

HPTAP

The Homeowners Poverty Tax Assistance Program

Train the Trainer - Applicant 2

A guide to assisting others in completing the HPTAP application.

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code GENERAL RETIREMENT SYSTEM OF THE CITY OF DETROIT 500 WOODWARD AVE STE 3000 DETROIT, MI 48226-5493			1 Gross Distribution \$13,006.80		OMB No. 1545-0119 2016 Form 1099R	Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable Amount \$13,006.80				
PAYER'S Federal Identification number		RECIPIENT'S Identification number		2b Taxable amount not determined <input type="checkbox"/>	Total Distribution <input type="checkbox"/>	Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return.	
RECIPIENT'S Name and Address Sharon Fisher 4567 Fenkell Ave., Detroit MI 48238			3 Capital gain (included in box 2a)		4 Federal Income tax withheld \$445.08		This information is being furnished to the Internal Revenue Service.
			5 Employee Contributions / Designated Roth Contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
			7 Distribution Code(s) 7		IRA/SEP/SIMPLE		8 Other
10 Amount allocable to IRR within 5 years			11 1st Yr of Desig. Roth contrib.		FATCA filing requirement <input type="checkbox"/>		
Account Number 462514			9a Your percentage of total distribution		9b Total employee contributions		
			12 State tax withheld \$552.72		13 State/Payer's state no MI		
			15 Local tax withheld		16 Name of locality		
					17 Local distribution		

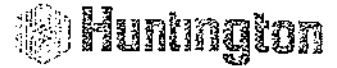
Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code GENERAL RETIREMENT SYSTEM OF THE CITY OF DETROIT 500 WOODWARD AVE STE 3000 DETROIT, MI 48226-5493			1 Gross Distribution \$13,006.80		OMB No. 1545-0119 2016 Form 1099R	Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable Amount \$13,006.80				
PAYER'S Federal Identification number		RECIPIENT'S Identification number		2b Taxable amount not determined <input type="checkbox"/>	Total Distribution <input type="checkbox"/>	Copy C For Recipient's Records	
RECIPIENT'S Name and Address Sharon Fisher 4567 Fenkell Ave., Detroit MI 48238			3 Capital gain (included in box 2a)		4 Federal Income tax withheld \$445.08		This information is being furnished to the Internal Revenue Service.
			5 Employee Contributions / Designated Roth Contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
			7 Distribution Code(s) 7		IRA/SEP/SIMPLE		8 Other
10 Amount allocable to IRR within 5 years			11 1st Yr of Desig. Roth contrib.		FATCA filing requirement <input type="checkbox"/>		
Account Number			9a Your percentage of total distribution		9b Total employee contributions		
			12 State tax withheld \$552.72		13 State/Payer's state no MI		
			15 Local tax withheld		16 Name of locality		
					17 Local distribution		

Department of the Treasury - Internal Revenue Service

THE HUNTINGTON NATIONAL BANK
 PO BOX 1558 EA1W37
 COLUMBUS OH 43216-1558



Sharon Fisher
 4567 Fenkell Ave.,
 Detroit MI 48238

Have a Question or Concern?

Stop by your nearest [Customer](#)
 Huntington office or [Information](#)
 contact us at: [Privacy Notice](#)

1-800-480-BANK (2265)

www.huntington.com

Asterisk-Free Checking Account

Account: 12345678

Statement Activity From:
 03/20/13 to 04/18/13

Beginning Balance	\$5.08
Credits (+)	100.57
Debits (-)	100.00
Total Fees (-)	0.00
Ending Balance	\$5.65
Average Balance	12.08
Low Balance	5.08

Your savings account 04381858786 is tied for overdraft protection to account 02387691583.

Deposit / Credit Activity (+)

Account: 12345678

Date	Description	Amount
04/01	DEPOSIT	100.57

ATM Withdrawal Activity (-)

Account: 12345678

Date	Description	Amount
04/03		100.00

Asterisk-Free Checking Balance Activity

Account: 12345678

Date	Balance	Date	Balance	Date	Balance
03/19	5.08	04/01	105.65	04/03	5.65

Investments are offered through the Huntington Investment Company, Registered Investment Advisor, member FINRA/SIPC, a wholly-owned subsidiary of Huntington Bancshares Inc.

