

# **HPTAP**

## **The Homeowners Poverty Tax Assistance Program**

### **Train the Trainer - Applicant 1**

**A guide to assisting others in completing the HPTAP application.**



at&amp;t

Janice Wilkins  
1234 Outer Drive East,  
Detroit MI 48234.

Page: 1 of 3  
Bill Cycle Date: 01/24/17 - 02/23/17  
Account: 115982484

Visit us online at: [www.att.com](http://www.att.com)

## Monthly Statement

### Bill-At-A-Glance

Previous Balance	\$399.54
Payment - 02/06	\$100.00CR
Adjustments	\$50.00CR
Past Due - Please Pay Immediately	\$249.54
New Charges	\$139.38

**Total Amount Due** **\$388.92**

New Charges Due in Full by **Mar 16, 2017**

### Service Summary

Service	Page	Total
Account Charges	1	\$15.00
Internet	2	\$37.00
Phone	2	\$8.46
DIRECTV	2	\$78.92
<b>Total New Charges</b>		<b>\$139.38</b>

#### Manage Your Account:

Online: [att.com/myatt](http://att.com/myatt)  
Mobile App: [att.com/myattapp](http://att.com/myattapp)  
Support: 800-288-2020  
TTY: 800-651-5111



For Important Information about your bill, please see the **News You Can Use** section (Page 3).

## We're here for you.



Call us to add Wireless service and you'll be able to talk, text and share with ease on our new, flexible Wireless plans!

Call: 844.233.3369

Go to: [att.com/PickAPackage](http://att.com/PickAPackage)

Visit: your local AT&T store

### Payments & Adjustments

Item No.	Description	
1.	Credit Card Payment posted 02/06	100.00CR
2.	Account Adjustment	50.00CR
<b>Total Payments &amp; Adjustments</b>		<b>150.00CR</b>

### Account Charges

AT&T Home Wiring Protection Plan - covers the home wiring used for all of your AT&T® services--phone, TV, & Internet!

#### Monthly Charges - Feb 24 thru Mar 23

1.	Home Wiring Protection	6.00
<b>Total Monthly Charges</b>		<b>6.00</b>

#### Other Charges and Credits

##### One-Time Charges

Date	Description	
02/24	Late Payment Charge 02/16/2017	9.00

**Total Account Charges** **15.00**



Statement Period Date: 12/29/2016 - 1/27/2017  
 Account Type: 5/3 Goal Setter Sav  
 Account Number: 1234567890

Janice Wilkins  
 1234 Outer Drive East,  
 Detroit MI 48234.

0  
 23496

Banking Center: Nw Detroit 7 Mile  
 Customer Service: 800-972-3030  
 Internet Banking & Bill Payment: 53.com

THANK YOU FOR BEING A FIFTH THIRD CUSTOMER. WE GREATLY VALUE YOUR TRUST AND CONFIDENCE AND SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU.

**Account Summary - 1234567890**

12/29	Beginning Balance	\$50.97	Number of Days in Period	30
3	Withdrawals / Debits	\$(150.00)		
1	Deposits / Credits	\$101.49		
01/27	Ending Balance	\$2.46		

Monthly service charge to be withdrawn on first business day after this statement: **\$5.00**  
 The monthly service charge associated with your 5/3 GOAL SETTER SAV account is \$5.00

**REMEMBER, NO MONTHLY SERVICE CHARGE IF:**

- You have a Fifth Third checking account. (Statement Period: 12/29/16 - 01/27/17)
- OR you maintain an average monthly balance of \$500 or more in your savings account. **Checking Account? No**
- OR you are a minor, or someone under age 18 is an owner of the account. **Monthly Avg. Savings Acct. Bal. \$8.87**
- OR you are enrolled in Fifth Third Military Banking.

