

Tuition Documentation Guide

Office of Choice & Enrollment Services

Proof of Age

- Birth Certificate
- Passport
- Baptismal Record with DOB and signature
- Hospital record with signature
- Government issued document

CERTIFICATION OF VITAL RECORD
STATE OF COLORADO
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
HOLD TO LIGHT TO VIEW WATERMARK
CERTIFICATE OF LIVE BIRTH

STATE FRI NUMBER: [REDACTED] [Barcode]

NAME OF REGISTRANT: [REDACTED]

DATE AND TIME OF BIRTH: [REDACTED] GENDER OF REGISTRANT: **MALE**

CITY OF BIRTH: **ENGLEWOOD** COUNTY OF BIRTH: **ARAPAHOE**

MOTHER'S NAME PRIOR TO FIRST MARRIAGE: [REDACTED]

MOTHER'S PLACE OF BIRTH: **COLORADO** MOTHER'S AGE AT TIME OF BIRTH: **40**

FATHER'S NAME: [REDACTED]

FATHER'S PLACE OF BIRTH: **NORTH CAROLINA** FATHER'S AGE AT TIME OF BIRTH: **36**

DATE RECORDED FILED: **MAY 12, 2013**

DATE ISSUED: **MAY 02, 2014**
THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS ASCERTAINED BY THIS OFFICE. DO NOT accept unless (1) 24001 has been stamped and (2) original number (0000) is stamped and (3) original of the Registrar GENERALITY DIVISION, Section 25-2-138, Colorado Statutes, 1962, if a previous law, even change to, one of the laws is stamped the original the year and vital statistics included. MUST BE MADE BY REGISTERED OFFICER.

Ronald S. Hyman
REGISTRAR
000651048



DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB No. 1651-0111

Departure Record

Admission Number: [REDACTED]

18. Family Name: [REDACTED]

19. First (Given) Name: **2/4/15 JRE 5348**

20. Place of Birth: **CANTON**

21. Country of Citizenship: **MYANMAR**

CBP Form 1-94 (0508)

Proof of Address

- Must state “service”, “property”, or “premise” address
- Must state parents name
- Must be within the last six months

Xcel Energy
RESPONSIBLE BY NATURE

PUBLIC SERVICE COMPANY OF COLORADO Page 1 of 9

SERVICE ADDRESS	ACCOUNT NUMBER	DUPLICATE
1455 [redacted]		12/27/2017
DENVER, CO 80249-7071	STATEMENT NUMBER	STATEMENT DATE
		12/06/2017
		AMOUNT DUE
		\$106.04

Must state parents name

YOUR MONTHLY ELECTRICITY USAGE

SUMMARY OF CURRENT CHARGES (detailed charges begin on page 2)

Electricity Service	11/03/17 - 12/06/17	694 kWh	\$76.57
Natural Gas Service	11/03/17 - 12/06/17	55 therms	\$43.39
Current Charges			\$119.96

ACCOUNT BALANCE

Previous Balance	As of 11/03	\$196.09
Payment Received	Phone Pay 12/05	-\$150.00 CR
Balance Forward		\$46.09
Current Charges		\$119.96
Amount Due		\$166.04

INFORMATION ABOUT YOUR BILL
Thank you for your payment.

DENVER WATER

CUSTOMER ID: 104170517

DUE DATE: Nov 7, 2017

AMOUNT DUE: \$100.54

denverwater.org

Account Summary

Previous Balance	60.56
Payment Received	0.00
Current Charges	69.98
Total Amount Due	\$100.54

Water Charges

4930

Residential Water (inside City)

PERMITS WINTER CONSUMPTION (calculated using Jan-Mar MIs): 6,000 Gallons

BILLING PERIOD: 9/15/2017 - 10/15/2017

ETIR NO.	CURRENT READ	PREVIOUS READ	x MULTIPLIER =	CONSUMPTION
10147	1,977	1,966	1000	11,000 Gal

Consumption Charge (11,000 Gallons)

1,566 Gals	Tier 1	Tier 2	Tier 3
	9-8	7-21	Over 21
1,000 Gals used			
Price per 1,000			\$6.12
Charge	\$15.30	+ \$22.95	=
			\$38.25

Fixed Monthly Charge, 3/4" meter

Water Charges \$59.11

Infrequency Charge 3.19

Water Charges with Adjustments \$53.30

Sewer Charges - Wastewater Management Division

ITE: Sewer Residential

WINTER CONSUMPTION: 4,000 Gallons

Winter consumption = 4,000 thousand gallons

Consumption Charge (\$4.1771,000 Gal)

16.68

Sewer Charges \$16.68

SERVICE ADDRESS: 14930

ACCOUNT NUMBER

DUE DATE: Nov 7, 2017

AMOUNT DUE: \$100.54

Payment submission only.
Mail customer care @ denverwater.org or
303-803-2644 for all other correspondence.

