

MARCH 7, 2022

March 7th

Formal Complaint Docket Number **F2022-3030801**

Yolanda Jones

To Whom It May Concern

I'm writing regarding Docket #F-2022-3030801. My name is Yolanda Jones. I received PGW's answer to my formal complaint and it stated "PGW lacks sufficient information to determine the truth of the averments that Complainant did not use the service at 3625 N. Gratz Street, Philadelphia PA ("Service Address") after August 2009."

I'm providing sufficient evidence towards my complaint to provide that I did not reside at 3625 North Gratz after August of 2009. Please find the following attachments:

I moved to New Jersey in August 2009 before I got married in September 2009 and my address at the time was 11 Yorkshire Road, Sicklerville NJ while I continued to work for Temple University.

- A copy of the signed rental agreement with Barry Billups agreeing to pay all utilities except for the water bill
- A copy of the signed rental agreement with Essence Cook and DeSean Stamps agreeing to pay all utilities except for the water bill
- A copy of the Rental Dwelling quote and bill since I was no longer living there I changed the home owner's insurance to renters insurance
- A copy of utility bills in my name from the Yorkshire address and Moore Blvd the home I purchased for my family in 2014
- 2009 Tuition Statement for Temple University with my Yorkshire Address
- 2009 and 2010 PA-40 and W-2s because I had to pay city wage taxes because I worked in PA but lived in NJ
- In 2012 I switched jobs and started working for Rutgers University, my current employer. Find a copy of my offer letter with a Residence requirement on the 2nd page- I am required to live in NJ in order to work for them.
- Copies of my deed when I purchased my new home for my growing family, settlement sheet, and my first mortgage statement in 2014

I hope these attachments show more than enough proof that I have not live at 3625 North Gratz after August 2009.

Month-to-Month Rental Agreement

Clause 1. Identification of Landlord and Tenant

This agreement is entered into between Barry Billups [Tenant] and Yolanda Cosby [Landlord]. Each Tenant is jointly and severally liable for the payment of rent and performance of all other terms of this Agreement.

Clause 2. Identification of Premises

Subject to the terms and conditions in this Agreement, Landlord rents to Tenant, and Tenant rents from Landlord, for residential purposes only, the premises located at 3625 North Gratz Street
Phila PA 19140 together with the following furnishings and appliances:
Stove, microwave, refrigerator, washing machine, light fixtures/ceiling fans
Rental of the premises also includes _____

Clause 3. Limits on Use and Occupancy

The premises are to be used only as a private residence for Tenant(s) listed in Clause 1 of this Agreement, and their minor children. Occupancy by guests for more than 1 week is prohibited without Landlord's written consent and will be considered a breach of this Agreement.

Clause 4. Term of the Tenancy

The rental will begin on July 1, 2010, and continue on a month-to-month basis. Landlord may terminate the tenancy or modify the terms of this Agreement by giving the Tenant 30 days' written notice. Tenant may terminate the tenancy by giving the Landlord 30 days' written notice.

Clause 5. Payment of Rent.

Regular month rent

Tenant will pay to Landlord a monthly rent of \$ 805.00 to start July 1, 2010, payable in advance on the first day of each month, except when that day falls on a weekend or legal holiday, in which case rent is due on the next business day. Rent will be paid in the following manner unless Landlord designates otherwise:

Delivery of Payment.

Rent will be paid:

- by mail, to FCCS 100 N. Blackhorse Pike Suite 308 Williamstown NJ 08094
 in person, at _____

Form of payment.

Landlord will accept payment in these forms:

- personal check made payable to _____
 cashier's check made payable to _____
 credit card
 money order Full Circle Cleaning Service (FCCS)
 cash

Prorated first month's rent: ye

For the period from Tenant's move-in date, _____, through the end of the month, Tenant will pay to Landlord the prorated monthly rent of \$ 1,000. This amount will be paid on or before the date the Tenant moves in. *includes 1st & last month's rent portion of the security deposit \$100 ye Already pd*

Clause 6. Late Charges

If Tenant fails to pay the rent in full before the end of the 5th day after it's due, Tenant will pay Landlord a late charge as follows: 55.00

Landlord does not waive the right to insist on payment of the rent in full on the date it is due.