**Withdrawals / Debits** 3 items totaling \$150.00

Date	Amount	Description
12/29	5.00	MONTHLY SERVICE CHARGE
01/03	45.00	WITHDRAWAL
01/20	100.00	WITHDRAWAL

**Deposits / Credits** 1 item totaling \$101.49

Date	Amount	Description
01/20	101.49	METRO DETROIT TA PAYROLL

**Daily Balance Summary**

Date	Amount	Date	Amount	Date	Amount
12/29	45.97	01/03	0.97	01/20	2.46

HAPPY 2017! NOW IS A GREAT TIME TO FOCUS ON YOUR SAVINGS PLAN. FIFTH THIRD SAVINGS SOLUTIONS CAN HELP YOU THINK AHEAD, MAXIMIZE YOUR RETURNS, AND REWARD YOU WITH MORE VALUE FOR YOUR TOTAL RELATIONSHIP WITH FIFTH THIRD. IT'S EASY TO GET STARTED. PLEASE TALK TO US TODAY OR VISIT 53.COM/SAVINGS. \$50 MINIMUM REQUIRED TO OPEN A SAVINGS ACCOUNT. \$25 MINIMUM DEPOSIT REQUIRED TO OPEN A 529 SAVINGS ACCOUNT. MEMBER FDIC.

# CITY OF DETROIT

FILED IN  
PRELIMINARY  
BLOCK BOX

LF  
CF



## STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

Wilkens, Jacob

NAME OF DECEASED  
For use by physician or health officer

1. DECEASED'S NAME (Last, first, middle, last) <b>Wilkens, John</b>		2. DATE OF BIRTH (Month, Day, Year) <b>March 10, 1923</b>		3. SEX <b>MALE</b>		4. DATE OF DEATH (Month, Day, Year) <b>Jan. 12, 2014</b>	
5. MARITAL STATUS OR OTHER STATUS USED FOR FEDERAL BUSINESS PURPOSES <b>89</b>		6a. AGE - Last Birthday <b>90</b>		6b. UNDER 1 YEAR <b>None</b>		6c. UNDER 1 YEAR <b>None</b>	
7a. LOCATION OF DEATH (Place where actually pronounced dead to the wailer, if in hospital or other institution, name of institution, name of ward, room, and number and apt. no.) <b>V.A. MEDICAL CENTER</b>		7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH <b>DETROIT</b>		7c. COUNTY OF DEATH <b>WAYNE</b>			
8. CURRENT RESIDENCE - State <b>MICHIGAN</b>		8a. COUNTY <b>WAYNE</b>		8b. LOCALITY (If not for that describing the locality, check one of the following) <input checked="" type="checkbox"/> CITY/VILLAGE/TOWNSHIP <input type="checkbox"/> RURAL <input type="checkbox"/> UNINCORPORATED PLACE		8c. STREET AND NUMBER (Include apt. no. if applicable) <b>146 Oakland Drive</b>	
9. ZIP CODE <b>48204</b>		10. PLACE OF BIRTH (City, and State or Country) <b>Montgomery, Alabama</b>		11. SOCIAL SECURITY NUMBER <b>123 - 45 - 678</b>		12. DECEASED'S EDUCATION - What is the highest degree or level of school completed at the time of death? <b>9th. GRADE</b>	
13. RACE - American Indian, White, Black, etc. (If child, give ancestry) <b>BLACK</b>		13a. ANCESTRY - (American Indian, English, French, Dutch, etc. - Name of that capital if American Indian race, enter principal if the)		14. MARRIAGE GRADE (Or or No) <b>NO</b>		15. WAS DECEASED EVER IN THE U.S. ARMED SERVICES (Or or No) <b>YES</b>	
16. USUAL OCCUPATION (Give kind of work done during most of working life. Or use last reported)		17. KIND OF BUSINESS OR INDUSTRY <b>IRON POWER</b>		18. MARITAL STATUS - Married, Never Married, Widowed, Divorced, Single		19. NAME OF SPOUSING SPOUSE (If wife, give name before first marriage)	
20. FATHER'S NAME (First, Middle, Last)		21. MOTHER'S NAME (First, Middle, Last)		22. MOTHER'S MARRIAGE (First, Middle, Last)			
23. INFORMANT'S NAME (If spouse)		24. RELATIONSHIP TO DECEASED <b>WIFE</b>		25. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) <b>1234 Outer Drive East - Detroit MI 48234.</b>			
26. METHOD OF DISPOSITION <b>BURIAL</b>		27. PLACE OF DISPOSITION (Name of Cemetery, Church, or other institution) <b>TRINITY CEMETERY</b>		28. LOCATION - City or Village, State <b>DETROIT, MI.</b>			
29. BURIAL PERMIT NUMBER (If applicable)		30. LICENSE NUMBER (If applicable) <b>7131</b>		31. NAME AND ADDRESS OF FUNERAL DIRECTOR <b>JAMES H. COLE BORN FOR FUNERALS, INC. 2624 W. GRAND BLVD. DETROIT, MI, 48208</b>			
32. CERTIFIED (Check one) <input checked="" type="checkbox"/> Certified Physician - To the best of my knowledge, death occurred due to the causes and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, cadaveric temperature, etc., I believe death occurred in this, last, and place, and due to the causes and manner stated. <b>Physician and I</b>		33. ACTUAL OR PRELIMINARY TIME OF DEATH		34. PRELIMINARY CAUSE OF DEATH (Or, See 35) <b>hospitals</b>		35. TIME PRONOUNCED DEAD <b>Indiscent</b>	
36. MEDICAL EXAMINER CONTACTED (Yes or No) <b>NO</b>		37. PLACE OF DEATH (Home, Hospital, Nursing Home, Hospital, Ambulance, etc.) <b>hospitals</b>		38. IF MEDICAL EXAMINER CONTACTED, NAME OF PHYSICIAN (Last, first, middle) <b>Indiscent</b>			
39. DATE SIGNED (M, D, Yr) <b>080157</b>		40. LICENSE NUMBER <b>080157</b>		41. MEDICAL EXAMINER'S CASE NUMBER (If applicable)		42. NAME OF ATTENDING PHYSICIAN (If other than County Health Officer, State or Fed)	
43. NAME AND ADDRESS OF COUNTY HEALTH OFFICER (Last, first, middle) <b>VANC 4646 John R., Detroit, MI 48201</b>		44. REGISTRAR'S SIGNATURE		45. DATE FILED (Month, Day, Year)			
46. PART I. Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT overburden space with medical terms, respiratory terms, or ventilator difficulties unless showing the picture. Enter only one cause per line. <b>septic shock</b>		47. PART II. OTHER IMPORTANT CAUSES contributing to death, but not mentioned in the preceding cause given in Part I. <b>pneumonia (lung infx)</b>		48. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown		49. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within past year	
50. MANNER OF DEATH - Accidental, Suicide, Homicide, (Homicide, Undetermined or Pending Charge)		51. WAS AUTOPSY PERFORMED? <b>NO</b>		52. WERE AUTOPSY FINDINGS AVAILABLE FOR CONTRIBUTION TO CAUSE OF DEATH (Yes or No)		53. DATE OF DEATH (Month, Day, Year)	
54. DATE OF DEATH (M, D, Yr) <b>Jan 12, 2014</b>		55. TIME OF DEATH		56. DESCRIBE HOW INJURY OCCURRED			
57. PLACE OF WORK (Or or No)		58. PLACE OF BIRTH (City, State, Country, and Postal Code, if known)		59. IF TRANSPORTATION (Specify - Motor Vehicle, Boat, Airplane, etc.)		60. LOCATION - Street or RFD No. City, Village or Twp. State	

