

## Laws

31 CFR 1020.220- Customer Identification programs for banks, savings associations, credit unions, and certain non-federally regulated banks. Section a.2.1.A.

### Required Information to be verified:

- Physical Address (mailing address is exempt)
- Identification Number (SSN or ITIN)
- Date of Birth
- Name

## Acceptable Documentation

Physical Address	SSN/ITIN	Date of Birth	Name
Utility bill (electric, cable, etc.) listing service address from the past 6 months	Signed Social Security Card (or ITIN Card)	Current state driver's license or ID card	Current state driver's license or ID card
2 copies of anything mailed or a delivery receipt from the past 6 months	A letter from the social security Administration showing full SSN #	Current U.S. passport	Current U.S. passport
Current Lease/rental agreement	W-2 showing full SSN#	U.S. birth certificate	U.S. birth certificate
Most current property tax statement	Social Security statement showing full SSN#	Resident alien card	Resident alien card
Current Homeowner's insurance statement, bill, or policy	A paystub with full SSN# showing	Permanent resident card	Permanent resident card
Current Home loan statement			
Current state driver's license or ID card			

W-2 showing full SSN#

## Physical Address

- Utility Bill containing the service address.
  - Utility bill (electric, water, cable, phone, internet, etc.) listing service address dated within the past 6 months
  - 2 copies of anything mailed or a delivery receipt from dated within the past 6 months
  - The utility bill provided must show a service address that matches the address provided and currently on file.



- Delivery Receipt listing the client's address.
  - A Delivery Receipt is a document that is typically signed by the receiver of a shipment to indicate that they have in fact received the item being shipped and have taken possession of it.
  - The Delivery Receipt must be addressed to the client.

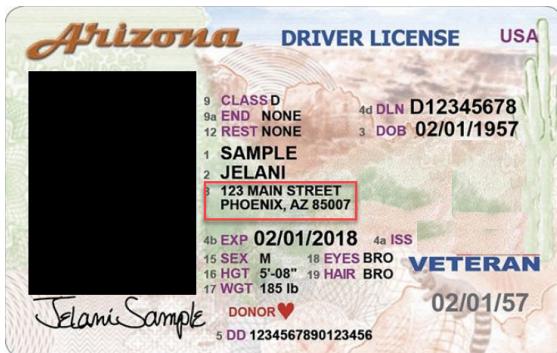
<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <b>X</b></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent C. Date of Delivery <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:   <b>Reggie Redbird</b>  <b>123 State St</b>  <b>Normal IL 61761</b> </p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) # from certified mail slip</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

22222	a Employee's social security number 123-45-6789	OMB No. 1545-0008			
b Employer identification number (EIN) 55-5765489	1 Wages, tips, other compensation 48,500.00	2 Federal income tax withheld 6,835.00			
c Employer's name, address, and ZIP code  The Big Company 12 Main Street Anywhere, NC 28111	3 Social security wages 50,000.00	4 Social security tax withheld 3,100.00			
d Control number A1B2	5 Medicare wages and tips 50,000.00	6 Medicare tax withheld 725.00			
e Employee's first name and initial Last name  Jane A. Doe 123 Elm Street Anywhere Else, PA 17111	7 Social security tips  Verification code	8 Allocated tips  10 Dependent care benefits			
f Employee's address and ZIP code  PA   124578	11 Nonqualified plans  13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> X Third-party sick pay	12a D   1,500.00  12b DD   1,000.00  12c P   4,800.00  12d			
15 State Employer's state ID number PA   124578	16 State wages, tips, etc. 50,000.00	17 State income tax 1,535.00	18 Local wages, tips, etc. 50,000.00	19 Local income tax 750.00	20 Locality name AW

**W-2 Wage and Tax Statement 2017**  
Form Copy 1—For State, City, or Local Tax Department

Department of the Treasury—Internal Revenue Service

- Driver's License



- Insurance Documents- For home or renters insurance.