Clause 7. Returned Check and Other Bank Charges

If any check offered by Tenant to Landlord in payment of rent or any other amount due under this Agreement is returned for lack of sufficient funds, a "stop payment," or any other reason, Tenant will pay Landlord a returned check charge of \$ 35.00.

Clause 8. Security Deposits

On signing this Agreement, Tenant will pay to Landlord the sum of \$ 225 pd 8/09 as a security deposit. Tenant may not, without Landlord's prior written consent, apply this security deposit to the last month's rent or to any other sum due under this Agreement. Within 30 days after Tenant has vacated the premises, returned keys, and provided Landlord with a forwarding address, Landlord will return the deposit in full or give Tenant an itemized written statement of the reasons for, and the dollar amount of, any of the security deposit retained by Landlord, along with a check for any deposit balance.

Clause 9. Utilities

Tenant will pay all utility charges, except for the following, which will be paid by Landlord:

for the water ~~sewer~~ (water)

Clause 10. Assignment and Subletting

Tenant will not sublet any part of the premises or assign this Agreement without the prior written consent of Landlord.

Clause 11. Tenant's Maintenance Responsibilities

Tenant will: (1) keep the premises clean, sanitary, and in good condition and, upon termination of the tenancy, return the premises to Landlord in a condition identical to that which existed when Tenant took occupancy, except for ordinary wear and tear; (2) immediately notify Landlord of any defects or dangerous conditions in and about the premises of which Tenant becomes aware; and (3) reimburse Landlord, on demand by Landlord, for the cost of any repairs to the premises damaged by Tenant or Tenant's guests or business invitees through misuse or neglect. Tenant has examined the premises, including appliances, fixtures, carpets, drapes, and paint, and has found them to be in good, safe, and clean condition and repair, except as noted in the Landlord-Tenant Checklist.

Clause 12. Repairs and Alterations by Tenant

- a. Except as provided by law, or as authorized by the prior written consent of Landlord, Tenant will not make any repairs or alterations to the premises, including nailing holes in the walls or painting the rental unit.
- b. Tenant will not, without Landlord's prior written consent, alter, rekey, or install any locks to the premises or install or alter any burglar alarm system. Tenant will provide Landlord with a key or keys capable of unlocking all such rekeyed or new locks as well as instructions on how to disarm any altered or new burglar alarm-system.

Clause 13. Violating Laws and Causing Disturbances

Tenant is entitled to quiet enjoyment of the premises. Tenant and guests or invitees will not use the premises or adja-

cent areas in such a way as to: (1) violate any law or ordinance, including laws prohibiting the use, possession, or sale of illegal drugs; (2) commit waste (severe property damage); or (3) create a nuisance by annoying, disturbing, inconveniencing, or interfering with the quiet enjoyment and peace and quiet of any other tenant or nearby resident.

Clause 14. Pets

No animal, bird, or other pet will be kept on the premises, even temporarily, except properly trained service animals needed by blind, deaf, or disabled persons and _____ under the following conditions:

Clause 15. Landlord's Right to Access

Landlord or Landlord's agents may enter the premises in the event of an emergency, to make repairs or improvements, or to show the premises to prospective buyers or tenants. Landlord may also enter the premises to conduct an annual inspection to check for safety or maintenance problems. Except in cases of emergency, Tenant's abandonment of the premises, court order, or where it is impractical to do so, Landlord shall give Tenant 2 days notice before entering.

Clause 16. Extended Absences by Tenant

Tenant will notify Landlord in advance if Tenant will be away from the premises for 5 or more consecutive days. During such absence, Landlord may enter the premises at times reasonably necessary to maintain the property and inspect for needed repairs.

Clause 17. Possession of the Premises

a. *Tenant's failure to take possession.*

If, after signing this Agreement, Tenant fails to take possession of the premises, Tenant will still be responsible for paying rent and complying with all other terms of this Agreement.

b. *Landlord's failure to deliver possession.*

If Landlord is unable to deliver possession of the premises to Tenant for any reason not within Landlord's control, including, but not limited to, partial or complete destruction of the premises, Tenant will have the right to terminate this Agreement upon proper notice as required by law. In such event, Landlord's liability to Tenant will be limited to the return of all sums previously paid by Tenant to Landlord.