4000 1 AV 6.370 *****AUTOMATCH 5-DIGIT 80228 061063 4306 16

00 703 200724 000000001 80217 3343

DENVER WATER
PO BOX 173543
DENVER, CO 80217-3343

Types of Proof of Address

- Utility Bill
- Lease Agreement
- Mortgage Statement
- Property Tax
- Denver Housing Authority (DHA)

Proof of address cont.

Lease agreement must state name, address, and till when the lease is good for

Residential REAL ESTATE Rental Agreement
2967 St., Denver, CO

This Lease Agreement ("Lease") is made effective as of August 4, 2016, by and between, ("Landlord"), Dennis, and ("Tenant"), Frank. The parties agree as follows:

PREMISES: Landlord, in consideration of the lease payments provided in this Lease, leases to Tenant a three bedroom one bath house (the "Premises" located at 2967 St., Denver, CO. The premises are unfurnished but are equipped with an electric stove/oven, overhead exhaust fan, dishwasher, refrigerator and washer and dryer.

STORAGE: Tenant shall be entitled to store items of personal property on the premises during the term of this Lease. Landlord shall not be liable for loss of or damage to, such stored items.

OCCUPANTS: The Premises may not be occupied by more than 3 persons, consisting of 2 Adults, 1 Child, unless the prior written consent of the Landlord is obtained. Extended term visitors/guests are not permitted to remain in the residence longer than 2 weeks without prior written authorization from the Landlord. Guests/visitors who remain in the residence longer than two weeks will constitute tenancy which may result in additional rent of \$100.00 per person per month. The responsibility for notification lies with the tenant to inform the Landlord. The lack of notification of additional persons may constitute a breach of this contract which could lead to a request by the Landlord for the tenants to vacate the premises.

TERM: The lease term will begin on December 20, 2017 and will terminate on December 20, 2018 with the option to renew or terminate with a 30 day written notice. The lease is non-transferable and Tenant may not sub-lease to any other parties. Tenant shall provide 30 days written notice before the end of the lease period, their intent to renew or terminate the rental agreement. Tenant (Frank) at least 30 days prior to opting to terminating lease agreement.

Mortgage statement



1 Corporate Drive
Suite 360
Lake Zurich, IL 60047-8915

* 0814159 000033211 093VM1 00919831

CASSANDRA
4689 ST
DENVER CO



MORTGAGE STATEMENT

Statement Date: 12/06/2017

Property Address:	4689 STREET DENVER CO
Account Number	
Payment Due Date	01/01/2018
Amount Due	\$1,960.89
<small>If payment is received after 01/16/2018, a \$60.00 late fee will be charged.</small>	

Contact Us 1-800-669-4268

Account Information	
Outstanding Principal Balance	\$317,472.70
Current Escrow Account Balance	\$1,761.55
Maturity Date	February 2047
Interest Rate	4.375%
Prepayment Penalty	No

Explanation of Amount Due	
Principal	\$450.25
Interest	\$1,157.45
Escrow (for Taxes and Insurance)	\$353.19
Regular Monthly Payment	\$1,960.89
Total Fees Charged	\$0.00
Overdue Payment	\$0.00
Total Amount Due	\$1,960.89

Proof of address cont.

If parent does not have a utility bill or lease in their name, a utility bill and a "landlord letter" can be used as proof of address.

Xcel Energy
RESPONSIBLE BY NATURE

PERSON ON UTILITY BILL MUST SIGN THE LANDLORD LETTER

SERVICE ADDRESS		ACCOUNT NUMBER	
LIDIA 5855 W DENVER, CO		01/11/2018	
STATEMENT NUMBER	STATEMENT DATE	AMOUNT DUE	
	12/20/2017	\$106.60	

SUMMARY OF CURRENT CHARGES (detailed charges begin on page 2)

Electricity Service	11/17/17 - 12/20/17	548 kWh	\$84.25
Natural Gas Service	11/17/17 - 12/20/17	53 therms	\$42.35
Current Charges			\$106.60

ACCOUNT BALANCE

Previous Balance	As of 11/17	\$159.51
Payment Received	Phone Pay 12/14	-\$159.51 CR
Balance Forward		\$0.00
Current Charges		\$106.60
Amount Due		\$106.60

YOUR MONTHLY NATURAL GAS USAGE

Month	Usage
D	10
J	12
F	15
M	18
A	20
M	22
J	25
J	28
A	30
S	32
O	35
N	38
D	40

INFORMATION ABOUT YOUR BILL
Thank you for your payment.

OFFICE OF CHOICE AND ENROLLMENT SERVICES
3131 Elliot St., Denver, Colorado 80211
(720) 423-3493
www.schoolchoice.dpsk12.org

Landlord Verification of Residency
This form must be completely filled out and signed by tenant's landlord.

