

****THIS IS AN EXAMPLE OF A PAYSTUB****

WE NEED TO SEE YOUR EMPLOYER'S NAME

Direct Deposit Advice

Voucher Date

Voucher Number

*** This is not a check***

Direct Deposit Amount

WE NEED TO SEE YOUR NAME

****VOID** THIS IS NOT A CHECK **VOID** THIS IS NOT A CHECK **VOID** THIS IS NOT A CHECK **VOID** THIS IS NOT A CHECK**

Voucher Number

Emp Id
SSN
Clock

Loc
Hire Date
Status

Period Begin
Period End
Check Type

WE NEED TO SEE YOUR PAY PERIOD

Earnings Summary

Payment Summary for

Total Gross Pay Hours Rate Current Amt Ytd Amt

REGULAR
TIPS EARNED

WE NEED TO SEE YOUR HOURS WORKED AND YEAR TO DATE

Taxes

Federal Income Tax

Total Gross Pay
Federal Taxes
State and Local Taxes
Other Deductions
Net Pay
Direct Deposits
Net Check

WE NEED TO SEE YOUR NET PAY

Other Deductions from Pay Current Amt Ytd Amt

Direct Deposits

Bank Account Current Amt

****THIS IS AN EXAMPLE OF A PAYSTUB****

Company Code Loc/Dept Number Page

WE NEED TO SEE YOUR EMPLOYER'S NAME

Earnings Statement



Period Starting:
Period Ending:
Pay Date:

**WE NEED TO SEE
YOUR PAY PERIOD**

Taxable Filing Status: [REDACTED]

**WE NEED TO SEE
YOUR NAME**

Earnings rate hours/units this period year to date

Regular
Cash tips

WE NEED TO SEE YOUR HOURS WORKED AND YEAR TO DATE

Gross Pay [REDACTED]

Statutory Deductions this period year to date

Federal Income
Social Security
Medicare

Net Pay

**WE NEED TO SEE YOUR
NET PAY**

Deposits account number transit/ABA amount

Pay Date: [REDACTED]

Deposited to the account

Checking DirectDeposit

account number transit/ABA amount

THIS IS NOT A CHECK



Unemployment Benefit Services

Quick Links

- Apply For Benefits
- Correspondence Inbox
- Claim and Payment Status
- Payment Request
- Make a Payment on Your Overpayment
- Work Search Log
- WorkInTexas.com
- IRS Tax Information
- Payment Option
- Appeal List
- Submit An Appeal
- Request Your Waiting Week

Claim and Payment Status

Claimant Information

Name:

**WE NEED TO SEE
YOUR NAME**

Social Security Number (SSN):

[Printer-friendly Summary](#)

Waiting Week

TWC cannot pay you for the first week of your claim, also known as the [waiting week](#), until you return to full-time work or exhaust your benefits. If you return to full-time work before exhausting your benefits, you must inform TWC in order to receive payment for that first week. To report that you returned to full-time work, select [Request your Waiting Week](#) from the Quick Links.

[Select another claim to view](#)

Claim Information

Claim Type:

**WE NEED TO SEE
YOUR CLAIM START
DATE**

Claim Start Date:

[Weekly Benefit Amount:](#)

Maximum Possible Benefits:

ACTION ORDER

STATE OF [REDACTED]

UNITED STATES OF AMERICA

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

Plaintiff

**WE NEED TO SEE
YOUR NAME**

Defendant

[REDACTED]
CASE NUMBER

FILED

**WE NEED TO
SEE THE
COURT DATE**

**AGREED
ACTION ORDER**

This matter having come before the Court, the Court having jurisdiction and being fully advised in the premises:

IT IS HEREBY ORDERED as follows:

The case is continued to [REDACTED] for STATUS.

The Clerk of the Court is ordered to strike the future date(s) of [REDACTED].