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED WITH THE DETROIT DEPARTMENT OF HEALTH. DO NOT ACCEPT UNLESS PREPARED ON APPROVED SECURITY PAPER DISPLAYING THE OFFICIAL SEAL AND SIGNATURE OF THE ISSUING AGENCY. NOT VALID IF PHOTOCOPIED. LAMINATION MAY VOID CERTIFICATE.

DETROIT VITAL RECORDS

*Michael S. Johnson*

Train the Trainer - Supporting Documents: Profile 1

Real Estate Transfer Tax



County: \$13.20  
State: \$90.00  
Receipt:  
Stamp:

Inst: QCD Pages: 1

Liber: Page:



**QUITCLAIM DEED**

KNOW ALL MEN BY THESE PRESENTS: That THE GRANTOR(S), John Roberts and Janice Roberts his wife) whose address is: 123 Rose St, Detroit, MI 48103

Convey(s) and Quitclaim(s) to the GRANTEE(S), Janice Wilkins and John Wilkins  
Whose address is; 1234 Outer Drive East, Detroit MI 48234.

The following described premises:

Situated in the City of Detroit, Wayne County, Michigan

Described as: Lot 42, OBENAUER BARBER LAING COMPANY'S OUTER DRIVE SUBDIVISION, as recorded in Liber 48, Page 50 of Plats, WAYNE COUNTY RECORDS, Ward 21, Item 69473

Commonly Known As: 1234 Outer Drive East, Detroit MI 48234.

Tax Number:

For the full consideration of: Twelve Thousand Dollars (\$12,000)

Subject to easements, use restrictions or reservations of record.

