



**Essex County Council
for Young Children**

Suggested Documents Handbook

Preparing for Your Visit to the Division of Family Assistance and Benefits, DMV and Hospital Suggested Document Handbook

Introduction: This document is prepared for and by the Essex County Council for Young Children (ECCYC); and, Programs for Parents (PFP) to create a handbook of suggested documents needed when visiting Essex County's social services offices. The goal of this project is to enhance individuals' preparedness and to improve the overall process for families.

Programs for Parents of Inc is a non-profit Child Care Resource and Referral Agency that works to ensure that children get the best possible start in life. PFP became the lead agency for the Essex County Council for Young Children (ECCYC). The County Council for Young Children is a parent lead, strength-based collaboration between parents, families, and local community stakeholders. The focus of the Council is to address the following areas: Health, Education, and Safety. 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. the Essex County Council for Young Children (ECCYC) is governed and led by parents, with the support of PFP staff and community stakeholders.

Disclaimer: The following information in this handbook is suggested information only. Documentation for each case may vary. Check directly with the appropriate agency with any questions.

Purposes for this Handbook:

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

Programs Under Division of Family Assistance and Benefits

Addresses: 50 S Clinton Street, East Orange NJ 07017
18 Rector Street, Newark NJ 07102

NJ SNAP

formerly Food Stamps, is New Jersey's Supplemental Nutrition Assistance Program that can help low-income families buy the groceries they need to eat healthy.

WFNJ/TANF

WFNJ provides temporary cash assistance and many other support services to families through the Temporary Assistance for Needy Families (TANF) program.

WFNJ/GA

New Jersey is one of only a few states that also provides cash benefits and support services to individuals and couples with no dependent children, through our General Assistance (GA) program.

NJFAMILYCARE

NJ FamilyCare – New Jersey's publicly funded health insurance program – includes CHIP, Medicaid and Medicaid expansion populations. That means qualified NJ residents of any age may be eligible for free or low-cost health insurance that covers doctor visits, prescriptions, vision, dental care, mental health and substance use services and even hospitalization.

NJ CHILD SUPPORT

The New Jersey Child Support Program:

There is a national commitment to child support and to accomplish this, federal and state laws work together. In New Jersey, the child support program is supervised by the state Department of Human Services, Division of Family Development, Office of Child Support Services, and is administered in individual counties. Most of your business will be handled at county offices.

DETAILED PROGRAM INFORMATION BROCHURES

Home Energy Assistance

The Home Energy Assistance (HEA) program offers assistance to low-income families with the payment of heating cost during winter months as well as help with the payment of cooling costs during summer months to individuals with a medically certified condition. Public assistance recipient automatically receive consideration for payment.

Eligibility for low-income residents which includes emergency assistance for the purchase of fuel, completion of furnace repairs, correction of infiltration of cold air and other services is determined by:

LA CASA DE DON PEDRO
317 Roseville Avenue
Newark, NJ 07107
973-485-0701

Child Support and Paternity Program Services

The Office of Child Support and Enforcement (OCSE) has the responsibility to locate absent parents, establish paternity for children born out-of-wedlock, establish court orders for payment of child support.

Supportive Assistance To Individuals and Families

The Supportive Assistance to Individuals and Families Program (SAIF) is a program for individuals and families who have received the maximum 60 months of public assistance. As long as you apply and adhere to program rules, your case will still receive cash benefits plus support services such as child care and transportation for up to 24 months.

Early Periodic Screening, Diagnosis and Treatment

Early Periodic Screening, Diagnosis and Treatment (EPSDT) is a program which provides free medical and dental check-ups for Medicaid eligible recipients under 21 years of age. Problems can be identified early and can be treated through regular check-ups before they become more serious.

These services are free to recipients. The only exception is that participants in the Medically Needy Program are not eligible for free EPSDT services.

– Kinship Care Subsidy Program

The Kinship Care Subsidy Program provides monthly childcare subsidies to certain low-income individuals raising children whose parents are unwilling or unable to do so. Usually blood or marriage relates such caregivers to the children, but such a relationship is not necessary if the court awards guardianship to the caregiver.

New Jersey Family Care and Kid Care

New Jersey Care is a program which provides full Medicaid services to pregnant women, children born after September 30, 1983 and to aged (65 or over), blind or disabled individuals who are financially needy.

Family Care is an affordable health coverage. Quality Care. NJ Kid Care is now NJ Family Care. That means uninsured kids, parents, couples, and even single adults can all enjoy affordable health coverage-like the kind that already covers thousands of New Jersey children. NJ Family Care is not a welfare program-it's low cost health coverage through a variety of recognized Health Maintenance Organizations (HMOs).

The purpose of the program is to provide these services in such a manner as to allow the individual to remain in his/her home rather than having to enter an institution (hospital or nursing home).

Refugee Resettlement Program

The Refugee Resettlement Program provides financial assistance, Medicaid and social services to individuals and/or families who have been designated refugees by the Immigration and Naturalization Service (INS) because they fled from and cannot return to their place of national origin because of fear of persecution on account of race, religion or political opinion.

Supplemental Security Income

The Supplemental Security Income (SSI) Program provides financial assistance and Medicaid to aged (65 or over) blind or disabled individuals who are financially needy. This program is administered by the Social Security Administration.

Medicaid Special Program

Medicaid Only is a program which provides full Medicaid services to aged (65 or over), blind or disabled individuals who are financially needy. These individuals may reside in a nursing home, a boarding home, their own home, or the home of another person.

Medicaid Special Program

Medicaid Special is a program which provides full Medicaid services to individuals under 21 who are financially needy.

Medical Transportation Services

Medical Transportation Services is a program which provides for payment of reasonable and appropriate transportation costs for Medicaid recipients to obtain legitimate and required medical services only for those services covered by Medicaid.

Medically Needy Program

Medically Needy is a program which provides limited Medicaid services to pregnant women, children under 21 and to aged (65 or over), blind or disabled individuals who are financially needy.

Model Waiver Program

The Model Waiver Program provides full Medicaid and case management services to individuals (adults and children) who have high medical costs as a result of serious illness. The purpose of the program is to provide these services in such a manner as to allow the individuals to remain in his/her home rather than having to enter an institution (hospital or nursing home).

AIDS Community Care Alternatives Program

The AIDS Community Care Alternatives Program (ACCAP) provides full Medicaid services and certain free in-home care services to individuals diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) and who are in need of such care as a result of serious illness. The purpose of the program is to provide these services in such a manner as to allow the individual to remain in his/her home rather than having to enter an institution (hospital or nursing home). An applicant must be assessed to need a nursing home level of care.

Boarding Home Services Program

The Boarding Home Services Program provides services to residents of boarding homes in Essex County which are intended to ensure their health and safety in the community. Some of the services provided include outreach, information and referral, case management and protective services to prevent possible abuse, neglect or exploitation.

Child Support and Paternity Program Services

The Child Support and Paternity Program (CSP) has the responsibility to locate absent parents, establish paternity for children born out-of-wedlock, establish court orders for payment of child support and collect these monies for the support of the children.

Community Care Program for the Elderly & Disabled

The Community Care Program for the Elderly and Disabled (CCPED) provides certain free in-home care services to aged (65 or over), blind or disabled individuals who are in need of such care as a result of serious illness.

Medicare Beneficiary

The Specified Low Income Medicare Beneficiary Program (SLMB) and SLMB Q1-1 programs pay Medicare Part B premiums for individuals who are not eligible for New Jersey Care and Special Medicaid Programs, because their incomes are too high.