Clause 18. Tenant Rules and Regulations

Tenant acknowledges receipt of, and has read a copy of, tenant rules and regulations, which are attached to and incorporated into this Agreement by this reference.

Clause 19. Payment of Court Costs and Attorney Fees in a Lawsuit

In any action or legal proceeding to enforce any part of this Agreement, the prevailing party shall not / shall recover reasonable attorney fees and court costs.

Clause 20. Disclosures

Tenant acknowledges that Landlord has made the following disclosures regarding the premises:

- Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards
- Other disclosures:

Clause 21. Authority to Receive Legal Papers

The Landlord, any person managing the premises, and anyone designated by the Landlord are authorized to accept service of process and receive other notices and demands, which may be delivered to:

- The Landlord, at the following address: FCCS 100 N. Blackhorse Pike Suite 308
- The manager, at the following address: Williams town NJ 08094
- The following person, at the following address: _____

Clause 22. Additional Provisions

Additional provisions are as follows:

Tenant should obtain renter insurance

Clause 23. Validity of Each Part

If any portion of this Agreement is held to be invalid, its invalidity will not affect the validity or enforceability of any other provision of this Agreement.

Clause 24. Grounds for Termination of Tenancy

The failure of Tenant or Tenant's guests or invitees to comply with any term of this Agreement, or the misrepresentation of any material fact on Tenant's rental application, is grounds for termination of the tenancy, with appropriate notice to Tenant and procedures as required by law.

Clause 25. Entire Agreement

This document constitutes the entire Agreement between the parties, and no promises or representations, other than those contained here and those implied by law, have been made by Landlord or Tenant. Any modifications to this Agreement must be in writing signed by Landlord and Tenant.

06/09/10 ycosky Landlord
 Date Landlord or Landlord's Agent Title

Address _____

City State Zip Code Phone

x 6/12/10 Ramy Billings 215-459-7139
 Date Tenant Phone

 Date Tenant Phone

 Date Tenant Phone

IN THE PHILADELPHIA MUNICIPAL COURT

NO.	
PLAINTIFF(S) Michael Cosby	DEFENDANT(S) Barry Billupa 3625 North Gratz Street Philadelphia, PA 19140

APPOINTMENT OF AUTHORIZED REPRESENTATIVE FORM (RULES 102 AND 131)

The following section is to be completed by the individual on behalf of the party that is appointing an Authorized Representative:

I, Michael Cosby, on behalf of Yolanda Cosby
Name of Appointing Individual Name of Party

a party in the above-captioned matter, do hereby certify that the party is one of the following: (check one)

- an individual or sole proprietor; a corporation; a general partnership; a limited partnership; a limited liability company;
- a professional association; or a business trust.

I further certify that I have authority to execute this form on behalf of the party and that I am: (check one)

- the individual or sole proprietor that is the party; an officer of the corporation that is the party; a partner of the general partnership that is the party; a general partner of the limited partnership that is the party; a manager of the limited liability company that is the party; an officer of the board of governors of the professional association that is the party; or a trustee of the business trust that is the party.

I hereby authorize Michael Cosby to act as an Authorized Representative of the party named above and certify that the Authorized Representative has personal knowledge of the facts and circumstances of the above-captioned matter and is acting as an agent of the party. The nature and extent of the authorized representative's authority is limited to the following: (check as many as are applicable)

- filing a statement of claim; filing a landlord tenant complaint; negotiating an amicable resolution of the matter;
- participating at trial by testifying, submitting documents into evidence, asking questions of witnesses and making argument, and
- filing or responding to a petition to open a default judgment.

I hereby verify that the facts set forth above are true and correct to the best of my knowledge, information and belief. I further acknowledge that this verification is made subject to the penalties for making an unsworn falsification to authorities in violation of 18 Pa. C.S. § 4904.