Dated this 13th day of January, 2011

Witnesses:

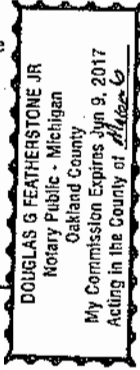
Signed and Sealed:

State of Michigan }  
                          } ss  
County of    Macomb }  
                          Oakland }

On this day personally appeared before me John Roberts and Janice Roberts Grantor(s), to me known to be the individual(s) described in and who executed the foregoing instrument, and acknowledged that s/he signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

My commission expires: June 9<sup>th</sup>, 2017

Instrument Drafted By: Timothy Felton, Sr.



Recording: When recorded return to: Janice Wilkins  
1234 Outer Drive East,  
Detroit MI 48234.

Transfer Tax:

Tax Parcel # 09999999 Send subsequent tax bill to: Janice Wilkins  
1234 Outer Drive East,  
Detroit MI 48234.



# Payment Coupon

CHECK TO ENROLL IN AUTOPAY  
(Signature required on back)

Please indicate amount paying \$ \_\_\_\_\_

21594 1 AV 0.370\*\*T072\*2\*P02\*M04\*\*\*AUTO\*\*SCH 5-DIGIT 4822  
Janice Wilkins  
1234 Outer Drive East,  
Detroit MI 48234.

Account Number	12345678
Past Due**	\$0.00
LSP Payment - Due 05/12/2017	\$95.00
<b>Total Due:</b>	<b>\$95.00</b>

Mail Payments to:  
DTE Energy  
P.O. Box 740786  
Cincinnati OH 45274-0786

For address corrections, please visit [dteenergy.com](http://dteenergy.com)  
or call 800.477.4747.

Return upper portion with your payment  
Keep lower portion for your records

## Contact Information

Gas Leak or Gas Emergency 800.947.5000  
Customer Service or Power Outage 800.477.4747  
Hearing-Impaired TDD Line 800.888.6886 (Mon-Fri 8am-5pm)  
Web Site [dteenergy.com](http://dteenergy.com)

## Programs you are enrolled in

LSP Self-sufficiency Plan

## Summary of Charges

Account Number 12345678

### Your Payment Plan Summary

Last Month's Amount Due	0.00
Current Payment Plan Amount	95.00
<b>Payment Due By</b>	<b>\$95.00</b>
May 12, 2017	

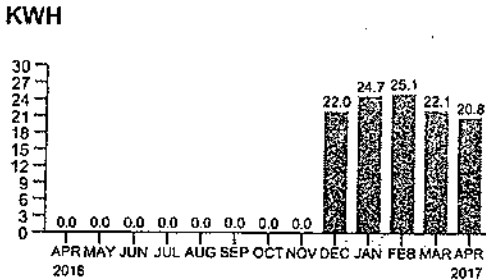
### Actual Balance Information

Account Balance as of Mar 09, 2017	805.13
Payment Received Mar 21, 2017 Thank You!	- 87.00
Balance Prior to Current Charges	718.13
Total Current Charges	183.22
<b>Account Balance as of April 20, 2017</b>	<b>\$901.35</b>

## Your Monthly Energy Usage

For ways to save energy and save money, go to [dteenergy.com/saveenergy](http://dteenergy.com/saveenergy)

### ELECTRIC



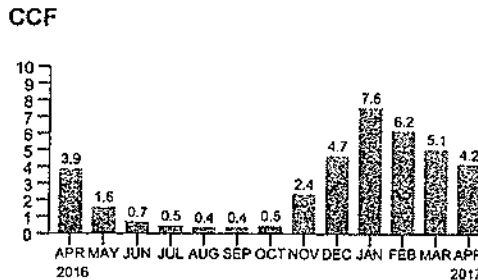
Your usage is based on an ACTUAL meter reading

#### Average Usage per day

	Current Month	Last Month	Year Ago
KWH Usage	20.8	22.1	0.0
Change		-6%	0%

Your average daily electric cost for this period was \$2.37

### GAS



Your usage is based on an ACTUAL meter reading

#### Average Usage per day

	Current Month	Last Month	Year Ago
CCF Usage	4.2	5.1	3.9
Change		-18%	8%

Your average daily gas cost for this period was \$3.19

## Important Information

### Account Information

For the average Michigan residential customer, renewable energy is estimated to avoid \$3.08 per month of new coal-fired generation costs.