1. Defendants and all occupants to vacate [REDACTED]
2. If Defendants vacate, this matter will be dismissed without prejudice and the file impounded. If Defendants fail to vacate, an Immediate Eviction Order and [REDACTED]

PRO SE

NOTICE TO QUIT

**WE NEED TO SEE
YOUR NAME
AND ADDRESS**

TO THE TENANT(S) AND ANY AND ALL OTHERS IN POSSESSION OF THE PREMISES LOCATED AT THE AFOREMENTIONED ADDRESS, THIS NOTICE HAS BEEN SENT TO YOU PURSUANT TO [REDACTED] AS A RESULT OF YOUR BREACH OF THE LEASE AND/OR YOUR FAILURE TO PAY RENT, LATE FEES AND/OR OTHER ASSOCIATED COSTS AND/OR FEES.

BE IT KNOWN that pursuant to your signed [REDACTED] and where you are in possession of the premises located at [REDACTED] there is currently past due, unpaid and delinquent rent and/ or fees in the total amount of [REDACTED] plus any late fee charges and/or interest accrued on the past due rent.

**WE NEED TO SEE THE TOTAL
AMOUNT DUE**

THEREFORE, you are hereby provided notice that all past due monies must be paid in full by no later than [REDACTED] or you must vacate, quit, relinquish, move out or deliver up possession of the aforementioned premises. Failure to correct the breach of your Lease Agreement by making payment in full within the stipulated time requested by this notice shall result in the termination of your Lease Agreement.

WE NEED TO SEE THE DUE DATE

THE LANDLORD RESERVES THE RIGHTS AND REMEDIES AFFORDED TO THEM PURSUANT TO THE SIGNED LEASE/RENTAL AGREEMENT AND IN ACCORDANCE WITH [REDACTED] INCLUDING, BUT NOT LIMITED TO, UNPAID RENT AND/OR PROPERTY DAMAGES, AND NOTHING IN THIS NOTICE MAY BE INTERPRETED AS A RELINQUISHMENT OF SUCH RIGHTS AND REMEDIES.

If you do not pay the amount owed, move out of the rental and return the keys, or settle this matter (it is best to get this agreement in writing), the landlord may file an eviction action. If an eviction is filed, you have the right to appear in court and dispute the eviction action. After an eviction action is filed, and in order to reinstate the rental agreement, you may be required to pay damages, attorney fees, and court costs. The judge will decide if you have to move or can legally remain in the rental. If a judgment is entered against you, you may remain in the rental property only if the landlord agrees in writing to let you stay.

By:

**WE NEED TO SEE
THE BILLING
PARTY'S NAME**

WE NEED TO SEE THE DATE

APARTMENT LEASE CONTRACT

Date of Lease Contract: _____
(when the Lease Contract is filled out)

This is a binding document. Read carefully before signing.

Moving In — General Information

1. PARTIES. This Lease Contract ("Lease Contract" or "Lease") is between you, the resident(s) (list all people signing the Lease Contract):

WE NEED TO SEE THE NAMES OF ALL PARTIES

(resident or "residents") and us, the owner: _____

(name of apartment community or title holder). You've agreed to rent Apartment No. _____ at _____

(street address) in

(city), _____ (zip code) (the "Premises" or "apartment" or "dwelling" or "dwelling unit") for use as a private residence only. The terms "you" and "your" refer to all residents listed above. The terms "we," "us," and "our" refer to the owner listed above and not to property managers or anyone else. The term "apartment community" refers to the apartment complex where the Premises is situated. Written or electronic notice to or from our managers constitutes notice to or from us. If anyone else has guaranteed performance of this Lease Contract, a separate Lease Contract Guaranty for each guarantor is attached.

2. OCCUPANTS. The apartment will be occupied only by you and (list all other occupants not signing the Lease Contract):

No one else may occupy the apartment. Persons not listed above must not stay in the apartment for more than _____ consecutive days without our prior written consent, and no more than twice that many days in any one month. *If the previous space isn't filled in, two days per month is the limit.*

3. LEASE TERM.

A. The initial term of the Lease Contract begins on the _____ day of _____, _____ (year) and ends at 11:59 p.m. the _____ day of _____, _____ (year), subject to the Lease Contract converting to month-to-month if proper notice is not given pursuant to 3B below.