Drug and Alcohol Abuse

The Substance Abuse Initiative program is a free service that is provided through Work First NJ (WFNJ) to help individuals get treatment for alcohol or drug abuse problems.

Early Periodic Screening, Diagnosis & Treatment

Early Periodic Screening, Diagnosis and Treatment (EPSDT) is a program which provides free medical and dental check-ups for Medicaid eligible recipients under 21 years of age. By regular check-ups problems can be identified early and be treated before they become more serious.

These services are free to recipients. The only exception is that recipients of Medically Needy are not eligible for free EPSDT services.

An enhanced aspect of EPSDT, called Health Start, provides case management, follow-up and support services for EPSDT children under 2 years of age and pregnant women. Certified Health Start providers can determine a pregnant woman to be presumptively eligible and immediately provide free services. The woman then has 45 days to file application for Medicaid.

Emergency Assistance Program

Emergency Assistance is a program which provides financial assistance and social services to eligible WFNJ/TANF/GA and SSI eligibles.

Family Violence Program

The domestic violence assistance program provides financial assistance, Medicaid and counseling services in a safe environment to eligible WFNJ/TANF/GA families and/or SSI individuals who are the victims of domestic violence.

Food Stamp

Food Stamps is a program which provides benefits to low income families to increase their food purchasing power. Family First cards used in stores to purchase food (EBT).

Funeral and Burial Expenses

Payment toward the cost of funeral and burial or cremation expenses may be made by the WFNJ Agency for certain eligible individuals.

General Assistance

WFNJ/GA is a program for single adults and couples without dependent children. This program is designed to give you the assistance you need to get off Welfare and improve the quality of life.

Traumatic Brain Injury

The Traumatic Brain Injury Program provides full Medicaid services and certain free in-home care services to individuals 18 to 65 years of age who are in need of such care as a result of serious brain injury. The purpose of the program is to provide these services in such a manner as to allow the individual to remain in his/her home rather than having to enter an institution (hospital or nursing home).

Work First New Jersey Temporary Assistance For Needy Families

WFNJ Temporary Assistance to Needy Families is a program which provides financial assistance, Medicaid and social services to low income families with children who are without parental support or care due to the death, absence, or physical or mental incapacity of one or both parents. Families with both parents who have very low or no income and resources may also receive assistance.

ANCILLARY SERVICES

EMERGENCY ASSISTANCE

WFNJ clients may receive Emergency Assistance (EA) in certain situations. These benefits include, but are not limited to: essential food, clothing, shelter and household furnishings; temporary rental assistance or back rent or mortgage payments; utility payments (such as heat, water, electric); transportation to search for housing; and moving expenses.

FAMILY VIOLENCE OPTION

WFNJ recognizes that family/domestic violence victims may have special needs. If you are a victim of family/domestic violence, rape or incest, some WFNJ requirements may not apply to you.

SUBSTANCE ABUSE INITIATIVE (SAI)

If you are experiencing a problem with drug or alcohol abuse, and the problem interferes with your ability to work or participate in work activities, you can get help. WFNJ offers an assessment and will pay for treatment at a licensed substance abuse treatment facility, as well as provide supports such as child care and transportation while you are receiving treatment. All you have to do is ask your welfare case manager for a referral to the Substance Abuse Initiative Care Coordinator.

KINSHIP CARE

In New Jersey and across the country, many grandparents, relatives and family friends are providing care to children who are unable live with their birth parents. When situations arise and a child can no longer safely reside with their birth parent/legal guardian, Child Protection and Permanency, CP&P, first look for relatives and family friends who may be familiar to the child to provide care. Relatives and family friends are usually known to a child and can often help ease the trauma of separating from a birth parent by providing a safe, nurturing environment.

HOME ENERGY ASSISTANCE

Low-Income eligible households that are having a difficulty paying their heating and cooling bills can contact this office for financial assistance and help in weatherizing their homes.

WIC PROGRAM:

It is the goal of the New Jersey WIC Services to utilize various strategies to reduce poor pregnancy outcomes, and facilitate the improvement of nutritional status by identifying and providing services to prevent nutrition problems and challenges that impact the nutritional and health status of low-income pregnant, postpartum, breastfeeding women, infants and children participating in the New Jersey WIC program.

A Checklist to Help You Get Your NJ SNAP Benefits



Check off the information that applies to you and bring **original documents** to your county Board of Social Services. For a list of locations and for more information, **visit www.NJSNAP.gov** or call the NJ SNAP Hotline **1-800-687-9512**.

- **You must prove who you say you are. List everyone in your household, even if you are not applying for them. For the household members included in this application, one of the following must be provided:**
 - ☐ Birth Certificate
 - ☐ Old Families First EBT Card
 - ☐ Driver's License
 - ☐ Work or School ID
- **You must provide a Social Security Number for all household members included on the application.**
- **You must prove where you live (unless you are homeless). For example, you must bring:**
 - ☐ Current rent receipt (with landlord's name and phone number, your mailing address, and amount of rent)
 - ☐ Current rental assistance (HUD) agreement
 - ☐ Current mortgage statement and/or tax bill
 - ☐ Current lease
- **If you are not able to work, for medical reasons, you must provide a doctor's note.**
- **If you are not a U.S. citizen, you must provide a current I-94 or current I-551 (green card).**
- **Resources: In most cases, we do not count resources unless you receive income from them. You must provide records, statements or proof of their current value:**
 - ☐ Bank account (savings/checking)
 - ☐ Recreational vehicle(s) such as a boat or motor home
 - ☐ Savings bond
 - ☐ Trust fund
 - ☐ Money in a credit union
 - ☐ Christmas Club
- **Income: You must provide the source of the income, amount and how often you receive it.**
 - ☐ **Earned Income:** your pay stubs for the prior month, showing gross wages and deductions. If you are self-employed, use last year's tax records.
 - ☐ **Unearned Income:**
 - ☐ Copy of award letter for pension or VA
 - ☐ Letter from employer stating amount of private disability
 - ☐ Child Support (copy of court order or letter from absent parent)
 - ☐ Signed/dated letter from provider of any money you receive on a regular basis
- **Expenses: What you are billed each month.**
 - ☐ Rent receipt
 - ☐ Mortgage statement
 - ☐ Property Taxes
 - ☐ Home Owner's Insurance (if not included in your mortgage)
 - ☐ Gas/Electric bill
 - ☐ Phone bill
 - ☐ Water/Sewer bill
 - ☐ Coal/Wood/Oil bills
 - ☐ School Expenses (Tuition, Books, Supplies, Mandatory Fees, Transportation)
- **Medical Bills:**
 - ☐ This information is needed only for those people over age 60 or people who are disabled.
- **Child Care: If you are paying for child care so you can work, go to job training or look for a job, you need a signed and dated letter from your child care provider with the following information:**
 - ☐ Name of child care provider
 - ☐ Hourly fee
 - ☐ Number of hours per week they provide child care
- **Child Support: If you are under a court order to pay child support and you are paying it, you need proof of the following:**
 - ☐ Who you pay
 - ☐ Amount you pay
 - ☐ Child(ren)'s name(s)
 - ☐ Court order number

Suggested documents to have when visiting the Division of Family Assistance and Benefits:

Identification: Must be New Jersey ID

- New Jersey Driver's License
- Permanent Resident Card (Green Card)
- Passport
- Voters Registration Card
- Birth Certificate of all US Citizens (all family members must provide their birth certificates if available from their city or country of birth) 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. PSE&G
- Cell Phone (T Mobile, Sprint, AT&T etc.) (current bill)
- Water (current bill) • Cable bill/telephone bill
- Oil/heat bill Apartment Lease/Mortgage Bill
- Homeowners Insurance
- Tax Statements Letter from Friend/Relative: When rent is not an expense
- Must include: Name, address, any payment or contribution being made, signed and dated by friend. Letter from Landlord: When lease is not available
- Must include: Name, address, amount paid to rent, signed and dated by landlord.