*John Hancock*  
the future is yours\*

Fixed Product Administration  
P.O. Box 9512  
Portsmouth, NH 03802-9512

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

051117601

03 N

Janice Wilkins  
1234 Outer Drive East,  
Detroit MI 48234.

1153 0 900579823 201 101

ROSS AMOUNT	80.99
DUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00
STATE W/H	3.44
ADDITIONAL DEDUCTIONS	3.44
AMOUNT	77.55
REPORTING	AMOUNT
PAYABLE AMT	80.99

DUE DATE 03/01/2013

ID NO. 1234 - 456 - 6789

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO. (U.S.A.)

PO BOX 9512  
PORTSMOUTH, NH 03802-9512

*John Hancock*  
the future is yours\*

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

DIRECT DEPOSIT STATEMENT

03 N ID NO.

Janice Wilkins  
1234 Outer Drive East,  
Detroit MI 48234.



2015

MICHIGAN REAL ESTATE TRANSFER TAX  
Wayne County Tax Stamp #374092  
06/24/2015



Receipt# L: P:  
State Tax: \$7.50 County Tax: \$1.10

**QUIT CLAIM DEED**

*First American Title Insurance Company*

The Grantor

whose address is 1234 Outer Drive East, Detroit MI 48234

quit claim(s) Janice Wilkins

whose address is

The land referred to in this commitment is situated in the City of Detroit, 1234 Outer Drive East  
County of Wayne, State of Michigan, as follows:

as recorded in liber 52, page 3 of plats, Wayne county

records.

Tax Parcel No.) 09999999  
Common Address 1234 Outer Drive East, Detroit MI 48234  
for the sum; of 1000

Dated :  
Signed in the presence of:

Signed:

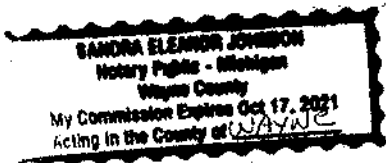
STATE OF MICHIGAN

COUNTY OF Wayne }ss

The foregoing instrument was acknowledged before me this 8<sup>th</sup> day of June  
2015, by

*Sandra Eleanor Johnson*  
Notary Public,  
Wayne County,  
Michigan

My Commission Expires: 10-17-2021



Drafted By: Sandra Johnson  
Archer Real Estate  
18301 E 8 Mile sw 214  
Eastpointe, MI 48021

When recorded returned to  
Grantee



SOCIAL SECURITY ADMINISTRATION

Date: February 2, 2017  
Claim Number:

Janice Wilkins  
1234 Outer Drive East,  
Detroit MI 48234.

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2016, the full monthly  
Social Security benefit before any deductions is.....\$ 1200.90

We deduct \$108.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 1092.00  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Past Social Security Benefits

From December 2014 to November 2016, the full monthly  
Social Security benefit before any  
deductions was.....\$ 1197.40

We deducted \$104.90 for medical insurance premiums each month.

The regular monthly Social Security payment was.....\$ 1092.00  
(We must round down to the whole dollar.)

Date of Birth Information

The date of birth shown on our records is

Type of Social Security Benefit Information

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

# 2016

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name <b>Janice Wilkins</b>		Box 2. Beneficiary's Social Security Number <b>999-11-9999</b>
Box 3. Benefits Paid in 2016 <b>\$13,582.80</b>	Box 4. Benefits Repaid to SSA in 2016 <b>NONE</b>	Box 5. Net Benefits for 2016 (Box 3 minus Box 4) <b>\$13,582.80</b>
<b>DESCRIPTION OF AMOUNT IN BOX 3</b>  Paid by check or direct deposit      \$12,324.00 Medicare Part B premiums deducted from your benefits                      \$1,258.80 Total Additions                              \$13,582.80 Benefits for 2016                            \$13,582.80		<b>DESCRIPTION OF AMOUNT IN BOX 4</b>  <p style="text-align: center; font-size: 1.2em;">NONE</p>
		Box 6. Voluntary Federal Income Tax Withheld  <p style="text-align: center; font-size: 1.2em;">NONE</p>
		Box 7. Address  <b>1234 Outer Drive East, Detroit MI 48234</b>
		Box 8. Claim Number (Use this number if you need to contact SSA.)



