

HPTAP

The Homeowners Poverty Tax Assistance Program

Train the Trainer - Applicant 3

A guide to assisting others in completing the HPTAP application.



DELL PREFERRED ACCOUNT
 Account Number
 For the billing period ending April 09, 2017

Dell Financial Services™

Offered by WebBank

Please see reverse side for important account information and contact information.

Special Messages for Danielle Smith

Before you make your next purchase,
 be sure to check for special limited-time DPA offers!
 Go online at www.dell.com/specialoffers

Summary of Account Activity	
Previous Balance	\$1,617.83
Payments	-569.00
Other Credits	\$0.00
Purchases	\$0.00
Other Debits	\$0.00
Fees Charged	\$0.00
Interest Charged	\$39.50
New Balance	\$1,588.33
Past Due Amount	\$0.00
Credit Limit	\$4,000.00
Available Credit	\$2,411.67
Statement Closing Date	April 09, 2017
Days in Billing Cycle	31

Payment Information	
New Balance	\$1,588.33
Minimum Payment Due	\$48.00
Payment Due Date	May 04, 2017

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$37.
 Minimum Payment Warning: if you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.
 For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	19 Years	\$6,585.79
\$67.41	3 Years	\$2,426.76 (Savings = \$4,159.03)

If you would like more information about credit counseling services, call 1-800-283-2210 or go to http://www.justice.gov/ust/eo/bapcpa/ccde/cc_approved.htm.

Contact Dell Financial Services Customer Service at 1-800-283-2210 or visit us online at www.dell.com/dfs.

Please send billing inquiries to Billing Inquiry Department: Dell Preferred Account, P.O. Box 81585, Austin, TX 78708-1585.

Please send correspondence other than billing inquiries to Dell Financial Services, c/o DFS Customer Care Dept., P.O. Box 81577, Austin, TX 78708-1577.

Please mail payments to the address on your payment coupon.

PLEASE NOTE: TO AVOID ADDITIONAL INTEREST CHARGES, PAY THE NEW BALANCE BY THE PAYMENT DUE DATE.

Transaction Detail				
Reference Number	Trans Date	Post Date	Description of Transaction or Credit	Amount
	03-11-17	03-12-17	Online Payment - Thank You	-69.00
	04-09-17	04-09-17	INTEREST CHARGE RATE CHANGED TODAY	0.00
			Interest Charged	
	04-09-17	04-09-17	BILLED INTEREST CHARGES ON PURCHASE	39.50
			TOTAL INTEREST FOR THIS PERIOD	\$39.50

2017 Totals Year-to-Date	
Total fees charged 2017	\$0.00
Total interest charged 2017	\$158.75

Interest Charge Calculation									
Your Annual Percentage Rate (APR) is the annual interest rate on your account.									
Plan Type	Promotion Expiration Date	Balance Subject to Interest Rate	Daily Periodic Rate	Annual Percentage Rate (APR)	Interest Charges	Promotion Plan Deferred Interest Charges	New Plan Balance	Deferred Interest Balance	Minimum Amount Due Per Plan
REGULAR PLAN		\$1,551.05	0.08216%	29.99% (v)	\$39.50		\$1,588.33	\$0.00	\$48.00

(v) = Variable Rate

Please fill in the 'Amount Enclosed' and return the payment coupon with your check in the enclosed return envelope. Do not staple, paper clip, fold or tape the contents.



Want to pay now?
 Visit www.dell.com/dfs to make your payment online.
 Go paperless! Visit www.dell.com/GoPaperless to learn more.

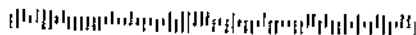
Account #: _____
 New Balance: \$1,588.33
 Minimum Payment Due: \$48.00
 Payment Due Date: May 04, 2017

Offered by WebBank

New Address or Phone Number?
 Please visit us at www.dell.com/dfs or check box and complete reverse side.

Amount Enclosed: \$

A6 01 015972 02552 B 76 B



Please make your check payable to: Dell Preferred Account. Include your 19 digit account number on your check or money order. Ensure the 'Amount Enclosed' written on the coupon equals the check amount.