The Huntington National Bank is Member FDIC. and Huntington are federally registered service marks of Huntington Bancshares Incorporated. Patent pending for the 24-Hour Grace™ system and method. ©2013 Huntington Bancshares Incorporated.

Statement Period from 03/20/13 to 04/18/13 Page 1 of 2

DOUG WARE INSURANCE AGENCY INC
30795 JOHN R RD
MADISON HTS MI 48071-2128



BOX 30660, LANSING, MICHIGAN 48909-8160 • 517/323-1200
FAX (517) 323-8796
WWW.AUTO-OWNERS.COM

(248) 583-6255

February 3, 2017

Sharon Fisher
4567 Fenkell Ave.,
Detroit MI 48238

This letter is to confirm the authorization of an electronic payment to Auto-Owners Insurance for the initial deposit and for future insurance payments.

Billing Account Number: 12345689
Policy Number: 12345689_ _ _
Payment Amount: \$272.12
Withdrawal Date: 02/03/2017
Checking Account Number:
Drawn On: DFCU FINANCIAL CU

Please retain this letter for your records.

If you have any question, please call us at 1-800-288-8740.

Billing Account Services

~ Serving Our Policyholders and Agents for More Than 90 Years ~

Bernard J. Youngblood
Wayne County Register of Deeds



QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS THAT American Equity Partnership
WHOSE ADDRESS IS 3900 Centennial Drive, Suite C, Midland, MI 48642

QUIT CLAIMS TO Sharon Fisher
WHOSE ADDRESS IS 4567 Fenkell Ave., Detroit MI 48238


The following described premises situated in the City of Detroit, County of Wayne and the State of Michigan, to-wit:

Parcel ID: 09999999
Legal:
C/K/A 4567 Fenkell Ave., Detroit MI 48238

For the full consideration of: \$1.00 "MSA 7.456 (5) (a) AND MCL 207.526 (6) (a)

Dated this: Tuesday, December 08, 2015

Signed and sealed:

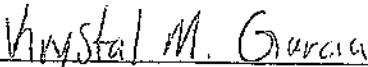

Michael Kelly, Agent for American Equity Partnership (L,S)

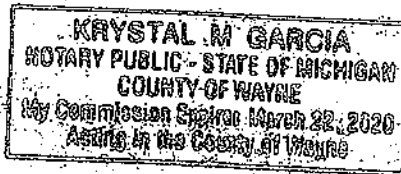
Instrument Drafted by:
Linda Smith, agent for American Equity Partnership
3900 Centennial Drive, Suite C
Midland, MI 48642

State of Michigan)
County of Wayne)

The foregoing instrument was acknowledged before me this 12/8/2015
(1) by Michael Kelly, agent for American Equity Partnership

My commission expires: 03/22/2020


Notary Public of Wayne County, Michigan
Acting in Wayne County



County Treasurer's Certificate

City Treasurer's Certificate



Payment Coupon

Please indicate amount paying \$ _____

Account Number	
Past Due - Pay Now	\$26.32
Due May 15, 2017	\$154.17
Total Due:	\$180.49

27240 1 AV 0.376**T093*2*P02*M04***AUTO**SCH 5-DIGIT 4820
 Sharon Fisher
 4567 Fenkell Ave., Detroit MI 48238

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



For address corrections, please visit dteenergy.com or call 800.477.4747.

Return upper portion with your payment 200020040770

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

Programs you are enrolled in

Summary of Charges

Account Number

Account Balance as of Mar 20, 2017	26.32
Payment Received	0.00
Balance Prior to Current Charges	26.32
Total Current Charges	154.17
Account Balance as of April 21, 2017	\$180.49

Your current charges are due on May 15, 2017. A 2% late payment charge will be applied if paid after the due date.