Printed Name: Yolanda Cosby

Date: 10/30/2013

Y Cosby
Signature of Appointing Individual

The following section is to be completed by the Authorized Representative:

I, Michael Cosby, do hereby verify, to the best of my knowledge, information and belief, that I have personal knowledge of the facts and circumstances of the above-captioned matter. I further acknowledge that this verification is made subject to the penalties for making an unsworn falsification to authorities in violation of 18 Pa. C.S. § 4904.

Printed Name: _____

Date: 10/30/2013

Telephone: 856.264.0300

Signature of Authorized Representative

Date: 10/30/2013

Month-to-Month Rental Agreement

Clause 1. Identification of Landlord and Tenant

This agreement is entered into between Essence Cook / DESEAN STANYS [Tenant] and Michael L. Cosby [Landlord]. Each Tenant is jointly and severally liable for the payment of rent and performance of all other terms of this Agreement.

Clause 2. Identification of Premises

Subject to the terms and conditions in this Agreement, Landlord rents to Tenant, and Tenant rents from Landlord, for residential purposes only, the premises located at 3625 North Goetz St. Phila, PA 19140 together with the following furnishings and appliances: Stove, Microwave, Refrigerator, Washing Machine, Light Fixtures, Ceiling fans. Rental of the premises also includes _____

Clause 3. Limits on Use and Occupancy

The premises are to be used only as a private residence for Tenant(s) listed in Clause 1 of this Agreement, and their minor children. Occupancy by guests for more than 2 week is prohibited without Landlord's written consent and will be considered a breach of this Agreement.

Clause 4. Term of the Tenancy

The rental will begin on Nov 7, 2013, and continue on a month-to-month basis. Landlord may terminate the tenancy or modify the terms of this Agreement by giving the Tenant 30 days' written notice. Tenant may terminate the tenancy by giving the Landlord 30 days' written notice.

Clause 5. Payment of Rent.

Regular month rent

Tenant will pay to Landlord a monthly rent of \$ 900.00, payable in advance on the first day of each month, except when that day falls on a weekend or legal holiday, in which case rent is due on the next business day. Rent will be paid in the following manner unless Landlord designates otherwise:

Delivery of Payment.

Rent will be paid:

- by mail, to 765 PO Box Sicklerville, NJ 08081
 in person, at Deposit Account TD Bank: ~~786~~ 786 926 4429

Form of payment.

Landlord will accept payment in these forms:

- personal check made payable to FCCS
 cashier's check made payable to _____
 credit card
 money order
 cash

Prorated first month's rent.

For the period from Tenant's move-in date, Nov 1, 2013, through the end of the month, Tenant will pay to Landlord the prorated monthly rent of \$ 2250.00. This amount will be paid on or before the date the Tenant moves in.

Clause 6. Late Charges

If Tenant fails to pay the rent in full before the end of the 5th day after it's due, Tenant will pay Landlord a late charge as follows: \$55.00.

Landlord does not waive the right to insist on payment of the rent in full on the date it is due.

Clause 7. Returned Check and Other Bank Charges

If any check offered by Tenant to Landlord in payment of rent or any other amount due under this Agreement is returned for lack of sufficient funds, a "stop payment," or any other reason, Tenant will pay Landlord a returned check charge of \$ 40.00.

Clause 8. Security Deposits

On signing this Agreement, Tenant will pay to Landlord the sum of \$ 450.00 as a security deposit. Tenant may not, without Landlord's prior written consent, apply this security deposit to the last month's rent or to any other sum due under this Agreement. Within 30 days after Tenant has vacated the premises, returned keys, and provided Landlord with a forwarding address, Landlord will return the deposit in full or give Tenant an itemized written statement of the reasons for, and the dollar amount of, any of the security deposit retained by Landlord, along with a check for any deposit balance.

Clause 9. Utilities

Tenant will pay all utility charges, except for the following, which will be paid by Landlord:

Water

Clause 10. Assignment and Subletting

Tenant will not sublet any part of the premises or assign this Agreement without the prior written consent of Landlord.