B. In order to have your Lease Contract expire upon the Lease Contract Expiration Date, you or we must give at least _____ days written notice of termination of your Lease Contract. *If the number of days isn't filled in, at least one month is required.* Notwithstanding, if the Lease Contract converts to month-to-month, then in order for you or us to terminate the month-to-month tenancy, the Lease Contract termination notice must be in compliance with _____ Nothing set forth in this paragraph 3B shall be construed to limit or restrict either parties' right to terminate the Lease Contract or your tenancy if such right is provided pursuant to this Lease Contract or applicable law.

Renewal. If such notice of termination of the Lease Contract is not timely given, the Lease Contract will automatically renew on a month-to-month basis.

Lease Contract Expiration Date. The Lease Contract Expiration Date shall be the date that your Lease Contract expires as described in paragraphs 3A and 3B above.

4. SECURITY DEPOSIT. Unless modified by addenda, the total security deposit at the time of execution of this Lease Contract for all residents in the apartment is \$ _____, due on or before the date this Lease Contract is signed.

5. KEYS. You will be provided _____ apartment key(s), _____ mailbox key(s), _____ FOB(s) and/or _____ other access device(s) for access to the building. You will be responsible for the cost at move-in. If the key, FOB or other access device becomes damaged during your tenancy, you will be responsible for the cost of replacement and the costs for the replacement at _____

WE NEED TO SEE THE RENT AND CHARGES

6. RENT AND CHARGES. Unless modified by addenda, you will pay \$ _____ commencing _____ and continuing each month thereafter during the pendency of this Lease Contract.

- at the on-site manager's office, or
- at our online payment site, or
- at _____

Prorated rent of \$ _____ is due for the remainder of (check one): 1st month or 2nd month, on _____, _____ (year). *Except for the prorated rent described above, you must pay your rent on or before the 1st day of each month (due date) with no grace period. Unless otherwise prohibited by law, cash is unacceptable without our prior written permission. You must not withhold or offset rent unless authorized by statute.* We may, at our option, require at any time that you pay all rent and other sums in cash, certified or cashier's check, money order, or one monthly check rather than multiple checks. At our discretion, we may convert any and all checks via the Automated Clearing House (ACH) system for the purposes of collecting payment. Rent is not considered accepted, if the payment/ACH is rejected, does not clear, or is stopped for any reason. If you don't pay all rent on or before the _____ day of the month, you'll pay a late charge. Your late charge will be (check one): a flat rate of \$ _____ or _____ % of your total monthly rent payment. You'll also pay a charge of \$ _____ for each returned check or rejected electronic payment, plus a late charge. All payment obligations of Resident under this Lease shall be considered rent. If you don't pay rent on time, you'll be delinquent and we may pursue any, some, or all remedies under this Lease Contract, at law or in equity. We'll also have all other remedies for such violation.

7. UTILITIES. We'll pay for the following items, if checked:

- water gas electricity master antenna
- wastewater trash cable TV
- other _____

You'll pay for all other utilities, related deposits, and any charges, fees, or services on such utilities. You must not allow utilities to be disconnected for any reason—including disconnection for not paying your bills—until the lease term or renewal period ends. Cable channels that are provided may be changed during the Lease Contract term if the change applies to all residents. Utilities may be used only for normal household purposes and must not be wasted. If your electricity is ever interrupted, you must use only battery-powered lighting. If any utilities are submetered for the apartment, or prorated by an allocation formula, we will attach an addendum to this Lease Contract in compliance with state agency rules or city ordinance.

Energy and Water Use Reporting. To the extent you possess information or data regarding your utility, water or energy use or are capable of getting such information or data, you agree to furnish said information or data to us upon our request or, upon our request,

WE NEED TO SEE THE DATE AND ANY BILLING ASSOCIATED WITH THE VISIT

WE NEED TO SEE YOUR NAME AND ADDRESS

AFTER VISIT SUMMARY

WE NEED TO SEE THE DETAILS OF YOUR DIAGNOSIS

Instructions



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

You are allergic to the following

[REDACTED]

Your Latest Vitals

Blood Pressure [REDACTED]	BMI [REDACTED]	Weight [REDACTED]	Height [REDACTED]
Temperature (Oral) [REDACTED]	Pulse [REDACTED]	Respiration [REDACTED]	Oxygen Saturation [REDACTED]
BSA [REDACTED]			

Diet instructions

[REDACTED]



Your Next Steps

Ask

- Ask how to get these medications
 - [REDACTED]
 - [REDACTED]

Read

- Read these attachments
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]

Go

ESTABLISHED PATIENT

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Arrive 15 minutes prior to appointment.