Basic Information to know and have:

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

Websites/Phone Numbers:

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

Suggested documents when visiting the Department of Motor Vehicles (DMV)



NEW JERSEY STANDARD LICENSE & NON-DRIVER ID REQUIREMENTS

Documents not written in English must be accompanied by a certified translation in English.

Note: Commercial Driver License (CDL) applicants must provide proof of US citizenship or lawful permanent resident status in the US.

6
POINTS

PROOF OF IDENTITY/PROOF OF DATE OF BIRTH

No primary or secondary documents can be expired more than three years.

PRIMARY Applicant must submit at least one document from the following

- 4 US or US territory birth certificate or certified copy filed with a state office of vital statistics or equivalent agency in the individual's state of birth
- 4 US Department of State birth certificate (Form FS-545 or DS-1350)
- 4 US Department of State Consular Report of Birth Abroad (Form FS-240)
- 4 US adoption papers
- 4 US passport or passport card
- 4 Foreign government issued passport from applicant's country of citizenship
- 4 NJ digitized driver license (including probationary license)
- 4 NJ digitized non-driver ID card
- 4 US military photo identification card (Common Access Card)
- 4 Original birth certificate from any country
- 4 Photo driver license from any state, US territory or the District of Columbia
- 4 Photo driver license issued by country other than the US, must be presented with another government issued document
- 4 Certificate of Naturalization (Form N-550, N-570 or N-578)
- 4 Certificate of Citizenship (Form N-560, N-561 or N-645)
- 4 Permanent Resident Card (Form I-551)
- 4 ID card issued by a consulate or national government
- 4 Refugee Travel Document (Form I-571)
- 4 US Re-entry Permit (Form I-327)
- 4 I-94 stamped "Refugee," "Parolee," "Asylee," or "Notice of Action" (Form I-797 approved petition) by USCIS
- 4 I-94 with attached photo stamped "Processed for I-551..." by USCIS
- 4 Photo Employment Authorization Card (Form I-766) (must be presented with a valid SS card or proof of ITIN)
- 4 REAL ID compliant driver license or non-driver ID from any state, US territory or the District of Columbia

SECONDARY Applicant must submit at least one document from the following

- 3 NJ digitized driver license (including probationary license)
- 3 NJ digitized non-driver ID card
- 3 Photo driver license from any state, US territory or the District of Columbia
- 3 Legal name change court order signed by a judge or court clerk
- 3 Civil marriage or civil union license or certificate or divorce decree
- 3 Document issued by US DHS
- 3 US Uniformed Services photo ID card
- 3 US Civilian Retiree photo ID card
- 3 Veteran's Administration universal access photo ID card
- 3 Official school or college photo ID card with transcript or school records (with applicant's DOB) from any country
- 3 NJ Firearm Purchaser card
- 2 US government employee driver license
- 2 US government employee photo ID card
- 2 US military discharge papers (DD214)
- 2 FAA pilot license
- 2 Certified adoption records from any country - other than the United States
- 2 NJ DOC ID card

(NO MORE THAN TWO 1-POINT DOCUMENTS ALLOWED):

- 1 Driving privilege card with photo issued by any state, municipality, US territory or the District of Columbia
- 1 State professional license
- 1 NJ Public Assistance card with photo
- 1 SS card with SSA verification
- 1 High school diploma or GED, college diploma or trade school degree from any country
- 1 Bank statement/record on bank letterhead (can't be used in conjunction with ATM card)
- 1 ATM card with preprinted name and applicant's signature (can't be used in conjunction with bank statement)
- 1 Health insurance card or prescription card
- 1 Employee identification card accompanied by a printed pay stub from applicant's employment in the US
- 1 Property tax statement, bill or receipt issued by a NJ municipality
- 1 For NJ high school students: a waiver certificate for the written portion of the driver test

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PROOF OF NJ RESIDENCY

Applicant must submit one document from the following.
(NOTE: All documents must display residential address and have applicant's name)

- NJ driver license/non-driver identification card, or a Motor Vehicle Commission issued driver license renewal form
- Property tax bill, statement, or receipt or any letter or correspondence received from the IRS or state tax office within the past year
- Original unexpired lease or rental agreement with name of applicant as lessee or renter
- Checking or savings account statement from a bank or credit union issued within the last 60 days
- If under 18, statement from parent or guardian certifying address of applicant
- Utility or credit card bill issued in the past 90 days
- A deed or title to real property
- First class mail from any government agency in the past six months
- High school or college report card or transcript within the past two years

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PROOF OF SSN

Applicant must submit social security number on application for verification with SSA.

OR

PROOF OF ITIN

Applicant must submit one of the following:

- Official document from the IRS or the New Jersey Division of Taxation displaying applicant's name and ITIN.
- NJ income tax refund displaying ITIN

IF verification fails you must submit one of the following to include full name and full SSN:

- Social Security Card (no copies)
- W-2 Form issued within the past year
- Pay stub issued within the past year
- SSA-1099 Form issued within the past year
- Non-SSA-1099 Form issued within the past year

*Individuals ineligible for an SSN and who do not have an ITIN may submit a signed affidavit form available on the initial license page of the MVC website NJMVC.GOV. The affidavit must be notarized, or signed in front of an MVC agency employee. False statements are punishable by law.

Legal proof of name change is a certified marriage or civil union certificate, divorce decree, or court order linking the new name with the previous name. A divorce decree may be used as authority to resume using a previous name only if it contains the married name and previous name and states a return to use of the previous name. A marriage or civil union certificate may only be used as proof of change to a last name.

R: 6/2022

Suggested documents when visiting Programs for Parents:



NEW JERSEY CHILD CARE ASSISTANCE PROGRAM APPLICATION DOCUMENTATION CHECKLIST

Below is a general list of required documents for each section of the Child Care Assistance Program (CCAP) application that must be submitted for initial eligibility consideration. Additional documents may also be required based on program requirements. If you have questions, need assistance filling out the application or to request any DFD-required forms, contact your local CCR&R. Visit www.ChildCareNJ.gov/CCRR for a list by county or call 1-800-322-9227.

A. APPLICANT & CO-APPLICANT IDENTIFICATION

For each applicant/co-applicant, submit one of the documents from Column A. If you are unable to provide from Column A, you may submit two documents from Column B:

COLUMN A (PRIMARY DOCUMENTATION)

Submit one:

- ☐ Driver's License
- ☐ Government-Issued Photo ID Card
- ☐ Military Photo ID Card
- ☐ Employer-Issued Photo ID
- ☐ School Photo ID
- ☐ Passport
- ☐ Permanent Resident Card (Green Card)

OR

COLUMN B (SECONDARY DOCUMENTATION)

Submit two:

- ☐ High School Diploma, GED, or College Diploma
- ☐ Health Insurance Card or Prescription Card
- ☐ Printed Paystub
- ☐ Birth Certificate (applicant/co-applicant or child's)
- ☐ Social Security Card

B. ADDRESS

For each applicant/co-applicant, submit one of the following to verify residence:

- ☐ Current Rental/Lease Agreement or Mortgage Bill
- ☐ Court Decree (if applicable)
- ☐ School Records Showing Residence
- ☐ Custody Agreement or other court documents for guardianship (if applicable)
- ☐ Home Utility Bills
- ☐ Medical Documentation
- ☐ Vehicle Registration/Title or NJ Driver's License
- ☐ Most Recent Filed Tax Forms Showing Dependency (For dependents 18+, must provide filed IRS 1040 Form)

If you are experiencing homelessness as defined by any of the following situations and are unable to provide the necessary documents with your application, you may have up to six months to submit the required paperwork. Situations include:

- Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
- Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings [within the meaning of section 103(a)(2)(C)];
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, bus or train stations, or similar settings; and
- Migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii) therein.