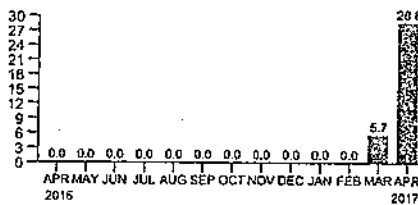
Your Monthly Energy Usage

For ways to save energy and save money, go to dteenergy.com/saveenergy

ELECTRIC

KWH

Average Usage per day	Current Month	Last Month	Year Ago
KWH Usage	28.8	5.7	0.0
Change		405%	0%



Your average daily electric cost for this billing period was \$4.96

Your usage is based on an ACTUAL meter reading

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.

We assigned a new account number to you this month, its printed on this statement. Your previous account number will remain active until further notice, and AutoPay and third-party payments will be seamless.

Call MISS DIG at least 3 business days before digging on your property. It's free and it's the law.

Energy efficient appliances can make your life easier. Learn more at dteenergy.com/appliances

Other Information



EMERGENCY PHYSICIAN STATEMENT

MEDICAL CENTER EMERGENCY SVCS PO BOX 33321 DRAWER 81 DETROIT, MI 48232-5321

ACCOUNT NUMBER

STATEMENT DATE
02/08/2017

TAX I.D. NO.

THESE CHARGES ARE FOR THE EMERGENCY PHYSICIAN'S SERVICES AND ARE NOT INCLUDED IN YOUR HOSPITAL BILL. IF YOU HAVE ANY QUESTIONS ABOUT THIS BILL PLEASE DO NOT CALL THE HOSPITAL, CALL 800-225-0953 (EN ESPANOL 800-856-5838). TO AVOID PEAK HOURS CALL TUE-FRI BETWEEN 7AM AND 7PM CENTRAL STANDARD TIME.

DATE OF SERVICE	PLACE OF SERVICE	EMERGENCY PHYSICIAN
01/03/2017	HARPER / HUTZEL HOSPITAL DETROIT, MI	JOHN Z GALLIEN MD

PATIENT NAME
Fred Monroe

DATE OF SERVICE	CPT CODES	DESCRIPTION OF SERVICES/PROCEDURES	AMOUNT
01/03/2017		EMERGENCY EVALUATION & MANAGEMENT SERVICES	922.00
TOTAL CHARGES			922.00

TRANSACTIONS:			
02/02/2017	Adjustment	UNINSURED DISCOUNT	737.60-

Payment Reminder - Flexible Spending Accounts and Health Savings accounts may be used for all unpaid balances. Please consider our pay online option when selecting your electronic payment method. You may also call 800-225-0953 for assistance with processing your payment. Thank You

NOTICE: Please be advised that a late payment fee may be added to your account if payment is not received by the due date specified below. To avoid the fee, please remit the balance due now. Thank you.

	Due Date	Balance Due
Pay online http://epay.pdc4u.com/120046	03/08/2017	\$184.40

THE INSURANCE BILLED CANNOT IDENTIFY THE INSURED. PLEASE PROVIDE THE CORRECT HEALTH INSURANCE NAME, ADDRESS, NAME AND POLICY NUMBER OF THE INSURED AND WE WILL FILE A CLAIM FOR THESE SERVICES WITH YOUR INSURANCE COMPANY. THANK YOU FOR YOUR ASSISTANCE.

TO INSURE PROPER CREDIT, DETACH THIS PORTION AND RETURN WITH PAYMENT

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK

MEDICAL CENTER EMERGENCY SVCS
PO BOX 96408
OKLAHOMA CITY, OK 731436408

- ACCT NO. 184.40 - BAL DUE

PATIENT NAME: Fred Monroe



MAKE CHECK PAYABLE TO:
MEDICAL CENTER EMERGENCY SVCS



66359-09A* 22***AUTO**ALL FOR AADC 481

Fred Monroe
4567 Fenkell Ave., Detroit
MI 48238



MEDICAL CENTER EMERGENCY SVCS
PO BOX 33321 DRAWER 81
DETROIT MI 48232-5321

Parcel I.D. No. 09999999

Parcel Address 4567 Fenkell Ave., Detroit, MI 48238

STIPULATED TAX FORECLOSURE AVOIDANCE AGREEMENT REGARDING 2016 AND ANY PRIOR YEAR'S DELINQUENT TAXES, INTEREST, PENALTIES AND FEES, REDUCTION OF INTEREST ON TAXES, AND WAIVER OF HEARING THERE IS NO AGREEMENT UNTIL THE TREASURER OR HIS REPRESENTATIVE EXECUTES THIS DOCUMENT

The Undersigned hereby stipulate and agree as follows:

1. Pursuant to the provisions of MCL 211.78q(5), the Treasurer hereby enters into this tax foreclosure avoidance agreement (this "Agreement") with the undersigned owner/occupant of the above property (Parcel Number/Address above or attached) for the payment of the 2016 and any prior year's delinquent taxes, interest, penalties and fees ("TIPF"), and on which the undersigned owner/occupant has a principal residence exemption (PRE)*.