You have more future appointments. Please review your full appointment list.

****THIS IS AN EXAMPLE OF A DIAGNOSIS LETTER****

WE NEED TO SEE THE DATE

[REDACTED]

[REDACTED]

Regarding: [REDACTED]

Greetings:

WE NEED TO SEE YOUR NAME

I am writing on behalf of our patient,

[REDACTED]

[REDACTED] has a diagnosis of [REDACTED] and will be admitting on [REDACTED]

WE NEED TO SEE THE DETAILS OF YOUR DIAGNOSIS

transporting and accompanying the patient to their daily/weekly clinic visits, monitoring and administering medications, and monitoring the patient's condition. This patient currently

WE NEED TO SEE NOTES ABOUT YOUR RETURN TO WORK DATE

Please let me know if you require additional information from our records.

Sincerely,

[REDACTED]

[Redacted]

WE NEED TO SEE THE DATE AND ANY BILLING ASSOCIATED WITH THE VISIT

Patient Health Summary, [Redacted]

Patient Demographics

WE NEED TO SEE YOUR NAME

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Note from [Redacted] Health
This document contains information that was shared with [Redacted]. It may not contain the entire record from [Redacted] Health.

Allergies
[Redacted]

Medications
[Redacted]

Ended Medications
[Redacted]

Active Problems

WE NEED TO SEE THE DETAILS OF YOUR DIAGNOSIS

PROGRESSIVE
P.O. BOX 31260
TAMPA, FL 33631

PROGRESSIVE[®]
DIRECT Auto

**WE NEED TO SEE YOUR
NAME AND ADDRESS**

**WE NEED TO SEE THE
DATE OF YOUR BILL**

Policy Number: [REDACTED]

Underwritten by:

**WE NEED TO SEE THE
BILLING PARTY'S NAME**

Page 1 of 2

Online Service
progressive.com

Customer Service
1-800-776-4737

Auto Insurance Bill

.....
Remaining balance
.....
Payments remaining
.....
Minimum amount due
.....
Due date

**WE NEED TO
SEE THE TOTAL
AMOUNT DUE**

To maintain your coverage, please pay the minimum amount due by the due date. Any amount you pay above your minimum will be credited to your next payment.

If you've scheduled a payment, it is not reflected in the amount due.

Everything at your fingertips.
Download our mobile app today!

Pay your bill, view ID cards, report a claim, obtain roadside assistance, and more!

Text **PGRAPP** to 69979 to get a link sent to your phone.
(Available on Apple iOS & Android)




Billing detail for [REDACTED]

Payment on [REDACTED] - thank you [REDACTED]
Current amount [REDACTED]
Installment fee [REDACTED]
Minimum amount due [REDACTED]

Payments received after [REDACTED] appear on your next statement.

Please see the reverse side.

 Continued on back

Payment Coupon

.....
Remaining balance
.....
Minimum amount due
.....
Due date
.....
Amount enclosed

[REDACTED]

Policy Number: [REDACTED]
[REDACTED]

For immediate payment, please go to progressive.com or call 1-800-999-8781.

If you pay by check, please allow five to seven days for your payment to reach us. Write your policy number on the check and make it payable to Progressive Universal Insurance Co.



[REDACTED]

[REDACTED]

WE NEED TO SEE THE BILLING PARTY'S NAME AND THE DATE OF YOUR BILL

Customer Name [REDACTED] Account Number [REDACTED]
WE NEED TO SEE YOUR NAME

Please Pay By
Total Due

WE NEED TO SEE THE TOTAL AMOUNT DUE

Service Address

WE NEED TO SEE YOUR ADDRESS

Service Period [REDACTED]

Disconnect Notice

This bill includes past due charges [REDACTED]. To avoid your electric service being disconnected for non-payment, this amount must be received by [REDACTED].