C. HOUSEHOLD INFORMATION

To prove relationship, any of the following must be submitted for **any child in need of child care services**:

- ☐ Child's Birth Certificate
- ☐ Court Decree (if applicable)
- ☐ Custody Agreement or other court documents for guardianship (if applicable)

For each dependent residing in the home and included in the family size, submit one of the following to verify family size:

- ☐ Birth Certificate
- ☐ Court Decree (if applicable)
- ☐ Custody Agreement or other court documents for guardianship (if applicable)
- ☐ Most Recent Filed Tax Forms Showing Dependency (For dependents 18+, must provide filed IRS 1040 Form)

If the dependent is over the age of 18, submit one of the following documents to verify family size:

- ☐ Most recent filed tax forms showing dependency (copy of filed IRS 1040 form)
- ☐ Health Insurance policy showing coverage for the dependent
- ☐ Records of school enrollment



NEW JERSEY CHILD CARE ASSISTANCE PROGRAM APPLICATION DOCUMENTATION CHECKLIST

D. INCOME

For each applicant/co-applicant, submit all that apply to verify income:

INCOME FROM EMPLOYMENT:

- ☐ Must provide one month of current pay stubs (e.g. 4 weekly, 2 biweekly, etc.); and/or
- ☐ DFD Verification of Employment Form CC-188 (If needed to verify work hours when not reflected in the pay stubs or to verify income when the applicant/co-applicant does not receive pay stubs.)

NEW EMPLOYMENT ONLY (If paystubs are not available):

- ☐ Employer letter on company letterhead (signed/dated) Must include rate of pay, hours worked per week, employer contact information, and first date of employment; or
- ☐ DFD Verification of Employment Form CC-188 (If approved for CCAP, applicant/co-applicant will be required to follow up with pay stubs if received.)

SELF-EMPLOYED ONLY:

- ☐ Submit Current IRS Tax Transcript of Form 1040 along with Schedule C, "Profit or Loss from Business"

UNABLE TO WORK or INCAPACITATED:

- ☐ DFD Statement of Incapacity Form CC-10

OTHER INCOME OR BENEFITS TO FAMILY UNIT:

Documentation must show the rate and frequency of the income received from the sources below:

- ☐ Pension/Retirement Documentation
- ☐ Social Security Award Letter
- ☐ Unemployment/Worker's Compensation Documentation
- ☐ Alimony/Spousal Support
- ☐ Veterans/Military Benefits
- ☐ Disability Benefits
- ☐ Child Support (minimum 6 months of Payment/Disbursement History)
- ☐ Any other income required for federal/state tax reporting purposes

(Note: If child support or alimony is not court ordered, write the amount you receive monthly in Section C of the application)

E. WORK/SCHOOL/TRAINING

For each applicant/co-applicant, submit one of the following:

- ☐ **WORK:** See Section D, "Income from Employment" for acceptable documents to verify hours of work
- ☐ **SCHOOL:** Detailed school schedule naming the school and the student, including days and hours attending, credits, start and end date
- ☐ **TRAINING PROGRAM:** Letter on program letterhead (signed/dated) indicating name of program, start and end date and weekly schedule

F. CHILD(REN) INFORMATION

For any child in need of care, submit one of the following:

- ☐ U.S. Birth Certificate
- ☐ Certificate of Citizenship
- ☐ U.S. Passport or Passport Card
- ☐ Social Security Card
- ☐ Permanent Resident Card (Green Card) (USCIS Form I-551)
- ☐ Refugee Travel Document (Form I-571)
- ☐ Electronic version of U.S. Customs and Border Protection Form I-94 (available on the CBP One Mobile App or <https://i94.cbp.dhs.gov/i94/home>)

Suggested Documents to have when visiting the Food Pantry

- Government ID.
- Social Security card.
- Proof of Recent Residency (lease, mail addressed to you, library card, proof of income).
- If you are not receiving income, you must fill out a zero-income verification form.

Suggested Documents to have when applying for Rental Assistance

Identity Verification (at least one of the following documents for all household members)

- New Jersey driver's license
- birth certificate
- passport
- State or county -issued ID
- Social Security Card (if a Social Security card has been issued to household member)

Active Renter Evidence (only one document per household needed)

- Signed lease, tenant agreement or property owner certification
- Documentation of residence, including utility bills, attestation by a property owner who can be identified as the verified owner or management agent of the unit
- Other reasonable documentation

Income Verification (at least one of the following documents for all household members)

Annual Income

- 2020 Tax Return (1040, 1040EZ, etc.)
- 2020 W2 from Employer
- 2020 1099 Tax Form
- Other evidence of annual Income (e.g., wage statement, interest statement, unemployment compensation statement)

OR

Monthly Income

- One (1) Pay stub, at minimum, for wages dated within the last 30 days, from the time of full eligibility application
- Documentation must demonstrate a full months' worth of consecutive pay
- Social Security benefit letter identifying 2021 award
- Unemployment benefits letter dated with the last 60 days (about 2 months)
- Child Support Payment Report from the New Jersey Department of Human Services
- Letter from parent payment child support for Child Support payments made outside of the NJ (New Jersey) Department of Human Services. Letter must be dated within the last 60 days (about 2 months)

Proof of Rent Arrears (if applying for arrearages)

- Lease and Past Due Notice
- Notice of rent arrears issued by the rental property owner
- Eviction Notice
- Summary Process Summons and Complaint identifying the applicant(s) as the Defendant(s)/Tenant(s)/Occupant(s), which sets forth a hearing date within thirty (30) days is required as proof of rent arrearage.

Evidence of Financial Hardship, such as a reduction in income or incurring significant costs, either directly or indirectly due to the COVID 19 outbreak (only one document per household needed)

Reduction of Income:

- Letter from employer stating reduced wages, termination, or furlough.
- Layoff letter from employer
- Unemployment letter dated on or after 3/13/2020.
- Print out from Unemployment on benefits received in the last 30 days (about 4 and a half weeks).
- Notice of business closure on employer website.
- Letter from healthcare provider stating you were sick and unable to work.
- Letter from workforce solutions
- If unable to provide verification of a reduction of income from source, a self-certification

attesting to the reduction, will be permitted

OR

Evidence of Significant Costs/Expenses (if applicable)

Significant costs are defined as any expense over \$50.00

- Healthcare costs, including care at home for individuals with COVID-19
- Adverse healthcare impact/Increased healthcare costs (medical bills, receipts, etc.)
- Expenses incurred due quarantining or social distancing as mandated by employer (computer equipment, internet expenses, etc.)
- Expenses for childcare due to school closures because of COVID-19
- Remote learning expenses due to COVID-19
- Purchase of PPE (Personal Protective Equipment)
- Funeral costs for deceased family members due to COVID-19
- Penalties, fees, and legal costs associated with rental or utility arrears
- Payments for rent or utilities made by credit card to avoid homelessness or housing instability
- Alternative transportation for households unable to use public transportation during the pandemic

Evidence of Risk of Homelessness (only one document per household needed)