Clause 11. Tenant's Maintenance Responsibilities

Tenant will: (1) keep the premises clean, sanitary, and in good condition and, upon termination of the tenancy, return the premises to Landlord in a condition identical to that which existed when Tenant took occupancy, except for ordinary wear and tear; (2) immediately notify Landlord of any defects or dangerous conditions in and about the premises of which Tenant becomes aware; and (3) reimburse Landlord, on demand by Landlord, for the cost of any repairs to the premises damaged by Tenant or Tenant's guests or business invitees through misuse or neglect. Tenant has examined the premises, including appliances, fixtures, carpets, drapes, and paint, and has found them to be in good, safe, and clean condition and repair, except as noted in the Landlord-Tenant Checklist.

Clause 12. Repairs and Alterations by Tenant

- a. Except as provided by law, or as authorized by the prior written consent of Landlord, Tenant will not make any repairs or alterations to the premises, including nailing holes in the walls or painting the rental unit.
- b. Tenant will not, without Landlord's prior written consent, alter, rekey, or install any locks to the premises or install or alter any burglar alarm system. Tenant will provide Landlord with a key or keys capable of unlocking all such rekeyed or new locks as well as instructions on how to disarm any altered or new burglar alarm-system.

Clause 13. Violating Laws and Causing Disturbances

Tenant is entitled to quiet enjoyment of the premises. Tenant and guests or invitees will not use the premises or adja-

cent areas in such a way as to: (1) violate any law or ordinance, including laws prohibiting the use, possession, or sale of illegal drugs; (2) commit waste (severe property damage); or (3) create a nuisance by annoying, disturbing, inconveniencing, or interfering with the quiet enjoyment and peace and quiet of any other tenant or nearby resident.

Clause 14. Pets

No animal, bird, or other pet will be kept on the premises, even temporarily, except properly trained service animals needed by blind, deaf, or disabled persons and _____ under the following conditions:

\$65 per pet - MAC, D.A.S. Ec

Clause 15. Landlord's Right to Access

Landlord or Landlord's agents may enter the premises in the event of an emergency, to make repairs or improvements, or to show the premises to prospective buyers or tenants. Landlord may also enter the premises to conduct an annual inspection to check for safety or maintenance problems. Except in cases of emergency, Tenant's abandonment of the premises, court order, or where it is impractical to do so, Landlord shall give Tenant 24 hours notice before entering.

Clause 16. Extended Absences by Tenant

Tenant will notify Landlord in advance if Tenant will be away from the premises for 7 or more consecutive days. During such absence, Landlord may enter the premises at times reasonably necessary to maintain the property and inspect for needed repairs.

Clause 17. Possession of the Premises

a. *Tenant's failure to take possession.*

If, after signing this Agreement, Tenant fails to take possession of the premises, Tenant will still be responsible for paying rent and complying with all other terms of this Agreement.

b. *Landlord's failure to deliver possession.*

If Landlord is unable to deliver possession of the premises to Tenant for any reason not within Landlord's control, including, but not limited to, partial or complete destruction of the premises, Tenant will have the right to terminate this Agreement upon proper notice as required by law. In such event, Landlord's liability to Tenant will be limited to the return of all sums previously paid by Tenant to Landlord.

Clause 18. Tenant Rules and Regulations

Tenant acknowledges receipt of, and has read a copy of, tenant rules and regulations, which are attached to and incorporated into this Agreement by this reference.

Clause 19. Payment of Court Costs and Attorney Fees in a Lawsuit

In any action or legal proceeding to enforce any part of this Agreement, the prevailing party

shall not / shall recover reasonable attorney fees and court costs.

Clause 20. Disclosures

Tenant acknowledges that Landlord has made the following disclosures regarding the premises:

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Other disclosures:

Clause 21. Authority to Receive Legal Papers

The Landlord, any person managing the premises, and anyone designated by the Landlord are authorized to accept service of process and receive other notices and demands, which may be delivered to:

- The Landlord, at the following address: 76.5 PO Box Sicilyville, NJ 08081
- The manager, at the following address: _____
- The following person, at the following address: _____

Clause 22. Additional Provisions

Additional provisions are as follows:

Tenant should obtain renter insurance

Clause 23. Validity of Each Part

If any portion of this Agreement is held to be invalid, its invalidity will not affect the validity or enforceability of any other provision of this Agreement.