2. It is hereby stipulated and agreed between the undersigned that in consideration for the Treasurer's agreement to withhold or remove the subject property from a Petition for Foreclosure filed, or to be filed by the Treasurer under MCL 211.78h, the undersigned owner/occupant of the above property shall pay the 2016 and any prior year's delinquent TIPF by an initial payment of **\$385.00** of the delinquent tax owed and minimum installment payments of **\$116.00** due no later than the **18** day of each month until the total amount of the TIPF is paid in full, within a maximum of 60 consecutive months, during which time **the owner shall also make timely payments of all nondelinquent taxes on the property to the city or township where the property is located**, pursuant to MCL211.78q(5). The Owner must continue to own, occupy, and maintain PRE status during the term of this Agreement. Interest on the taxes which are a subject of this Agreement shall be reduced to the rate provided in section MCL 211.78g(3)(c)(ii), that being ½% per month (6% annually).

3. If there is a failure to comply with any term of this Agreement, including the failure to timely pay all nondelinquent taxes on the property to the city or township where the property is located, or if this Agreement is no longer effective, all of the following shall occur:

- (a) Interest under section MCL 211.78g(3)(b) and any additional interest otherwise applicable shall retroactively apply to all taxes that are subject to this Agreement.
- (b) The property shall be included in the immediately succeeding petition for foreclosure under section MCL 211.78h;
- (c) The owner shall not bid on property subject to sale under section MCL 211.78m, if that property was subject to this tax foreclosure avoidance agreement.

*Note: Although a PRE may have been applied for at the city/township where the property is located, the PRE must be approved by the State of Michigan. If the request for a PRE is ultimately denied by the State of Michigan after the execution of this Agreement, or if the PRE later becomes ineffective, this Agreement shall be null and void and no longer effective and all consequences set forth in paragraph 3(a),(b), and (c) above shall apply. Online payments can be made at www.treasurer.waynecounty.com. Payments can also be made by cash or certified funds in person at the Wayne County Treasurer's Office or by mailing certified funds to: Office of the Wayne County Treasurer 400 Monroe, 5th Floor, Detroit, MI 48226. **NO PERSONAL CHECKS WILL BE ACCEPTED.**

The undersigned Owner/Occupant and its representative agree that any right the Owner/Occupant may have to contest or object to any Petition of Foreclosure or any Judgement based upon said Petition to foreclose the property filed by the Treasurer under MCL 211.78h with respect to the TIPF which are a subject of this Agreement, including the right, if any, to a hearing before said court is hereby knowingly and voluntarily waived. This Agreement may only be modified by the mutual consent of the parties in writing.

IT IS SO STIPULATED AND AGREED.

TAXPAYER/PROPERTY OWNER INFORMATION:

I am the Taxpayer/ Property Owner; Yes No
If "No", TAXPAYER/OWNER MUST APPOINT YOU AS AGENT (see below)

TAXPAYER/OWNER NAME:(PRINT) Sharon Fisher
MAILING ADDRESS: 4567 Fenkell Ave.,
CITY, STATE, ZIP: Detroit MI 48238
Phone# E-Mail:

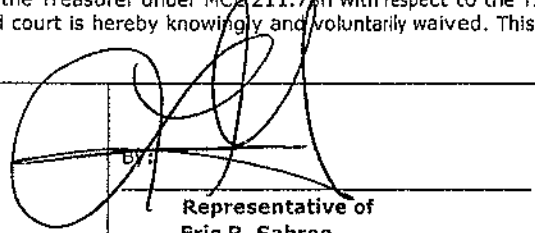
By my signature I acknowledge that I am the Taxpayer/Owner and have read and agree to the terms of this agreement.