- An eviction notice
- A past due utility or rent notice for charges incurred.
- Living in unsafe or unhealthy living conditions, such as conditions that increase the risk of exposure to COVID-19 because of overcrowding (examples include condemnation order from the Board of Health or a Failed Inspection Report)
- A housing cost burden that makes it difficult for renters to afford their housing costs (examples include increased utility bills due to staying home and social distancing or quarantining)
- Informal rental arrangements with little or no legal protection (Examples include written statements that are not lease agreements)
- History of or potential for exposure to intimate partner violence, sexual assault, or stalking (Examples include restraining orders, police reports, or court order arrangements)
- Evidence the household is forgoing or delaying the purchase of essential goods or services to

pay rent or utilities, such as food, prescription drugs, childcare, transportation, or equipment needed for remote work or school

- Harassment or verbal threats of eviction by a property owner
- Evidence the household is relying on credit cards, payday lenders, or other high-cost debt products, or depleting savings, to pay for rent or utilities, rather than wages or other income

Owner Documentation

- Name, address, social security number or tax identification number, as applicable, for property owner
- Completed W-9 tax form for owner or property manager
- Property Management Agreement, Brokers Agreement that authorizes payments to be distributed to property manager on behalf of owner
- Proof of ownership (deed, most recent real estate tax bill, or current property insurance policy).

The agency may also verify property ownership with a local municipal Assessor's Office or with the Registry of Deeds.

Suggested Documents when visiting WIC

- Proof of identity
- Proof of pregnancy
- Proof of income
- Proof of residency
- Your health care referral form (if completed by your doctor or other health care provider)
- Your children's [Universal Child Health Record \(UHCR\)](#)
- Your children's vaccination records

WHAT TO BRING TO YOUR WIC APPOINTMENT

Bring proof that you are one of the people served by WIC:

Pregnant women need one:

- Completed and signed WIC Medical Referral form
- Dated and signed care provider statement including expected date of delivery
- Presumptive Medical Eligibility Screening form completed and signed by the health care provider
- Dated sonogram that confirms pregnancy and includes mom's name

Breastfeeding moms & moms with an infant younger than 6 months need one:

- Completed and signed WIC Medical Referral form
- Dated and signed statement from a healthcare provider
- Dated hospital or discharge papers

Infants and children need one:

- Completed and signed WIC Medical Referral form
- Birth certificate
- Baptismal record
- Hospital or healthcare provider's record
- Infant or child adoption record or Foster Care Placement letter

Bring one proof of where you live:

- Current rent or mortgage document
- Current pay stub with address
- Letter from shelter/house of worship/Social Services on their letter head
- Letter or statement from Federal/State/Local Municipality Agency
- Photo ID with current address
- Postmarked mail with a recent date
- Addressed to you (no PO box):
 - Utility bill
 - Cell phone bill
 - Envelope/postcard with recent postmark
 - WIC Appointment Reminder
- Military only:
 - Letter from Company Commander on Letterhead
 - Military order with NY installation assignment

**Documents Must Meet Proof
Requirements for Each
Category**

Bring one proof of who you are:

- Birth certificate or Social Security card
- Baptismal record
- Current WIC ID card
- Healthcare provider or immunization record
- Hospital record/infant crib card/hospital ID bracelet (up to 6 months of age)
- Mexican Metricula Consular ID card
- Voter registration card
- Adoption record, foster care placement letter, or custody papers
- Photo ID card

Examples:

- Driver's license or learner's permit
- Non-driver's ID card
- Military ID card
- Employment ID card
- School ID card
- Citizenship documents
- Examples:
 - Passport/Visa
 - Permanent Resident Card (green card)
 - Certificate of Naturalization
 - Certificate of Citizenship

Bring proof of employer and income information for everyone in your household:

- NYS Medicaid Common Benefits Identification card (CBIC) or Medicaid Managed Care Plan card for each person applying for WIC benefits
- SNAP/Food Stamps Notice of Decision/budget Letter with dates listing all household members
- TANF Notice of Decision listing all household members
- Pay stub/direct deposit pay stubs (past 30 Days) for every working household member
- Bank statement
- Alimony/child support
- Workers' compensation
- Unemployment Benefits letter
- Use of savings or cash income
- VOC card
- Disability Verification letter
- Income tax record for self-employment
- Letter of support (indicating cash income)
- Written statement from employer
- Social Security
- Pension
- Interest/Dividends/Royalties
- Foster Care Stipend (if Medicaid not available)
- Military only:
 - L&E (Leave & Earnings) Statement

WIC Office Locations within Essex County:

City of Newark WIC Program

EMAIL: NewarkWIC@ci.newark.nj.us

City of Newark Department of Health and Community Wellness 110 William Street Newark, NJ 07102	(973) 733-7604
Newark Beth Israel Medical Center 166 Lyons Avenue Newark, NJ 07112	(973) 705-3504 or (973) 705-3505
Irvington Site (Briar Hill Building) 50 Union Avenue Suite 702 Irvington, NJ 07111	(973) 761-2517
Saint James Health Center 228 Lafayette Street 4th Floor Newark, NJ 07105	(862) 229-6360

Rutgers New Jersey Medical School WIC Program

EMAIL: rutgerswic@njms.rutgers.edu

Doctors Office Center (DOC) 90 Bergen Street Suite 5400 Newark, NJ 07101	(973) 972-3416
Ivy Hill Apartments Senior Citizen Center 230 Mt. Vernon Place Newark, NJ 07106	(973) 972-3416
University Hospital OB-GYN Clinic 140 Bergen Street C Level Newark, NJ 07103	(973) 972-3416

City of East Orange WIC Program

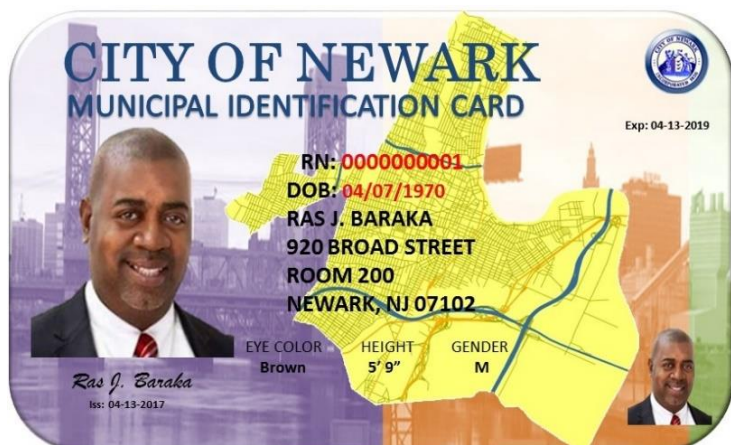
EMAIL: wic@eastorange-nj.gov

City of East Orange 185 Central Avenue, Fifth Floor East Orange, NJ 07018	(973) 395-8960
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Samples of Suggested Documents

Proof of Identification/ID

Sample #1: Municipal ID



The city of Newark in Essex county, offers municipal ID's to their residents. The County of Essex also offers municipal ID's to all residents of Essex.

Newark: visit

<https://www.newarknj.gov/card/municipalid>

or call (973)878-1553 for information or to make an appointment.

Essex County: visit <https://www.essexclerk.com/services/18> or Call (973)621-4920.

