for
more information, visit:

www.irs.gov

Proof of Income (continued)

Profit or Loss Form Sample

SCHEDULE C (Form 1040) Department of the Treasury Internal Revenue Service (IRS)	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.	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2011</div> 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"/> 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	
e	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	***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.	

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



PSEG

ELECTRIC & GAS BILL

Usage Meter 111111111

Estimated reading July 10 25250

Estimated reading June 10 24470

Total kWh 780

Page 3 of 4

Summer Month 2010

Acco: [redacted] | **ELECTRIC & GAS BILL**


Customer service and emergencies 1 800 436-PSEG (7734)

POD Number [redacted]

Charges	Rate - RS
Delivery	
Service charge	\$2.46
Distribution charges	
kWh charges	600 kWh @ \$0.059600 35.76
Next	180 kWh @ \$0.063722 11.47
Sub-Total Delivery	\$49.69
Supply*	
BGS Energy	
Charges	600 kWh @ \$0.122367 73.42
Next	180 kWh @ \$0.132111 23.78
Sub-Total Supply	\$97.20
Total electric charges	\$146.89

*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 6/18/10 - 8/18/10 **DAYS** 61

RATE SCHEDULE
A - Single-Dwelling Unit Residential

NEXT SCHEDULED READ DATE
10/17/10

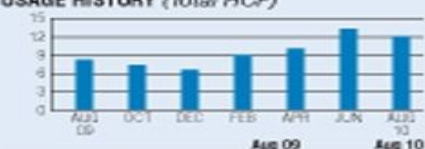
TIER 1 ALLOTMENT 12 HCF **TEMP ZONE** High

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

USAGE HISTORY (Total HCF)



	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		\$.74
Your average cost per gallon of water		\$.005

1 Hundred Cubic Feet (HCF) = 748 Gallons

Your Water Usage by Tier

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

1 tier is 12 HCF at 2 different rates, depending on how much you use. The more you use, the more you pay.

Utilities Bills (continued)

Oil Bill statement

ABC OIL COMPANY

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

Oil Total


PREVIOUS BALANCE 402.16

4/26/11 3630 100.0 GAL@3.0190 381.90

<BALANCE DUE>

CURRENT ***** 381.90

Cable Bill



123 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

CUSTOMER:

Client Name
456 Streetname St.
Hometown, Statename
ZIPCODE

BILLING SUMMARY: 000123

Previous Balance:	\$ 130.22	Billing Date:	JAN 17, 2012
Total Payment since last bill:	\$ -130.22	Customer Name:	NAME SURNAME
Balance forward:	\$ 0.00	Customer Number:	000123
Total Current Cable Charges:	\$ 159.68	Mailing Zip Code:	ZIPCODE

ACC. 32354-078 CABLE TV SERVICE

PERIOD: NOV 26, 2012 - DEC 23, 2012

TV Package:		PACKAGE CONTENTS	
Receiver Fee:	\$ 47.30	BASIC CHANNELS PACKAGE	15
Local Video Facilities Fee:	\$ 30.61	LOCAL CHANNELS PACKAGE	5
Local Video Service Fee:	\$ 4.55	SPECIALTY PACKAGE	25
Cable Maintenance Fee:	\$ 4.48	MOVIES CHANNELS PACKAGE	10
Taxes:	\$ 11.31	NEWS CHANNELS PACKAGE	15
Transit Sales tax:	\$ 98.28	SPORTS CHANNELS PACKAGE	11
Local benefit:	\$ -9.82		
Total Cable TV Service Charges:	\$ 88.46	TOTAL CHANNELS:	81

ACC. 32354-078 PHONE SERVICE

PERIOD: NOV 26, 2012 - DEC 23, 2012

Land Line Service:		CUSTOMER REFERENCE NUMBER:	789123
Domestic Charges:	\$ 14.95	READ DATE	TIME USED / CHARGES
Minutes Used:	211	DEC-23-12	15
Number Of Calls:	38	NOV-25-12	10
		OCT-23-12	10
		SEP-24-12	11
		AUG-26-12	10
		JUL-27-12	22
		JUN-25-12	15
		MAY-23-12	10
		APR-25-12	7
		MAR-24-12	9
		FEB-21-12	11
		JAN-27-12	10
		DEC-20-12	13
Long Distance Charges:	\$ 24.48		
Minutes Used:	48		
Number Of Calls:	12		
Taxes:	\$ 9.65		
Total Phone Service Charges:	\$ 42.66		

TOTAL CHARGES: \$ 131.12

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

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 homeowners 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.	... your principal balance will increase . 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 DECLARATIONS 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

5 MORTGAGEE

6 SECTION I

A DWELLING \$100,000
B OTHER STRUCTURES \$10,000
C PERSONAL PROPERTY \$50,000
D LOSS OF USE 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.

8 SECTION II

L PERSONAL LIABILITY \$100,000
M MEDICAL PAYMENTS \$1,000
TO OTHERS (EACH PERSON)

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

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 Lots
Land Desc.
State

EXEMPTIONS ▶ NET TAXABLE VALUE ▶

MAIL TO: CITY OF ELIZABETH
TAX COLLECTOR ROOM 102
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201-2462

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

S.C. Senior Citizen \$125.00
Sur Sps Surviving Spouse \$125.00
Veteran Veteran \$125.00
Widow Widow of Veteran \$125.00

CITY OF ELIZABETH
COUNTY OF UNION

4 PAY COLLECTOR'S SHARE CHECK AND RETURN WITH YOUR PAYMENT
3 PAY COLLECTOR'S SHARE CHECK AND RETURN WITH YOUR PAYMENT

ADJUSTMENT
INTEREST
CASH

ADJUSTMENT
INTEREST
CASH

Apartment Lease Sample

Apartment Lease

THIS APARTMENT LEASE by and between ROCEDU HOMES ONE, 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 $1/30^{th}$ 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

THE UNION COUNTY BOARD OF COUNTY COMMISSIONERS



Sergio **GRANADOS**
Chairman



Kimberly **PALMIERI-MOUDED**
Vice-Chairwoman



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Alexander **MIRABELLA**



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Edward T. Oatman
County Manager

Amy Crisp Wagner
Deputy County Manager

James E. Pellettiere
Clerk of the Board

UNION COUNTY
We're Connected to You!



The Division of Social Services provides assistance to the needy in Union County by administering a variety of programs including free vaccinations for children, Temporary Assistance for Needy Families (TANF); General Assistance; Food Stamps; Emergency Assistance; Family Care; Nursing Home Care; Medical Assistance; Pharmaceutical Assistance to the Aged and Disabled (PAAD); and, Child Support Services. DSS helps prevent Homelessness.