Danielle Smith
 8910 Charlevoix St., Detroit
 MI 48214

DELL PREFERRED ACCOUNT
 PAYMENT PROCESSING CENTER
 P.O. BOX 6403
 CAROL STREAM IL 60197-6403

Real Estate Transfer Tax
County: \$13.20
State: \$90.00
Receipt:
Stamp:



QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS: That THE GRANTOR(S), Hector Jones and Janice Jones (wife) whose address is: 123 Rosedale St, Detroit, MI 48120

Convey(s) and Quitclaim(s) to the GRANTEE(S), Danielle Smith and Janelle Smith, Whose address is: 8910 Charlevoix St., Detroit MI 48214

The following describe premises:

Situated in the City of Detroit, Wayne County, Michigan

Described as:

Commonly Known As: 8910 Charlevoix St., Detroit MI 48214

Tax Number:

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

Subject to easements, use restrictions or reservations of record.

Dated this 20th day of January, 2014

Witnesses:

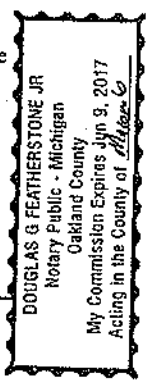
Signed and Sealed:

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

On this day personally appeared before me Hector Jones and Janice Jones (wife), 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: Jun 9th, 2017

Instrument Drafted By:



Recording: When recorded return to: Danielle Smith
8910 Charlevoix St.,
Detroit MI 48214

Transfer Tax:

Tax Parcel # 09999999 Send subsequent tax bill to: Danielle Smith
8910 Charlevoix St.,
Detroit MI 48214



Payment Coupon

CHECK TO ENROLL IN AUTOPAY
(Signature required on back)

Please indicate amount paying \$ _____

Danielle Smith
8910 Charlevoix St.,
Detroit MI 48214

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

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 200240037490

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

LSP Self-sufficiency Plan

Summary of Charges

Account Number 123456789

Your Payment Plan Summary

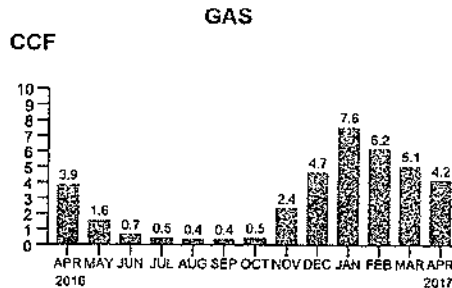
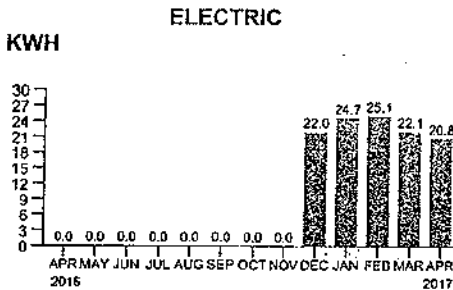
Last Month's Amount Due	0.00
Current Payment Plan Amount	95.00
Payment Due By	\$95.00
May 12, 2017	

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
Account Balance as of April 20, 2017	\$901.35

Your Monthly Energy Usage

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



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

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.

We assigned a new account number to you this month, its printed on this statement. Your previous

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.

Case Name: Danielle Smith
Case Number:
Date: 01/31/2017
MDHHS Office: WAYNE CO DHS GRANDMONT SERV CTR
Specialist: K. Lowe
Phone: (313) 493-7956
Fax: (517) 346-9888
Specialist ID: LoweK3

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، فاتصل بمكتب MDHHS الموجود في منطقتك.
يحرم القانون على موظفي MDHHS إعطاء النصيحة القانونية.

Danielle Smith
8910 Charlevoix St.,
Detroit MI 48214

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)

FOOD ASSISTANCE PROGRAM

Period	Action	Benefit	Household Size
02/01/2017 - 01/31/2018	Approved	\$ 125.00/mo.	1

More Information About Benefits

Food Assistance Program Details

For the month(s) of:	Benefits are:	Amount	Who's Included
02/01/2017 - 01/31/2018	APPROVED	\$ 125.00/mo.	Danielle Smith

If approved for cash assistance, your benefits may go down or stop.