Signature:

I appoint (PRINT NAME) as my Agent

Mailing Address:
Phone# E-Mail:

Above information is required to initiate the payment agreement



By: _____
Representative of
Eric R. Sabree,
Wayne County Treasurer
400 Monroe, 5th Floor
Detroit, MI 48226
Date: 6/6/2017

If the property has been foreclosed, and the undersigned alleged owner/occupant of the property claims the lack of required notice of due process, the Treasurer, upon signing this agreement hereby allows the alleged owner/occupant an extended redemption period subject to the terms and conditions of this agreement.

Revised(301084)

IF YOU HAVE QUESTIONS PLEASE E-MAIL taxinfo@waynecounty.com or CALL (313) 224-6105

WAYNE CO DHS GRANDMONT SERV CTR
17455 GRAND RIVER AVE
DETROIT MI 48227

Save time - go online!
Go to www.michigan.gov/mibridges/ to
access your case online, or call (888) 642-7434.

Date: 10/25/2016
MDHHS Office: WAYNE CO DHS GRANDMONT SERV CTR
Specialist: K. Hall
Phone: (313) 493-7933
Fax: (517) 346-9888
Specialist ID: hallk4

STATE OF MICHIGAN
Department of Health and Human Services

If you do not understand this, call an MDHHS office in your area.
MDHHS employees are prohibited by law from providing legal advice.
Si usted no entiende esto, llame a una oficina de MDHHS en su área.
La ley prohíbe a los empleados de MDHHS proporcionar asesoría legal.
إذا واجهت صعوبة في فهم هذا الطلب، فأتصل بمكتب MDHHS الموجود في منطقتك.
يحرم القانون على موظفي MDHHS إعطاء النصيحة القانونية.

Fred Monroe
4567 Fenkell Ave.,
Detroit MI 48238

WAYNE CO DHS GRANDMONT SERV CTR
17455 GRAND RIVER AVE
DETROIT MI 48227

NOTICE OF CASE ACTION

Please read each page of this notice carefully.

We have reviewed your application or case. The actions that affect your case are listed in this notice.

Benefit Summary

(more information about your benefits follows this summary)

CASH PROGRAM

Period	Action	Benefit	Household Size
07/01/2016 - Ongoing	Approved	\$ 200.00/mo.	1

More Information About Benefits

Cash Program Details

State Disability Assistance

For the month(s) of:	Benefits are:	Amount	Who's Included
07/01/2016 - Ongoing	APPROVED	\$ 200.00/mo.	Fred Monroe



ERIC R. SABREE

WAYNE COUNTY TREASURER
400 Monroe - 5th Floor
Detroit MI 48226-2942



Make checks payable to:
Wayne County Treasurer

Taxpayer Information:
(313) 224-5990

Office Hours:
8:00 a.m. - 4:30 p.m.
Monday through Friday

Web: treasurer.waynecounty.com
Email: taxinfo@waynecounty.com

Mailing Sharon Fisher
Address: 4567 Fenkell Ave.,
Detroit MI 48238

Tax Statement

Number: 2017 - 202489

Date: 06/05/2017



01-10002967.



10160679

Detroit Real Property Description:

Parcel ID: 09999999

SEV Amt: \$4,200 - 2016

Address: 4567 Fenkell Ave., Detroit MI 48238

PRE: 100%

Legal

Description: 4567 Fenkell Ave., Detroit MI 48238

Tax Year	Base Tax	Total Amt Due	Status Description
2013	\$1,338.49	\$1,913.83	Forfeited+220+77 -6% (168)-Certified Funds - IR SPA
2014	\$1,099.57	\$1,594.49	Forfeited+220+77 -6% (168)-Certified Funds - IR SPA
2015	\$719.47	\$1,025.81	Forfeited + 220 - 6% (160) Certified Funds - IR SPA
2016	\$707.64	\$750.10	Delinquent- 6% confirmed (140)-IR SPA

Total: \$3,865.17 \$5,284.23 If this property is not foreclosed and is available for payment the amounts presented here are good on or before 06/30/2017.
By providing these figures this office does not represent that this property can be redeemed or reclaimed.