Sample #2: Driver and Non- Driver ID card



NJ Motor Vehicle Commission (MVC)

Telephone #: (609) 292-6500

Locations within Essex County

- 183 S 18th St B, East Orange, NJ 07018



Sample #3 Permanent Resident Card



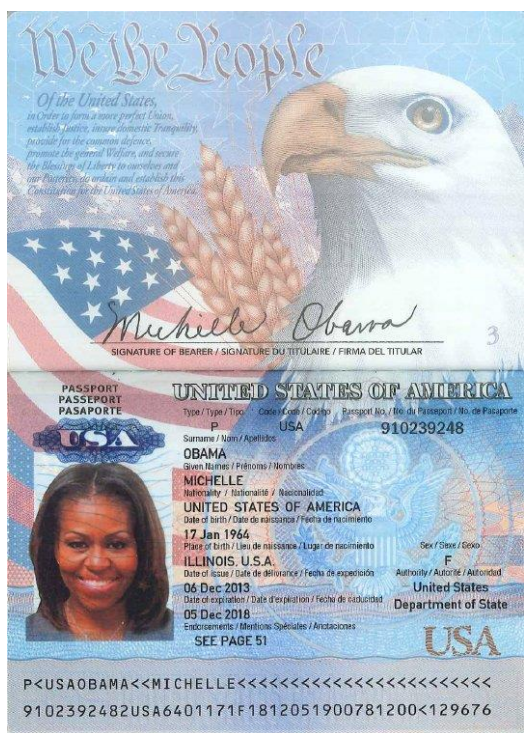
To obtain information on how to apply for a Permanent Resident card, visit:

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

For more information visit:

<https://www.state.nj.us/mvc/license/firstlic.htm> or <https://njmvc.gov>

Sample #4 United States Passport



To obtain a passport in Essex County:

Essex County's Clerks Office

495 Martin Luther King Boulevard Newark NJ 07102

Tel: 973-621-4920

To apply online or for more information, please visit:

<https://travel.state.gov>

You may also apply at your nearest United States Postal Service. For more information or to make an appointment, visit: <https://es.usps.com/international/passports.htm>

Birth Certificate / Social Security

STATE OF NEW JERSEY									
A00047									
NEW JERSEY STATE DEPARTMENT OF HEALTH CERTIFICATE OF LIVE BIRTH					129-		03		
1. NAME OF CHILD		(Given)		(Surname)		(Date)			
2. DATE OF BIRTH		3b. Hour		3. Sex		4. This Birth		5b. P. Twin or Triplet, Was Child Born	
May		6:02 P.		Male		Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>		1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
3. PLACE OF BIRTH		4. Country		5. State		6. LOCAL RESIDENCE OF MOTHER (If temporary, residence of her administrator)			
a. County		b. State		c. City		d. (Name and full name)			
b. City		c. State		d. Date		e. (Name and full name)			
7. Date		8. State		9. City		10. (Name and full name)			
8. Name of Hospital or Institution		9. Street Address (If none, give P.O. Address)		10. State of Birth (If not in U.S., name country)		11. Date of Birth (If not in U.S., name country)			
12. Mother's Name (Last, First, Middle)		13. Age		14. State of Birth (If not in U.S., name country)		15. Date of Birth (If not in U.S., name country)			
16. Same municipality within which father and mother actually lived (see municipality ending relation)		17. Same municipality within which father and mother actually lived (see municipality ending relation)		18. Same municipality within which father and mother actually lived (see municipality ending relation)		19. Same municipality within which father and mother actually lived (see municipality ending relation)			
20. Father's Name		21. Age		22. State of Birth (If not in U.S., name country)		23. Date of Birth (If not in U.S., name country)			
24. Usual Residence of Father and Child		25. Age		26. State of Birth (If not in U.S., name country)		27. Date of Birth (If not in U.S., name country)			
28. If child was born in hospital, give name of hospital		29. If child was born in hospital, give name of hospital		30. If child was born in hospital, give name of hospital		31. If child was born in hospital, give name of hospital			
32. If child was born in hospital, give name of hospital		33. If child was born in hospital, give name of hospital		34. If child was born in hospital, give name of hospital		35. If child was born in hospital, give name of hospital			
36. Registrar's Signature		37. Date Registered		38. Name Registered in Local Register		39. Name Registered in Local Register			
40. Registrar's Signature		41. Date Registered		42. Name Registered in Local Register		43. Name Registered in Local Register			

EXAMPLE


Issued on March 27, 2009 by the
State Department of Health and Senior Services
Bureau of Vital Statistics and Registration

This is to certify that the above is correctly
copied from a report on file in my office.

Certified copy not valid unless the raised
Great Seal of the State of New Jersey
or the seal of the issuing municipality
or county, is affixed hereon.

REG-42A
JULY 04

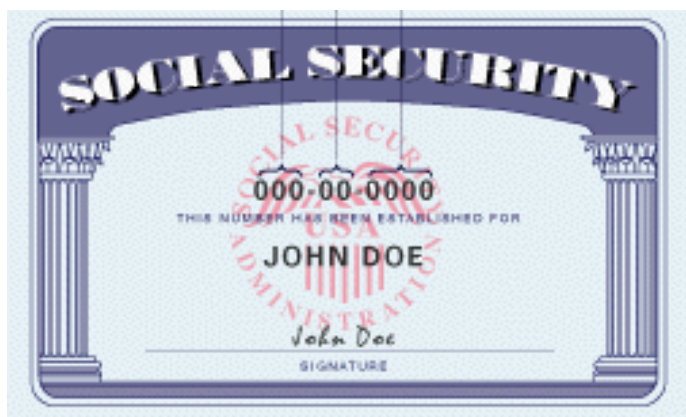
Joseph A. Komosinski
Joseph A. Komosinski, State Registrar
Bureau of Vital Statistics



Birth certificates must be obtained from the city/town in which the individual was born.

Contact the city/townhall for more information.

Social Security Card Sample



To obtain a social security card in Essex County:
visit the Social Security Administration.


Newark: 970 Broad St room 1035, Newark, NJ
07102

East Orange: 7 Glenwood Ave #100, East
Orange, NJ 07017

Tel: (800)772-1213

Proof of Income

Employment Pay Stubs Sample

Earnings Statement 	
CLOTHING STORE 123 MAIN ST SUITE 202 ANYWHERE, US 12345	Period Beginning: 01/03/2016 Period Ending: 01/16/2016 Pay Date: 01/22/2016
Taxable Marital Status: Exemptions/Allowances: Federal: 1 NY: 1	Jane L. Doe 123 Bright Lane Hollywood, CA 12345

<u>Earnings</u>	<u>rate</u>	<u>hours</u>	<u>this period</u>	<u>year to date</u>	<u>Other Benefits and Information</u>	<u>this period</u>	<u>total to date</u>
Regular	22.00	20.00	440.00	440.00			
Overtime							
Vacation							
Holiday							
Sick							
Gross Pay			\$440.00	440.00			
Deductions Statutory							
Social Security Tax			27.28				
Medicare Tax			6.38				
Federal Income Tax			19.77				
CA State Income Tax			0.00				
CA State Disability Tax			3.96				
Other							
Net Pay			\$382.61				

Your federal taxable wages this period are \$440.00

CLOTHING STORE 123 MAIN ST SUITE 202 ANYWHERE, US 12345	Check number: Pay date: 01/22/2016
Deposited to the account of Jane L. Doe	Account number XXXXXXXXXXX1234
	Amount \$382.61

NON-NEGOTIABLE

Freewebtemplate.net

Proof of Child Support

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

Child support office in Essex County
 12 Washington St, Newark, NJ 07102
 Tel: (877)655-4371