If service is disconnected, you must pay all outstanding bills and may be billed a reconnect charge and required to pay a deposit or additional deposit before service is restored. If you fail to pay your electric service bill each month by the due date, you may be required to pay a deposit or additional deposit even though service is not disconnected. You may contact us at 1-877-403-7149 for information on agencies that may be able to assist you in paying your past due bill, or assistance available if you have a serious illness in your household that could be aggravated by the disconnection of your electric service.

Esta es una notificación de desconexión de servicio. Para más información, llámenos al 1-800-253-1077.

Contact Us



Account Number [REDACTED] Web Access Code 309277



Customer Service 1-888-660-5890 Power Outage Reporting 1-888-891-0938
8A-5P Mon-Fri 24/7
Espanol 8A-5P
Chat 8A-5P

Go Paperless!

Clear the clutter of paper by going paperless. Receive email notifications when your bill is ready to view online. It's free! Sign up at georgiapower.com/paperless.

Payment Options

Online/Mobile App Pay using a check, debit or credit card at georgiapower.com or via the Georgia Power Mobile App.

Additional Payment Options on back

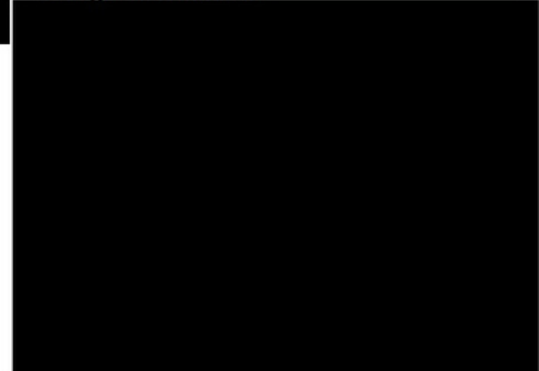
For current billing details, turn page over

Billing Summary

Previous Bill Amount	[REDACTED]
Payment Received On [REDACTED]	Thank You!
Past Due Electric Service	[REDACTED]
Current Electric Service	[REDACTED]
Total Due	[REDACTED]

Balances unpaid after the due date are subject to a late charge of 1.5% of the amount due or \$2.00, whichever is greater.

Usage Information



52119-74127 21

PLEASE KEEP THIS PORTION FOR YOUR RECORDS.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT, MAKING SURE THE RETURN ADDRESS SHOWS IN THE ENVELOPE WINDOW.

Disconnect Notice

Account Number [REDACTED]

Please Pay By

Total Due

Yes, I want to save a stamp on my next payment! Enroll me in paperless billing today. Please verify your email address on the back of this statement.

Mail To:

[REDACTED] A
30396-0001

Total Due Summary
Elec Service [REDACTED]
Prev Service [REDACTED]



WE NEED TO SEE YOUR NAME AND ADDRESS

Page: 1 of 2
Issue Date:
Account Number:

WE NEED TO SEE THE DATE OF YOUR BILL

Managing your AT&T bills, products, and services on the go? It's a snap with myAT&T. Go to att.com/myatt to sign in or sign up.

Total due

WE NEED TO SEE THE TOTAL AMOUNT DUE

Account summary

Your last bill

Payment, [REDACTED] Thank you!

Remaining balance

Service summary



Internet

Page 2

Total services

Total due

AutoPay is scheduled to charge your card on Jan 28, 2024

Ways to pay and manage your account:



myAT&T app
iPhone and Android



att.com/pay



800.288.2020
TTY: 800.651.5111



WE NEED TO SEE THE BILLING PARTY'S NAME



WE NEED TO SEE THE BILLING PARTY'S NAME

KEYLINE



WE NEED TO SEE YOUR NAME AND ADDRESS

Snapshot of your bill

(details on page 3)

Balance from last bill

Late fee

This month's charges

Total due on Oct 20

WE NEED TO SEE THE TOTAL AMOUNT DUE

You'll be charged up to 1.5% per month (18% per year) on the unpaid balance, or a flat \$7 per month, whichever is greater, if allowed by law in the state of your billing address.