Report Card Q3, 2016-2017

Central High School

2425 Tuxedo Street
Detroit, MI 48206

To the Parent or Guardian of:
Jason Smith
8910 Charlevoix St., Detroit MI 48214

DATE PRINTED: 04/24/2017
Student Number: Grade:11
Birthdate:
Q3 Simple GPA: 0.6167

Period	Course	Teacher	Q3	CR	Tdy	Abs	Comments
1	Math Lab	Simpson, Michael		0	1	47	
2	Algebra II, Spring	Fisher, Raven	F	0	3	44	
3	English/Language Arts III, Spring	Harris, Emily	F	0	0	38	
4a	Seminar	Harris, Emily	D-	0	0	36	
5	World History & Geography, Spring	Humphrey, Michael	C-	0	0	33	
6	Anatomy and Physiology, Spring	Kim, William	F	0	0	38	
7	Physics, Spring	Albrecht, William	D+	0	0	35	

Key
Tdy = Tardies
Abs = Absences

Legend			
A+	Superior	4	Advanced
A	Excellent	3	Proficient
A-	Outstanding	2	Nearing proficient
B+	Good	1	Emerging
B	Good	IP	In Progress
B-	Good		
C+	Average		
C	Average		
C-	Average		
D+	Poor		
D	Poor		
D-	Poor		
F	Fail		

Form **W-2 Wage and Tax Statement** **2016**

c Employer's name, address, and ZIP code
TARGET CORPORATION
7000 TARGET PARKWAY NORTH
MAIL STOP NCE-0242
BROOKLYN PARK MN 55445-4301

e Employee's name, address, and ZIP code
Danielle Smith
8910 Charlevoix St.,
Detroit MI 48214

15 State **MI** Employer's state ID number
 16 State wages, tips, etc. **13723.67**
 17 State income tax **583.24**
 18 Local wages, tips, etc.
 19 Local income tax
 20 Locality name

OMB No. 1545-0048

7 Social security tips	1 Wages, tips, other compensation 13723.67	2 Federal income tax withheld 1267.76
8 Allocated tips	3 Social security wages 13723.67	4 Social security tax withheld 850.87
9	5 Medicare wages and tips 13723.67	6 Medicare tax withheld 198.99
10 Dependent care benefits	11 Nonqualified plans	12a
b Employer identification number (EIN)	14 Other	12b
a Employee's social security number 999-11-9999		12c
13 Statutory employee Retirement plan Third-party sick pay		12d
15 State MI Employer's state ID number	16 State wages, tips, etc. 13723.67	17 State income tax 583.24
	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name

Copy 2 To Be Filed with Employee's State, City, or Local Income Tax Return.

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** **2016**

c Employer's name, address, and ZIP code
TARGET CORPORATION
7000 TARGET PARKWAY NORTH
MAIL STOP NCE-0242
BROOKLYN PARK MN 55445-4301

e Employee's name, address, and ZIP code
Danielle Smith
8910 Charlevoix St.,
Detroit MI 48214

15 State **MI** Employer's state ID number
 16 State wages, tips, etc. **13723.67**
 17 State income tax **583.24**
 18 Local wages, tips, etc.
 19 Local income tax
 20 Locality name

OMB No. 1545-0048

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		20 Locality name

Copy 2 To Be Filed with Employee's State, City, or Local Income Tax Return.

Dept. of the Treasury - IRS

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee.)
 This document is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you do not report it.

OMB No. 1545-0048

a. Employee's social security number	1. Wages, tips, other compensation 3412.74	2. Federal income tax withheld 164.16
b. Employer ID number (EIN)	3. Social security wages 3412.74	4. Social security tax withheld 211.59
	5. Medicare wages and tips 3412.74	6. Medicare tax withheld 49.48
c. Employer's name, address, and ZIP code Pro Care Unlimited Inc 40700 Woodward Ave Suite 100 Bloomfield Hills, MI 48304		
d. Control number		
e. Employee's name, address, and ZIP code Danielle Smith 8910 Charlevoix St., Detroit MI 48214		
7. Social security tips	8. Allocated tips	9.
10. Dependent care benefits	11. Nonqualified plans	12a. Code See inst. for Box 12
13. Statutory employee	14. Other	12b. Code
		12c. Code
		12d. Code
Retirement plan		
Third-party sick pay		
MI 46-4953280	3412.74	145.07
15. State MI Employer's state ID number	16. State wages, tips, etc. 3412.74	17. State income tax 145.07
18. Local wages, tips, etc. 3412.74	19. Local income tax 81.89	20. Locality name DETROIT

