Preparing for Your Visit to the

Union County
Department of Human Services
Division of Social Services

Suggested Document Handbook

This project was a cooperative effort between the Union County Department of Human Services, Division of Social Services, Community Coordinated Child Care (4Cs) and the Union County Council for Young Children.
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:

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

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
  Phone Number: 1-800-436-7734
• Elizabethtown Gas/elizabethtowngas.com
  Phone Number: 1-800-242-5830
• Birth Certificate.www.usbirthcertificate.com/certified
• Social Security/www.ssa.gov/ 1-877-803-6306
• Child Support/www.njchildsupport.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](http://www.endhungernj.org)
• Family/Domestic Violence Hotline 1-877-652-2873
• Fair Hearing Hotline: 1-800-792-9774
• 211: [www.nj211.org](http://www.nj211.org)
• NJ Helps: [www.njhelps.org](http://www.njhelps.org)
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 Driver's License in Union County:

- 1600 South Second St. Plainfield, NJ 07063
- 1140 Woodbridge Rd. Rahway, NJ 07065
- 34 Center St. Springfield, NJ 07081
- 410 South Ave. E. Westfield, NJ 07090

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.
To be a registered voter, visit vote.org
Birth Certificate/Social Security

Birth Certificate - Sample

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

<table>
<thead>
<tr>
<th>Pay: Michael Leham</th>
<th>To the: 565 Tree Lane</th>
<th>Order: Kenilworth NJ 07033</th>
</tr>
</thead>
</table>

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

Date: 09/11/2007

Amount: $1,161.25

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<table>
<thead>
<tr>
<th>XYZ Corp</th>
<th>123 Main Street, Red Bank NJ 07701</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael, Leham</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th>Hours</th>
<th>Rate</th>
<th>Amount</th>
<th>Year Tax/Deduction</th>
<th>Amount</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holiday</td>
<td>8.00</td>
<td>10.50</td>
<td>144.00</td>
<td>740.00 Fed Tax</td>
<td>179.73</td>
<td>3305.87</td>
</tr>
<tr>
<td>Rg Wages</td>
<td>64.00</td>
<td>16.50</td>
<td>1104.00</td>
<td>2642.00 FICA-E</td>
<td>91.76</td>
<td>1743.44</td>
</tr>
<tr>
<td>Vacation</td>
<td>0.00</td>
<td>18.50</td>
<td>0.00</td>
<td>296.00 Med-E</td>
<td>21.46</td>
<td>407.74</td>
</tr>
<tr>
<td>Sick</td>
<td>0.00</td>
<td>18.50</td>
<td>0.00</td>
<td>444.00 NJ Tax</td>
<td>26.80</td>
<td>509.20</td>
</tr>
<tr>
<td>Personal</td>
<td>8.00</td>
<td>18.50</td>
<td>148.00</td>
<td>148.00 NJ UI-E</td>
<td>0.00</td>
<td>101.73</td>
</tr>
<tr>
<td>Totals:</td>
<td>80.00</td>
<td>18.50</td>
<td>1480.00</td>
<td>28120.00 NJ SSI-E</td>
<td>0.00</td>
<td>133.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NJ WED-E</td>
<td>0.00</td>
<td>11.32</td>
</tr>
</tbody>
</table>

This Check: 1161.25

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Proof of Child Support

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

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

Where to retrieve this form and any further information:

https://www.irs.gov/uac/aboutform-1040
Proof of Income (continued)

**Profit or Loss Form Sample**

![Profit or Loss Form Sample](image_url)
Proof of Income (continued)

Self- Employment Declaration

I, __________________________, have been self-employed 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

<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>WITHDRAWALS</th>
<th>DEPOSITS</th>
<th>BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-10-16</td>
<td>ATMW</td>
<td><strong>21.25</strong></td>
<td></td>
<td><strong>474.11</strong></td>
</tr>
<tr>
<td>03-10-16</td>
<td>ATMW</td>
<td><strong>1.50</strong></td>
<td></td>
<td><strong>472.61</strong></td>
</tr>
<tr>
<td>03-10-20</td>
<td>DEBP</td>
<td><strong>2.99</strong></td>
<td></td>
<td><strong>469.62</strong></td>
</tr>
<tr>
<td>03-10-21</td>
<td>WE BP</td>
<td><strong>900.00</strong></td>
<td></td>
<td><strong>159.62</strong></td>
</tr>
<tr>
<td>03-10-22</td>
<td>ATMW</td>
<td><strong>100.00</strong></td>
<td></td>
<td><strong>69.62</strong></td>
</tr>
<tr>
<td>03-10-23</td>
<td>DEBP</td>
<td><strong>29.08</strong></td>
<td></td>
<td><strong>40.54</strong></td>
</tr>
<tr>
<td>03-10-24</td>
<td>DE BR</td>
<td></td>
<td><strong>2.99</strong></td>
<td><strong>48.53</strong></td>
</tr>
<tr>
<td>03-10-27</td>
<td>Telp</td>
<td><strong>5.77</strong></td>
<td></td>
<td><strong>96.76</strong></td>
</tr>
<tr>
<td>03-10-28</td>
<td>PY RL</td>
<td><strong>594.81</strong></td>
<td></td>
<td><strong>781.57</strong></td>
</tr>
<tr>
<td>03-10-30</td>
<td>WEBT</td>
<td><strong>50.00</strong></td>
<td></td>
<td><strong>781.57</strong></td>
</tr>
</tbody>
</table>

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.
Utilities Bills - Samples Electric and Gas Bill
Utilities Bills (continued) Oil Bill statement

ABC OIL COMPANY

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

PREVIOUS BALANCE 402.16

4/26/11 3630 100.0 GAL@3.0190 381.90

<BALANCE DUE>

CURRENT ***** 381.90
Cable Bill

Telephone Bill

Utilities Bills (continued)
# Cell Phone Bill

**Monthly Statement**

Select Another Account

<table>
<thead>
<tr>
<th>Customer</th>
<th>Account Number</th>
<th>Bill Period</th>
<th>Bill Date</th>
<th>Printer-friendly Version</th>
<th>Change Billing Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Jan 24-Feb 23</td>
<td>Feb 27, 2012</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Hello!

Need more information? Visit sprint.com for a complete view of account activity and cell details. [Plan Details]

Previous Balance: $91.62
Payment on Feb 16: -$91.42

**New Charges**

- Everything Data - 450 Anytime Minutes Included: $69.99
- Employee Discount Sprint 138: -$7.00

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# Mortgage Bill/Home Owner Insurance

**Mortgage Bill Statement- For homeowner only**
Mortgage Bill/Home Owner Insurance (continued)
Home Owner Insurance Statement

Tax Bill Sample
Apartment Lease

THIS APARTMENT LEASE by and between CCC 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 ROCDEU Homes One, LLC in the form of personnel check, money order, or certified bank check and mailed to ROCDEU Homes One, LLC, Post Office Box 1835, New York, NY 10026 which may be changed from time to time by Landlord. If lease payment is not received via mail by the day of the month, on or before that day the Tenant may verify lease payment with 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 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 late 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 agreement upon. 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 refuse 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