Date: 1/8/2018

I, Lidia, Landlord's Name, do hereby certify that _____ and his/her family currently live at _____

Parent/Guardian Name: _____
Street: 5855 W City: Denver Co State: _____ Zip code: 80227

If I can be of further assistance, please feel free to contact me at _____ Landlord's Phone Number

Sincerely,
Lidia
Landlord's Signature

Proof of Income

Acceptable Proof of Income

- Pay Stubs (30 *consecutive* days worth and within the last 6 months)
- W-2 from previous year
- 1040 Tax form from previous year
- Letter from employer on company letterhead (not handwritten)
- Income affidavit
- Social Security letters
- SNAP benefit statement
- TANF award statement

What to look for

- Must state parents name
- Must be within the last 6months
- Must state gross income

Pay stubs:

Employer ID # 5334				Employee ID # E433				Employer Name & Address ABABA & COMPANY 3700 QUEBEC ST SUITES 100-135 DENVER, CO 80207			
Date JUL 2, 2017		Date JUL 15, 2017		Date JUL 20, 2017		Rate \$ 05		Rate \$ 05		Employer Employer	
EARNINGS			TAXES			DEDUCTIONS			YEAR TO DATE		
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
REGULAR	44.01	11.0000	484.11	FICA	30.01			GROSS	6755.32		
				MEDFICA	7.02			FICA	418.83		
				DENVER	5.75			MEDFICA	97.95		
								LOCAL	34.50		
TOTAL			484.11	TOTAL \$ 42.78			TOTAL \$ 0.00			Check No.	0137241
										NET PAY	*****441.33

30 consecutive days

Gross income

Employer ID # 5334				Employee Name ANALILIA HUERTA VALADEZ				Employer Name & Address ABABA & COMPANY 3700 QUEBEC ST SUITES 100-135 DENVER, CO 80207			
Date JUL 16, 2017		Date JUL 29, 2017		Date AUG 3, 2017		Rate \$ 05		Rate \$ 05		Employer Employer	
EARNINGS			TAXES			DEDUCTIONS			YEAR TO DATE		
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
REGULAR	45.00	11.0000	495.00	FICA	30.69			GROSS	7250.32		
				MEDFICA	7.18			FICA	449.52		
								MEDFICA	105.13		
								LOCAL	34.50		
TOTAL			495.00	TOTAL \$ 37.87			TOTAL \$ 0.00			Check No.	0137270
										NET PAY	*****457.13

W2 (must be from previous year)

2016 W-2 and EARNINGS SUMMARY

Employee Reference Copy
W-2
Wage and Tax Statement
2016

Control number: 09862 PHICE/607/2016000
Emp. Employer use only: A 34

Employer's name, address, and ZIP code: [Redacted]

Batch #00003

Employer's name, address, and ZIP code: [Redacted]

1 Wages, tips, other comp.	27138.80	2 Federal income tax withheld	745.42
3 Social security wages	27309.59	4 Social security tax withheld	1093.19
5 Medicare wages and tips	27309.59	6 Medicare tax withheld	265.60
7 Social security tips		8 Allocated tips	
9 Verification Code: 3A10-9140-7F23-9205		10 Dependent care benefits	
11 Nonqualified plans		12a Instructions to box 12	
12 Other		12b	149.99
		12c	1669.21
		12d	
		12e	
13 State (Employer's state ID no.)	CC	14 State wages, tips, etc.	27169.50
15 State income tax	258.09	16 Local wages, tips, etc.	27309.59
17 Local income tax	24.09	18 Locally imposed AURORA	

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2016 pay stub plus any adjustments submitted by your employer.

Gross Pay	27309.59	Social Security Tax Withheld	1093.19	CO, State Income Tax	238.00
		Box 4 of W-2		Box 17 of W-2	
				Local Income Tax	24.00
				Box 19 of W-2	
				SUIB01	
				Box 14 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation	Social Security Wages	Medicare Wages	CO, State Wages, Tips, Etc.	AJ/RORA Local Wages, Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 15 of W-2	Box 18 of W-2
Gross Pay	27,309.59	27,309.59	27,309.59	27,309.59	27,309.59
Less 401(k) (D-Box 12)	140.00	N/A	N/A	140.00	N/A
Reported W-2 Wages	27,169.59	27,309.59	27,309.59	27,169.59	27,309.59

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

[Redacted] Social Security Number: 124-63-2851
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 4
STATE: 4
LOCAL:

DENVER CO 80249

1040 Form (must be from previous year)

Form 1040 Department of the Treasury—Internal Revenue Service (99)		U.S. Individual Income Tax Return		2016	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
For the year Jan. 1–Dec. 31, 2016, or other tax year beginning				, 2016, ending		, 20
Your first name and initial				Last name		See separate instructions.
MARIAN						Your social security number
If a joint return, spouse's first name and initial				Last name		Spouse's social security number
JORGE						
Home address (number and street), if you have a P.O. box, see instructions.					Apt. no.	
412 STREET						
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).					Presidential Election Campaign	
DENVER CO					Check here if you, or your spouse if filing jointly, want \$3 to go to the fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name			Foreign province/state/county		Foreign postal code	
Filing Status						
1 <input type="checkbox"/> Single						
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)						
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶						
4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter the child's name here. ▶						
5 <input type="checkbox"/> Qualifying widow(er) with dependent child						
Exemptions						
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.						
b <input checked="" type="checkbox"/> Spouse						
c Dependents:						
(i) First name		Last name		(ii) Dependent's social security number	(iii) Dependent's relationship to you	(iv) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>						
d Total number of exemptions claimed						Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶
						2
						1
						3
Income						
7 Wages, salaries, tips, etc. Attach Form(s) W-2						7 53,725.
8a Taxable interest. Attach Schedule B if required						8a 0.
b Tax-exempt interest. Do not include on line 8a.						8b
9a Ordinary dividends. Attach Schedule B if required						9a 1,361.
b Qualified dividends						9b 592.
10 Taxable refunds, credits, or offsets of state and local income taxes						10 0.
11 Alimony received						11
12 Business income or (loss). Attach Schedule C or C-EZ						12 -6,797.
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>						13 304.
14 Other gains or (losses). Attach Form 4797						14
15a IRA distributions						15a
b Taxable amount						15b
16a Pensions and annuities						16a
b Taxable amount						16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E						17 -4,531.
18 Farm income or (loss). Attach Schedule F						18
19 Unemployment compensation						19
20a Social security benefits						20a
b Taxable amount						20b
21 Other income. List type and amount						21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶						22 44,062.

Employer Letter

On company
letterhead



January 10, 2018

To whom it may concern,

This letter is to verify the employment of Pam and Jim Halpert at our remarkable paper company full of wonderful and reliable people (except for Toby).

Jim is earning a monthly salary of \$5183.33 and Pam is on an hourly pay of \$15.83 and works a total of 40 hours per week. If you have any other questions please do not hesitate to call at 570-555-1234. Thank you!

A handwritten signature in black ink, appearing to be "Michael Scott".

Michael Scott
Regional Manager

Letter needs to state pay rate
per hour and hours worked
per pay period

Company contact information

42 Wallaby Way, Scranton, PA 18505
570-555-1231

Income Affidavit

DPS Teachers/Secretaries
Please submit completed form
Office of Choice and Enrollment
School: ispk12.org



Income Affidavit

Child's Name: Sergio Student #: _____
Household size: 6

Please provide the current gross income for either one or both parents/guardians in the household. (Gross income is the total income including work and non-work income before deductions and expenses.)

As of 11 / 17 / 17, the current gross income for:

Both Parents/Guardians

OR:

One Parent/Guardian Sergio Parent/Guardian Name

Is \$ 1,200 Per Month

OR:

\$ _____ Per Year

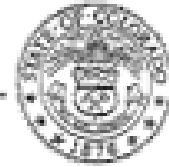
I hereby certify that the statements above are true and accurate to the best of my knowledge.

Signature of Parent/Guardian: [Signature] Signature Date: 11/17/17

FUNDING
QUALITY
PRESCHOOL
FOR DENVER

Non-work income

STATE OF COLORADO



Case Number:
Evelyn
LOT 37
960 ST
DENVER CO 80022-1812

Community Support TM
Adams - HSB
7190 COLORADO BLVD
COMMERCE CITY CO 80022-1812

(303) 227-2800

Client ID:

Food Assistance Contact: Community Support Team (303) 227-2800

Date and time of eligibility determination: 07/18/2017 06:40 PM

	Approval: Your application has been approved for the following program(s).				
Program	Application Date	Benefit Start Date/Month	Benefit End Date/Month	Benefit Amount	Date and Time determined
Food Assistance	07/11/2017	07/2017	07/2017	\$354.00	2017-07-18 18:40
Food Assistance	07/11/2017	08/2017	12/2017	\$525.00	2017-07-18 18:40
Individuals:					
Additional Information: If you applied for Food Assistance and Cash Assistance at the same time and your Cash Assistance is approved after your Food Assistance is then your Food Assistance benefits may be reduced upon approval of the Cash Assistance program. If you applied after the 15th of the month, you will get 2 months' worth of benefits on your card at the same time. The first month is a partial month based on the date you applied, and the second month is the full amount of benefits you are eligible to receive					
Supporting Rule: 10 CCR 2506-1, 4.401.1, 4.403, 4.407.3, 4.407.31					