Created by:

Page 1 of 1



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

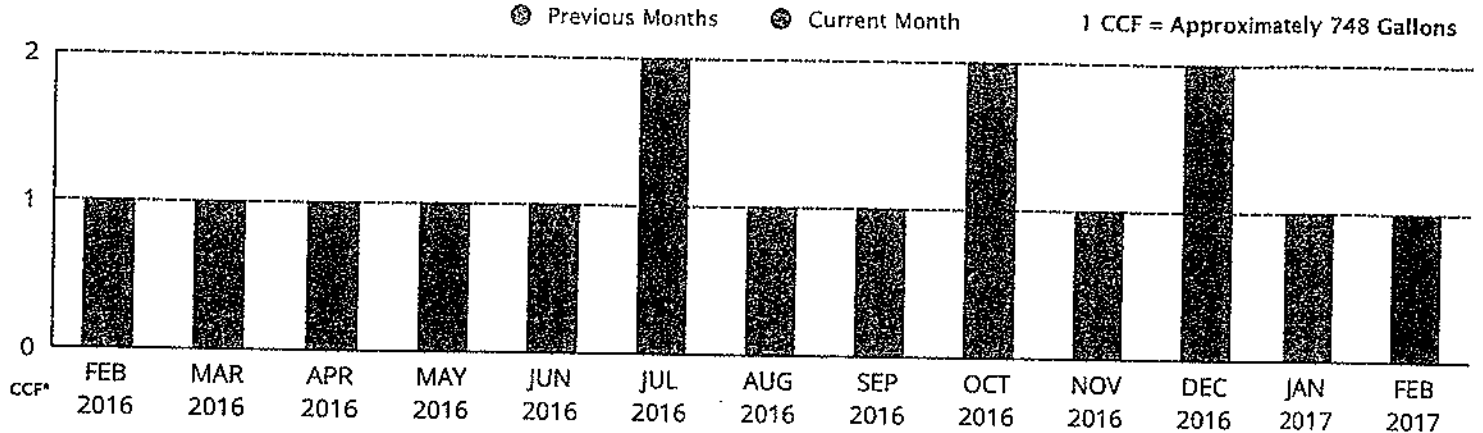
Total Amount due by 03/13/17

\$29.75

Account Name RESIDENT
Account Number 12345678

Thank you, we received your last payment of \$40.00 on 02/14/17

Usage History



My Water Usage This Month
748 Gallons

Ending Read 127 Actual
Beginning Read 126 Actual
Usage 1 CCF

My Water Usage Same Month Last Year
748 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 02/20/17
Account Number
Service Address 4567 Fenkell Ave., Detroit MI 48238

Total Amount Due by 03/13/17 **\$29.75**
If paid after 03/13/17 \$31.24

Amount Enclosed \$ _____

Pay by mail, by phone or online at www.detroitmi.gov/paymywaterbill
See reverse side for more information on bill payment

Please include your account number on your form of payment.

SEND REMITTANCE TO:

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

5057 1 AV 0.373 68304-DETS62427-ST.1GRP_0-005057

RESIDENT
4567 Fenkell Ave.,
Detroit MI 48238

T:15



MICHIGAN MI USA
ENHANCED DRIVER LICENSE



E 100 100 100 100 **ISS 02-01-2007**
DOB 02-01-1977 **EXP 02-01-2012**

Sharon Fisher
 4567 Fenkell Ave.
 Detroit MI 48238

Sex F **Hgt 504** **Eyes BRO**
Lic Type E,O **End NONE**
Restrictions NONE



DD 1234567890123 **DONOR** ♥
 Rev 01-23-2009

MICHIGAN MI USA
ENHANCED DRIVER LICENSE



E 100 100 100 100 **ISS 02-01-2007**
DOB 02-01-1977 **EXP 02-01-2012**

Frank Monroe
 4567 Fenkell Ave.
 Detroit MI 48238

Sex F **Hgt 504** **Eyes BRO**
Lic Type E,O **End NONE**
Restrictions NONE



DD 1234567890123 **DONOR** ♥
 Rev 01-23-2009