Unemployment Pay Stub Sample

Pay Statement

Client: 6502 R443
YOUR COMPANY INC.
1900 ANYTOWN ROAD
SUITE 300
CITYTOWN 02500

Worker #: 1111
Check Date: 8/11/2017
Period Ending Date: 8/11/2017

Division/Department	Employee #	Social Security #	Pay/Freq	Type	Base Pay	Tax Type	Tax Jurisdiction	Stat Exem	Add S	Plan S	Plan S
MIDGRI/MAN 240 FOURTH ST CITYTOWN 02500	12	14	39.50/HR	39.50/HR	39.50	2122%	YOUR TAX	0	0	0	0

Pay Type	Pay Type	Hours	Gross Pay	YTD Gross Pay	YTD Gross Pay	Desc	Wages	Amount	Y-T-D Amount	Scheduled Amount	Voluntary Deductions	Y-T-D Amount
REGULAR	REG	40.00	158.00	632.00	632.00	FEDERAL	1455.00	200.00	2000.00	0.0000%	0.00	0.00
						FICA	158.00	19.00	690.00			
						MEDICARE	158.00	24.00	240.00			
						ST SIT	1455.00	100.00	1000.00			
Current		40.00	158.00	632.00	632.00			419.00	419.00			419.00
YTD			632.00	2528.00	2528.00			1674.00	1674.00			1674.00

NET PAY: 116.00

Type	Accrued Amount	Taken Amount	Balance	Description	Scheduled Amount	Calc Amount	Y-T-D Amount
ADVICE	0.00	0.00	0.00				
ADVICE	0.00	0.00	0.00				

Direct Deposit	Account Number	Account Type	Description	Amount
	00000000000000000000	00000000000000000000	00000000000000000000	0.00

Desc.	Wages	Amount	Y-T-D Amount
FEDERAL	1455.00	200.00	2000.00
FICA	158.00	19.00	1900.00
MEDICARE	158.00	24.00	240.00
ST SIT	1455.00	100.00	1000.00

It is recommended to make an application, visiting:

<https://www.myunemployment.nj.gov>

Telephones: North New Jersey: 201-601-4100; Central New Jersey: 732-761-2020; South New Jersey: 856-507-2340; Out-of-state claims: 888-795-6672 (must use an out of area code); New Jersey Relay: 7-1-1

Essex County Unemployment Office
50 S Clinton Street East Orange NJ 07018.

Tel: 973-395-5839

Income Tax Return Sample

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2021** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.

Your first name and middle initial: _____ Last name: _____ Your social security number: _____

If joint return, spouse's first name and middle 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. If you have a foreign address, also complete spaces below. State: _____ ZIP code: _____

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☐ No

Standard Deduction ☐ Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1
2a	Tax-exempt interest	2b
3a	Qualified dividends	3b
4a	IRA distributions	4b

Where to retrieve this form and any further information:

<https://www.irs.gov>

Profit or loss form Sample

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0047
2021
Attachment
Sequence No. 09

Department of the Treasury
Internal Revenue Service (IRS)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

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 instructions) _____

E Business address (including suite or room no.) _____
City, town or post office, state, and ZIP code _____

F Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____

G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses. ☐ Yes ☐ No

H If you started or acquired this business during 2021, check here ☐ Yes ☐ No

I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions. ☐ Yes ☐ No

J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐ 1

2 Returns and allowances ☐ 2

3 Subtract line 2 from line 1 ☐ 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

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising ☐ 8

9 Car and truck expenses (see instructions) ☐ 9

10 Commissions and fees ☐ 10

11 Contract labor (see instructions) ☐ 11

12 Depreciation ☐ 12

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) ☐ 13

14 Employee benefit programs (other than on line 19) ☐ 14

15 Insurance (other than health) ☐ 15

16 Interest (see instructions):
a Mortgage (paid to banks, etc.) ☐ 16a

b Other ☐ 16b

17 Legal and professional services ☐ 17

18 Office expense (see instructions) ☐ 18

19 Pension and profit-sharing plans ☐ 19

20 Rent or lease (see instructions):
a Vehicles, machinery, and equipment ☐ 20a

b Other business property ☐ 20b

21 Repairs and maintenance ☐ 21

22 Supplies (not included in Part III) ☐ 22

23 Taxes and licenses ☐ 23

24 Travel and meals:
a Travel ☐ 24a

b Deductible meals (see instructions) ☐ 24b

25 Utilities ☐ 25

26 Wages (see employment credits) ☐ 26

27a Other expenses (from line 44) ☐ 27a

b Reserved for future use ☐ 27b

28 Total expenses before expenses for business use of home. Add lines 8 through 27a ☐ 28

29 Tentative profit or (loss). Subtract line 28 from line 7 ☐ 29

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.
Simplified method filers only. Enter the total square footage of (a) your home: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 ☐ 30

31 Net profit or (loss). Subtract line 30 from line 28.
• If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3.
• If a loss, you must go to line 32. ☐ 31

32 If you have a loss, check the box that describes your investment in this activity. See instructions.
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3.
• If you checked 32b, you must attach Form 6198. Your loss may be limited. ☐ 32a ☐ 32b

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate Instructions. Cat. No. 11204P Schedule C (Form 1040) 2021

Self-Employment Declaration Form

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

Savings Account

Business Market Rate Savings

Account number: 1254691015 ■ October 1, 2012 - October 31, 2012 ■ Page 1 of 3



LIBERIA REBUILD GLOBAL TEAM
6528 TORRES DALEAVE
PHILADELPHIA PA 19135-2822

Questions?

Available by phone 24 hours a day, 7 days a week.

1-800-CALL-WELLS (1-800-235-5935)

TTY: 1-800-877-4833

Espeak: 1-877-357-7454

Online: wells Fargo.com/biz

Wells Fargo Bank, N.A. (338)
P.O. Box 6005
Portland, OR 97226-4995

Your Business and Wells Fargo

It's a great time to talk with a banker about how Wells Fargo's business accounts and services can help you stay competitive by saving you time and money. To find out how we can help, also by any Wells Fargo location or call us at the number at the top of your statement.

Activity summary

Beginning balance on 10/1	\$2,437.03
Deposits/Credits	356.26
Withdrawals/Debits	- 160.00
Ending Balance on 10/31	31,182.29
Average ledger balance this period	\$2,977.09

Interest summary

Interest paid this statement	\$0.25
Average collected balance	\$2,977.07
Annual percentage yield earned	0.10%
Interest earned this statement period	\$0.25
Interest paid this year	\$0.05

Account number: 1254691015

LIBERIA REBUILD GLOBAL TEAM

North Carolina account terms and conditions apply.

For Direct Deposit and Automatic Payments use

Routing Number (RTN) 053000219

For Wire Transfer use

Routing Number (RTN) 121000248

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	
company _____	since _____
Name of Employer _____	
Name of Employee _____	works _____ # of hours _____ hours a
week. _____	earns _____ Amount _____
Name of Employee _____	per hour. _____
If you need any further information, please feel free to contact me.	
Sincerely yours,	
Name of Employer _____	

Utility Bills



Total amount due

\$67.09

Please pay by

July 6, 2020

Your energy bill

Bill date: June 19, 2020

For the period: May 19, 2020 to June 17, 2020

Message Center

This bill reflects changes in the Supply and Delivery portions of your bill, effective June 1, 2020. The change in the Supply portion of your bill is a result of the statewide supply auction that was approved by the BPU on February 5, 2020. The change in the Delivery portion of your bill is a result of a small decrease to the Non-Utility Generation Charge. As a result of these changes, a typical residential customer who receives electric supply from PSE&G and uses 6,920 kilowatt-hours per year will see an average monthly increase of \$5.57 or 4.1%. Tariff information may also be found by visiting pseg.com.