Account: [REDACTED]

Invoice: [REDACTED]

Billing period: [REDACTED]

WE NEED TO SEE THE DATE OF YOUR BILL

Questions about your bill?

verizon.com/support

800-922-0204

Ways to pay

My Verizon app

You can check your bill easily with the My Verizon app available in App Store or Google Play.

Online

Go to go.vzw.com/bill and sign in to review your bill.

By phone

Simply dial #PMT (#768) on your phone and follow the instructions to pay.

Cash

Go to www.verizon.com/stores to find a Verizon Wireless store near you or find a Check Free Pay or Western Union near you to make a cash payment.



Bill date
Account number
Invoice number



Total Amount Due by [REDACTED]

Make check payable to Verizon Wireless.
Please return this remit slip with payment.

\$.

Please see back for instructions on writing to us.



****THIS IS AN EXAMPLE OF A UTILITIES BILL****



An Exelon Company

WE NEED TO SEE THE BILLING PARTY'S NAME

Issued

WE NEED TO SEE THE DATE OF YOUR BILL

SERVICE FROM [REDACTED] **THROUGH** [REDACTED] (31 DAYS)
Residential - Multiple

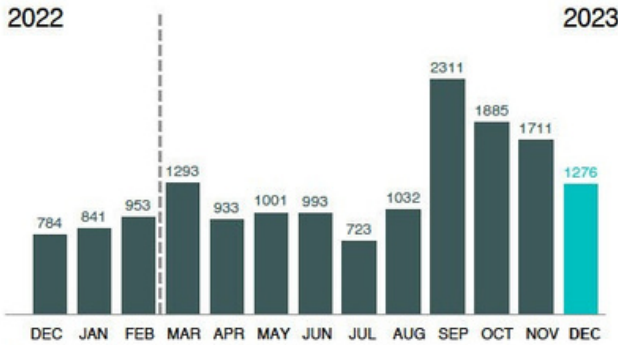
Budget Amount Due by [REDACTED] \$

WE NEED TO SEE THE TOTAL AMOUNT DUE

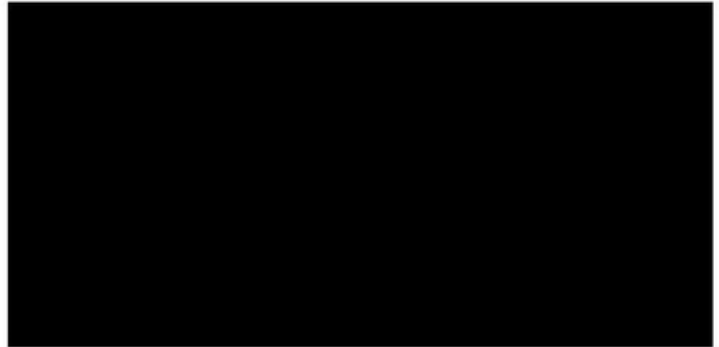
Thank you for your payments totaling \$ [REDACTED]

WE NEED TO SEE YOUR NAME AND ADDRESS

TOTAL USAGE (kWh)



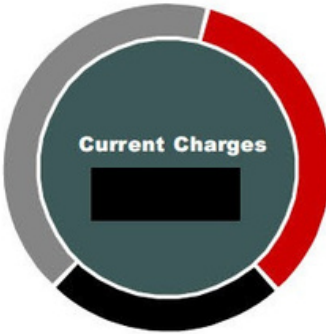
AVERAGE DAILY USE (monthly usage/days in period)



CURRENT CHARGES SUMMARY

See reverse side for details

ComEd provides your energy. \$ [REDACTED] LY



DELIVERY \$ [REDACTED]

ComEd provides your energy.

[REDACTED]

ComEd delivers electricity to your home.

[REDACTED]

For Electric Supply Choices visit pluginillinois.org

TAXES & FEES [REDACTED]

Return only this portion with your check made payable to ComEd. Please write your account number on your check.



An Exelon Company

Pay your bill online, by phone or by mail.

See reverse side for more info

Account # [REDACTED]

Budget Amount Due by [REDACTED] \$

Payment Amount:



COMED

[REDACTED]

[REDACTED]