## Home Insurance Application for Insurance



This is an Application for Insurance. Your signature at the end of this document is required. If our records do not show that you have provided us with a signed copy of this document, we reserve the right to terminate your coverage. Please keep a copy for your records.

**Policy Number:** 32712-90-07  
**Start Date:** 8/11/2019 12:01 AM  
**Policy Form:** Broad Form Renters  
**Primary Named Insured &** Isabella Abel-Suarez  
**Property Address:** 1915 E Kenilworth Pl  
Milwaukee, WI 53202-1121  
(702) 234-9232  
isabella.abelsuarez@gmail.com

**Your Farmers Agent:** Roger Channing  
4369 S Howell Ave Ste201  
Milwaukee, WI 53207-5055  
(414) 482-9400  
FAX (414) 482-7331  
rchanning@farmersagent.com

**Underwritten By:** Fire Insurance Exchange  
6301 Owensmouth Ave.  
Woodland Hills, CA 91367

**Print Date:** 7/25/2019  
**Go Paperless:** No  
**eSignature:** Yes

### Premiums/Fees

Policy Premium	\$118.26
Membership/Policy Fees*	\$25.00
(Non-Refundable)	
Regulatory Charges	\$0.00
<b>Premium and Fees*</b>	<b>\$143.26</b>

\* Also see Information on Additional Fees below.

### Coverage

Coverage	Coverage Limits
Coverage C - Personal Property	\$12,000
Coverage D - Loss of Use	\$2,400
Coverage E - Personal Liability	\$300,000
Coverage F - Medical Payments To Others	\$5,000

Additional Coverage	Coverage Limits
Contents Replacement Cost	Covered
Building Additions & Alterations	\$1,200

### Deductibles

Deductible
Applicable to each covered loss \$1,000

### Discounts Applied to Policy

Failure to submit requested documentation for discounts may result in removal of the discount and a premium increase.

The screenshot shows the TurboTenant software interface. On the left, there's a sidebar with icons for RENTERS, PROPERTIES, and LEASES. The main area displays a tenant profile for "Thomas Jefferson" with a placeholder image. The profile includes the address "TENANT OF: 1234 Broadway St. #102". Below the profile, there's an email link ("TJEFFERSON@GMAIL.COM") and a phone number ("(123) 456-7890"). A note states "Founding Father. President of the United States. Principal author of the Declaration of Independence." At the bottom of the profile section, there are tabs for SUMMARY, APPLICATION, and SCREENING REPORT. The SUMMARY tab is active. In the SUMMARY section, there's a red box highlighting the "Renters Insurance" field, which says "Proof Uploaded" and has an "EDIT" link. It also notes that the proof has NOT been verified by TurboTenant. Below this, there are fields for "Start Date" (11/22/2018), "End Date" (11/22/2019), and a file link "insurance\_policy.pdf". Further down, there's a "Lease Information" section with fields for "Rent" (\$1800), "Deposit" (\$500), "Start Date" (12/21/2017), and "End Date" (12/21/2018). Navigation links include "BACK", "CONVERT TO APPLICANT", and "ARCHIVE TENANT".

## ● Property Tax Statement

Mary Maloney  
Polk County Treasurer  
111 Court Avenue, County Admin Bldg  
Des Moines, IA 50309-2298  
515-286-3060



12 Pay property tax online, not in line at  
[www.IowaTaxAndTags.gov](http://www.IowaTaxAndTags.gov)



2019

PROPERTY TAX  
STATEMENT

BILL TYPE: Real Property Bill #: RE1000240

Parcel : 010.00001.001.001

Tag : DEM-C-DEM-77131

Owner Name: PATRICIA DOE

Address: 111 COURT AVE

Description: LTS 1 THRU 6 JOHN KUEFNER'S SUB DIV; AND N  
22F W 66F LT 1 & S 2/3 LT 2 & ALL LTS 3 THRU 12  
ALL INTERV VAC ALLEYS BLK 34 FORT DES  
MOINES