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0048

a. Employee's social security number	1. Wages, tips, other compensation 3412.74	2. Federal income tax withheld 164.16
b. Employer ID number (EIN)	3. Social security wages 3412.74	4. Social security tax withheld 211.59
	5. Medicare wages and tips 3412.74	6. Medicare tax withheld 49.48
c. Employer's name, address, and ZIP code Pro Care Unlimited Inc 40700 Woodward Ave Suite 100 Bloomfield Hills, MI 48304		
d. Control number		
e. Employee's name, address, and ZIP code Danielle Smith 8910 Charlevoix St., Detroit MI 48214		
7. Social security tips	8. Allocated tips	9.
10. Dependent care benefits	11. Nonqualified plans	12a. Code See inst. for Box 12
13. Statutory employee	14. Other	12b. Code
		12c. Code
		12d. Code
Retirement plan		
Third-party sick pay		
MI 46-4953280	3412.74	145.07
15. State MI Employer's state ID number	16. State wages, tips, etc. 3412.74	17. State income tax 145.07
18. Local wages, tips, etc. 3412.74	19. Local income tax 81.89	20. Locality name DETROIT



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

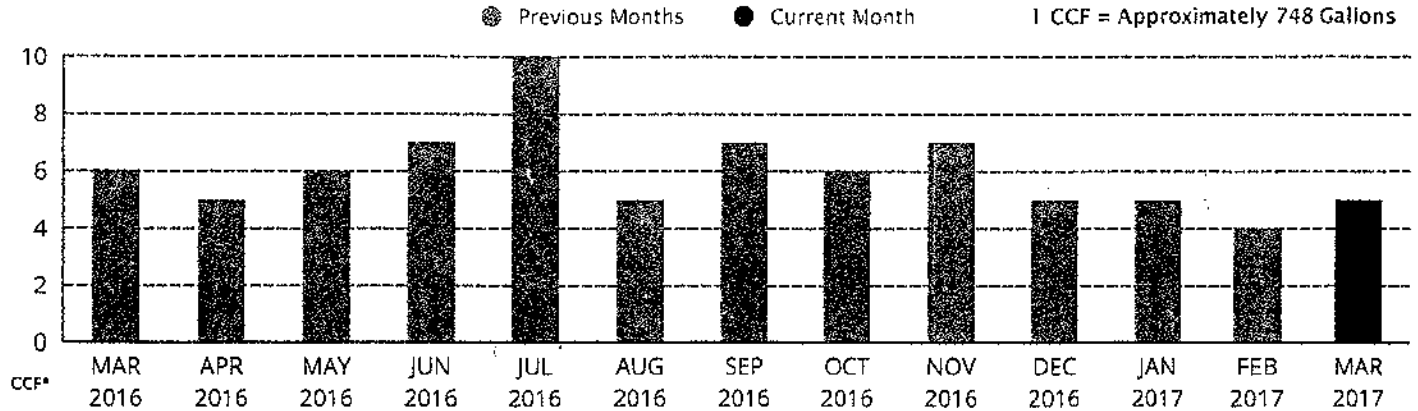
Total Amount due by 04/13/17

\$71.06

Account Name RESIDENT
Account Number 1223456789

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 1223456789
Service Address 8910 Charlevoix St., Detroit MI 48214

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
See reverse side for more information on bill payment

Please include your account number on your form of payment.



9589 1 AV 0.373 69937-DETS65488-ST.1GRP_0-009569
RESIDENT
8910 Charlevoix St.,
Detroit MI 48214

SEND REMITTANCE TO:

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

MICHIGAN MI USA
ENHANCED DRIVER LICENSE



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

Danielle Smith
 8910 Charlevoix St.
 Detroit, MI 48214

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

Restrictions NONE



Jane Sample

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

MICHIGAN MI USA
IDENTIFICATION CARD



S 100 100 100 100
DOB 04-14-2006
ISS 05-01-2014
EXP 04-14-2018

Wgt 055
Sex F
Hgt 047
Eyes BRO

UNDER 18 UNTIL 04-14-2024
UNDER 21 UNTIL 04-14-2027

Jane Sample

Jason Smith
 8910 Charlevoix St.
 Detroit, MI 48214



DONOR ♥ 041404 **Rev 01-21-2011**
DD 013002456789

MICHIGAN MI USA
ENHANCED DRIVER LICENSE



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

Janelle Smith
 2435 Wyoming
 Detroit, MI 48211

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

Restrictions NONE



Jane Sample

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