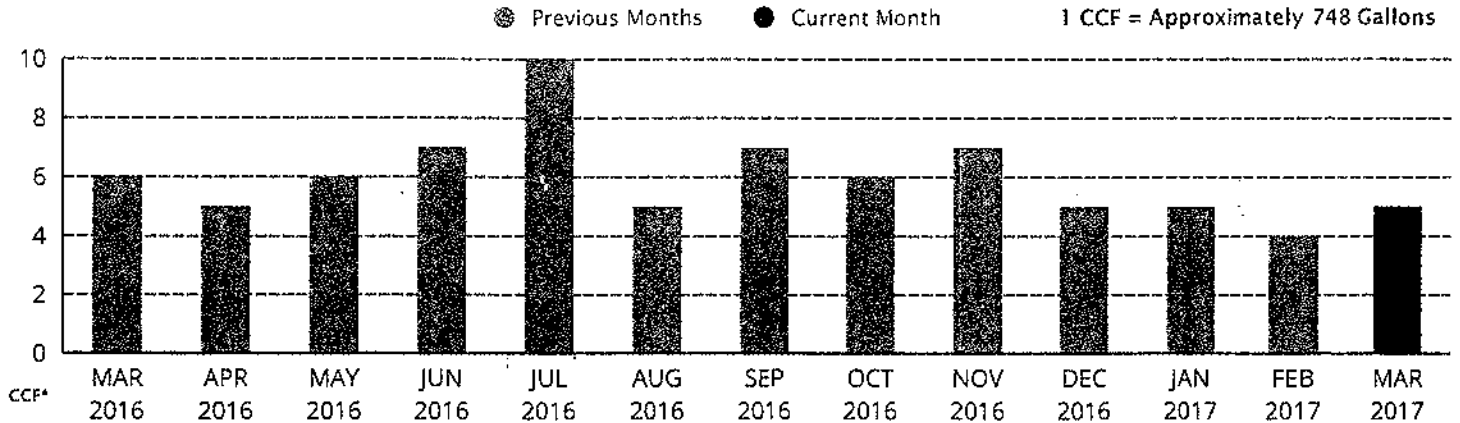
**WATER AND SEWERAGE DEPARTMENT**  
24 hour Emergency Number: (313)-267-7401

Total Amount due by 04/13/17  
**\$71.06**

Account Name RESIDENT  
Account Number

▶ Thank you, we received your last payment of \$63.51 on 03/10/17

**Usage History**



**My Water Usage This Month**  
**3,740 Gallons**

Ending Read 1365 Actual  
Beginning Read 1360 Actual  
Usage 5 CCF

**My Water Usage Same Month Last Year**  
**4,488 Gallons**

Additional bill information on back

- Did you know?** The average person uses the amounts of water shown below for everyday activities. Use less, save more!
- Brushing teeth - 3 gallons per day
  - Dishwasher - 15 gallons per load
  - Washing Machine - 45 gallons per load
  - Toilet - 25 gallons per day per person
  - Shower - 40 gallons per 10 minutes
  - Bath - 20 gallons

*Fold, detach and mail this portion with your check or money order made payable to Board of Water Commissioners.*



City of Detroit  
Water and Sewerage Department  
735 Randolph Street Detroit, MI 48226

Bill Date 03/23/17  
Account Number  
Service Address

**Total Amount Due by 04/13/17 \$71.06**

If paid after 04/13/17 \$74.59

Amount Enclosed \$ \_\_\_\_\_

Pay by mail, by phone or online at [www.detroitmi.gov/paymywaterbill](http://www.detroitmi.gov/paymywaterbill)  
See reverse side for more information on bill payment

Please include your account number on your form of payment.



9569 1 AV 0.373 69937-DETS65488-ST.1GRP\_0-009569  
RESIDENT

SEND REMITTANCE TO:

DETOIT WATER AND SEWERAGE DEPARTMENT  
PO BOX 32711  
DETOIT MI 48232-0711

T-30



# MICHIGAN

## IDENTIFICATION CARD



S 100 100 100 100    ISS 04-01-2011  
DOB 05-01-1977    EXP 05-01-2015    8988177

JA Janice Wilkins  
1234 Outer Drive E.  
LA Detroit MI 48234

Sex F    Wgt 135    Hgt 504    Eyes BRO

LEGALLY BLIND



*Janice Sample*

DD 813000006789

6060606060606060  
Rev 01-21-2010