- Lease/Rental Agreement

## Identification Number (SSN/ITIN)

- Social Security Card



- W-2

22222	a Employee's social security number 123-45-6789	OMB No. 1545-0008			
b Employer identification number (EIN) 55-5765489		1 Wages, tips, other compensation 48,500.00		2 Federal income tax withheld 6,835.00	
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		5 Medicare wages and tips 50,000.00		6 Medicare tax withheld 725.00	
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15 State PA	Employer's state ID number 124578	16 State wages, tips, etc. 50,000.00	17 State income tax 1,535.00	18 Local wages, tips, etc. 50,000.00	19 Local income tax 750.00
					20 Locality name AW

- Letter from the Social Security Administration verifying SSN.
- Paystub
  - The client can submit a paystub only to verify the Social Security Number not to validate ITIN.



CO. FILE DEPT. CLOCK NUMBER  
ABC 126543 123456 12345 00000000 1

ACME SUPPLIES CORP.  
475 KNAPP AVENUE  
ANYTOWN, USA 10101

Social Security Number: 999-99-9999  
Taxpayer marital status: married  
Exemptions/Allowances:  
Federal: 3, \$25 Additional Tax

### Earnings Statement



Period ending: 7/18/2008  
Pay date: 7/25/2008

JANE HARPER  
101 MAIN STREET  
ANYTOWN, USA 12345

Earnings	rate	hours	this period	year to date	Other Benefits and Information	this period	total to date
Regular	10.00	32.00	320.00	16,640.00	Group Term Life	0.51	27.00
Overtime	15.00	1.00	15.00	780.00	Loan Am't Paid		840.00
Holiday	10.00	8.00	80.00	4,160.00	Vac Hrs		40.00
Tuition			37.43*	1,946.80	Sick Hrs		16.00
			<b>Gross Pay</b>	<b>\$ 452.43</b>	Title	Operator	
<b>Deductions</b>	<b>Statutory</b>						
	Federal Income Tax	- 40.60		2,111.20			
	Social Security Tax	- 28.05		1,458.60			
	Medicare Tax	- 6.56		341.12			
	NY State Income Tax	- 8.43		438.36			
	NYC Income Tax	- 5.94		308.88			
	NY SUI/SDI Tax	- 0.60		31.20			

**Important Notes**  
EFFECTIVE THIS PAY PERIOD YOUR REGULAR  
HOURLY RATE HAS BEEN CHANGED FROM \$8.00  
TO \$10.00 PER HOUR.

- 1099-R
- Letter from the US treasury verifying the ITIN Status
- Credit Report
  - A copy of the client's credit report can be used only if it contains the client's Social Security Number, and its less than 6 months old.

## Date of Birth

- State ID



- Driver's License



- Permanent Resident Card/ Resident Alien Card

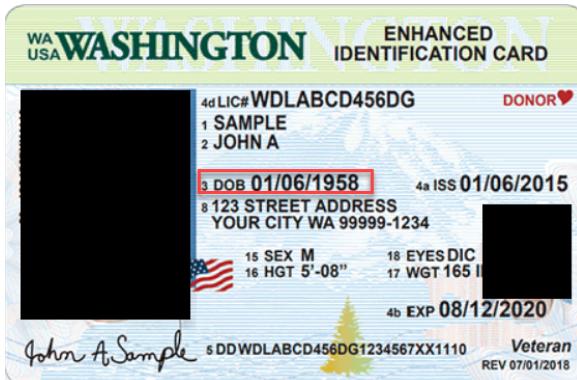


- Birth Certificate
- US Passport



## Name

- State ID



- Driver's License



- Permanent Resident Card/ Resident Alien Card



- Birth Certificate
  - US Passport



- Marriage Certificate
    - Marriage Certificate can be utilized if the client has not yet updated their legal name from their maiden name to married name on identification documents.