Your safety is our top priority. Know what to do if you smell gas. Natural gas smells like rotten eggs. If you smell gas, leave the area immediately, and call 911 or PSE&G at 800-880-PSEG. Learn more at pseg.com/gassafety.



ACCOUNT NUMBER
70 023 651 18



SERVICE ADDRESS

Snapshot of what you owe

See page 2 for details

Balance remaining from your last bill	\$0.00
Plus This month's charges and credits	\$67.09

Water Bill

Rate Increases			
	2015	2016	2017
Water and Sewer	8.94%	6.88%	7.40%

Combined Water/Sewer Monthly Bill (Average)			
Residence	2015	2016	2017
Single Family	\$ 48.00	\$ 51.36	\$ 55.16
Two Family	76.39	83.46	89.64
Three Family	102.12	109.14	117.22

Household Monthly Impact (Average)			
Residence	2015	2016	2017
Single Family	\$ 3.95	\$ 3.30	\$ 3.80
Two Family	6.41	5.37	6.18
Three Family	8.38	7.02	8.08

Oil Bill

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			

Cable Bill



P.O. BOX 0877
300 HOLLYWOOD MALL, HOLLYWOOD, FL 33021



JOHN PERRY
4704 N KNOX AVE
LINCOLNWOOD, IL 60712-1124

Save Time Go Online


If you have question about your bill, or need help with your devices, you can find answer using go.verizon.com/support. You can also easily access Support through the My Verizon Mobile app. Try it today.

Manage Your Account	Account Number	Date Due
Change your address at vzw.com/changeaddress	Invoice Number	954006722

Quick Bill Summary Oct 29 - Nov 28

Previous Balance (see back for details)	\$749.99
Payment - Thank You	-\$409.00
Balance Forward Due Immediately	\$340.99
Account Charges and Credits	
Includes Late Fee of \$5.00	\$5.00
Monthly Charges	\$141.30
Usage and Purchase Charges	\$196.00
Equipment Charges	\$23.56
Verizon Wireless Surcharges and Other Charges & Credits	\$87.43
Taxes, Governmental Surcharges & Fees	\$5.44
Total Current Charges Due by Nov 23, 2010	\$642.43
Total Amount Due	\$783.11

Cell Phone Bill



Bill period
Jul 30, 2020 - Aug 29, 2020

Account

Page
1 of 8

TOTAL DUE

\$332.23

Your bill is due by Sep 21, 2020.

AutoPay is scheduled for Sep 19, 2020 using MasterCard ****.

Thanks for paying your last bill of \$255.47 on Aug 19, 2020.

Hi Alisson,

Here's your bill for August.

Enjoying your new APL WAT S5 44 AL GRY BLK SB? Thanks for adding an Equipment Installment Plan. Details below.

PLANS

\$194.67

5 VOICE LINES = \$156.67 | 3 DIGITS = \$38.00

This month's charges are \$54.67 more

- You have added 2 lines.
- was cancelled
- 7 lines changed their usage address. This impacts the taxes calculated in your bill
- 8 lines received a total AutoPay discount of \$50.00

Your plan includes:

- Unlimited entertainment streaming at DVD quality, 480p.
- Mobile hotspot data to keep you connected at up to 3G speeds.

Details @ t-mo.co/Plans

Mortgage Bill/ Home Owners Insurance

Mortgage

MORTGAGE COMPANY

0000000000

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

If payment is received after 4/15/12, \$160 late fee will be charged.

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.

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 PARTY

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

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
OTHER STRUCTURES \$10,000
B PERSONAL PROPERTY \$50,000
C 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
DAMAGE TO PROPERTY OF OTHERS \$500
M MEDICAL PAYMENTS \$1,000 TO OTHERS (EACH PERSON)

9 FORMS, OPTIONS AND ENDORSEMENTS:
SPECIAL FORM 3 FF-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 MC

10

Tax Bill Sample

Deer, Doe A.
1234 Main St
Bloomington, IL 61701

Pay by credit card or Visa debit card at www.mtseaccountsl.com or call 1-877-880-3726 Jurisdiction Code 1826 LA 106 899 963

DUPLICATE

Taxing Body	Current Rate	Current Tax	Prior Rate	Prior Tax	Position Amount	Difference
MCLEAN COUNTY	0.66125	\$124.27	0.66075	\$260.67	87.00	-6.1
CITY OF BLOOMINGTON TOWNSHIP	0.12541	\$239.54	0.12540	\$260.67	0.00	0.0
CITY OF BLOOMINGTON	1.68782	\$318.05	1.68721	\$260.67	213.00	2.2
SAVATYER RECREATION DIST	0.17274	\$33.58	0.17271	\$260.67	8.46	0.4
MURKIN AIRPORT AUTH	0.12668	\$24.38	0.12726	\$260.67	3.32	2.8
CUSD #1 BLOOMINGTON	4.95563	\$9,567.74	4.69485	\$1,524.45	48.23	37.2
CITY OF BLOOMINGTON LIBRARY	0.15123	\$28.86	0.15111	\$260.67	0.00	-1.2
MCANLAND COMM COLLEGE S&S	0.00489	\$9.48	0.00487	\$260.67	0.00	-0.4

Apartment Lease Sample

NEW JERSEY RESIDENTIAL LEASE AGREEMENT

I. THE PARTIES. This Residential Lease Agreement ("Agreement") made this _____, 20____ is between:

Landlord: _____ with a mailing address of _____, City of _____, State of _____ ("Landlord"), AND

Tenant(s): _____ ("Tenant").

Landlord and Tenant are each referred to herein as a "Party" and, collectively, as the "Parties."

NOW, THEREFORE, FOR AND IN CONSIDERATION of the mutual promises and agreements contained herein, the Tenant agrees to lease the Premises from the Landlord under the following terms and conditions:

II. LEASE TYPE. This Agreement shall be considered a: (check one)

☐ - Fixed Lease. The Tenant shall be allowed to occupy the Premises starting on _____, 20____ and end on _____, 20____ ("Lease Term"). At the end of the Lease Term and no renewal is made, the Tenant: (check one)

- ☐ - May continue to lease the Premises under the same terms of this Agreement under a month-to-month arrangement.
- ☐ - Must vacate the Premises.

☐ - Month-to-Month Lease. The Tenant shall be allowed to occupy the Premises on a month-to-month arrangement starting on _____, 20____ and ending upon notice of ____ days from either Party to the other Party ("Lease Term").

III. OCCUPANT(S). The Premises is to be occupied strictly as a residential dwelling with the following individual(s) in addition to the Tenant: (check one)

☐ - _____ ("Occupant(s)")

☐ - There are no Occupant(s).

IV. THE PROPERTY. The Landlord agrees to lease the described property below to the Tenant: (enter the property information)

a.) Mailing Address: _____, City of _____, State of _____.

b.) Residence Type: ☐ Apartment ☐ House ☐ Condo ☐ Other: _____

c.) Bedroom(s): _____

d.) Bathroom(s): _____

—

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

To: Whom it May Concern

From: Friend/Relative

Date: 00/00/0000

Re:

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

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

Sincerely,

First name, Last Name

Letter from Landlord Sample: When lease is not available

To: Whom it May Concern

From: Landlord

Date: 00/00/0000

Re:

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

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

Sincerely,

First name, Last Name

Notes:

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. Under Emergency Assistance we help with housing which is only temporary -shelter placement and temporary rental assistance, but it is all temporary; DSS helps prevent Homelessness