Clause 24. Grounds for Termination of Tenancy

The failure of Tenant or Tenant's guests or invitees to comply with any term of this Agreement, or the misrepresentation of any material fact on Tenant's rental application, is grounds for termination of the tenancy, with appropriate notice to Tenant and procedures as required by law.

Clause 25. Entire Agreement

This document constitutes the entire Agreement between the parties, and no promises or representations, other than those contained here and those implied by law, have been made by Landlord or Tenant. Any modifications to this Agreement must be in writing signed by Landlord and Tenant.

11/1/13 [Signature] Leone Hordel
 Date Landlord or Landlord's Agent Title

 Address

 City State Zip Code Phone

11/1/13 EC
~~10-28-13~~ Essence Cook 215 410 8697
 Date Tenant Phone

11/1/13 De'Sean Stays 267 230 8310
 Date Tenant Phone

 Date Tenant Phone



PHILADELPHIA MUNICIPAL COURT

Office of the Deputy Court Administrator

1339 Chestnut Street, 10th Floor, Philadelphia, PA 19107

215-686-2910

02/19/2021

Patrick F. Dugan
President Judge

John J. Joyce
Deputy Court Administrator

Claim No: LT-20-12-29-5631

Yolanda Jones, AKA/DBA: Yolanda Cosby;
Michael Cosby, Authorized Rep

Yolanda Jones, AKA/DBA: Yolanda Cosby;
Michael Cosby, Authorized Rep
P.O. 765
Sicklerville, NJ 08081

vs.

Essence Cook, AKA/DBA: And All
Occupants, DeSean A. Stamps, AKA/DBA:
And All Occupants

NOTICE OF CONTINUANCE

This is to advise you that the case indicated above, which was continued by the Court on 02/17/2021, is now listed for a hearing on 04/12/2021, in Courtroom at 02:15 PM. At which time, you must be present.

1339 Chestnut Street 6th Floor
Philadelphia, PA 19107
Hearing Room: 3

If you fail to appear, judgment will be entered against you by default.

John J. Joyce
Deputy Court Administrator

State Farm Fire and Casualty Company

Rental Dwelling Rate Quote

Prepared: September 24, 2010

Prepared for: COSBY, YOLANDA
11 YORKSHIRE RD
SICKLERVILLE, NJ 08081-2149

Prepared by: Mike Hickey
MICHAEL HICKEY INS AGCY INC
86 Bethlehem Pike
Philadelphia, PA 19118-2821
Phone: (215) 753-1501

Phone: (215) 226-2292 (Home)

Property Location: 3625 N GRATZ ST
PHILADELPHIA, PA 19140-4016

Year Built: 1930 Subzone: 12
Territory Zone: 04 Construction: Masonry

Quote Effective Date: 10/01/2010
Number of Units: 1

Rate IV: 100%

Quote Description: 100% Replacement Cost

Quote Results

Coverages

	Limit	Premium
Dwelling (Coverage A)	188,000	1,181.00
Dwelling Extra Replacement Cost	37,600	10.00
Dwelling Extension	18,800	
Personal Property (Coverage B)	9,400	
Business Liability (Coverage L) each occurrence	300,000	
Business Liability (Coverage L) annual aggregate	600,000	
Premises Medical Payments (Coverage M) each person	1,000	
Loss of Rents (Actual Loss Sustained)		

Deductibles

Policy deductible	1,000	
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Charges / Credits

Home alert		(59.00)
Utility rating plan		177.00

Total Annual Premium

1,309.00

Monthly Premium (Service charge not included)

109.08

This example of available coverages and limits is not a contract, binder, or recommendation of coverage. This quote assumes you insure for 100% of the estimated replacement cost of your rental dwelling. Higher limits are available at a higher premium. Coverage is available in a lesser amount, subject to restrictions and limitations. If information used for rating changes or different rates are effective at the time of policy issuance, this rate quote may be revised. All coverages are subject to the terms and conditions contained in the policy and endorsements. You must choose your limits and coverages.

Policy Information

Your Agent



State Farm Agent

1165 W Chester Pike
Havertown, PA 19083-3454
(484)469-3663

Contact State Farm Agent >

Policy number 98-CS-R755-7

Policy type Rental Dwelling

Mailing address 402 Moore Blvd
Clayton, NJ 08312-1958

Phone number (267) 259-6302

Email address YCOSBY64@GMAIL.COM

[Report A Claim](#)

[Change Personal Info](#)

[Printer-Friendly Version](#)

Manage Your Policy

[Change Personal Info](#)

[Pay My Bills](#)

[Add Additional Interest](#)

[Email Agent](#)

[Report A Claim](#)

[Request Documents](#)

Expand all sections | Collapse all sections

General & Billing Information

Location

3625 N Gratz St
Phila, PA 19140-4016

Policyholder

Cosby, Yolanda

Renewal date

07/07/2022

Premium

\$1,278.00

Amount due

\$0.00

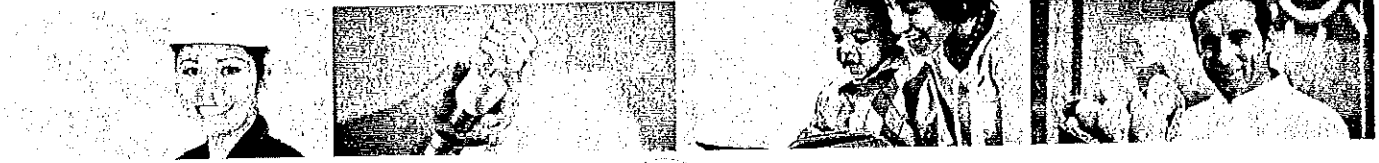
Bill to

Pa Housing Finance Agency Its Successors And/Or Assigns
PO Box 15057
Harrisburg, PA 17105-5057

[Pay My Bills](#)



Your electric bill - Feb 2012
for the period January 25, 2012 to February 24, 2012



MICHAEL COSBY
YOLANDA COSBY

Account number: 3768 1169 9994
Your service address: 11 YORKSHIRE RD
ERIAL NJ 08081
Bill Issue date: February 27, 2012

Summary of your charges

Balance from your last bill	\$257.60
Balance forward as of Feb 27, 2012	\$257.60
New Viridian Energy supply charges	\$219.56
Total amount due by Mar 19, 2012	\$477.16

A past due amount of \$257.60 remained on your account at the time your bill was prepared. If payment has been made, please disregard this notice. For bill payment options, visit www.atlanticcityelectric.com.

As the temperature dips, those winter heating bills can climb. Visit atlanticcityelectric.com for ways to save on your monthly energy bill.

Plan & budget monthly energy costs, sign up for Budget Billing. Visit www.atlanticcityelectric.com or call 800-642-3780, Mon.-Fri. 7AM-7PM.

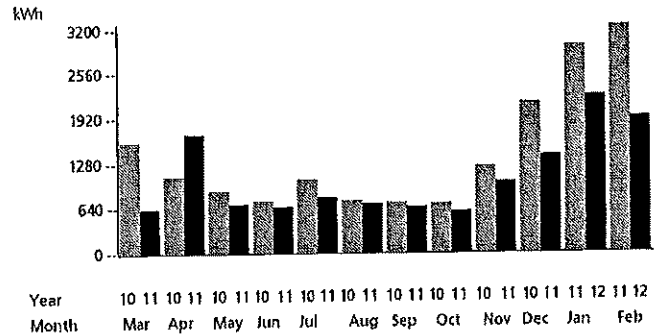
Learn how to save energy and money by registering to use My Account at atlanticcityelectric.com. It's free and easy!

How to contact us

Customer service (Mon-Fri, 7am - 7pm) 1-800-642-3780
Electric emergencies & outages (24 hours) 1-800-833-7476
¿Problemas con la factura? 1-800-642-3780
Visit atlanticcityelectric.com

Your monthly Electricity usage in kWh

Daily temperature averages: Feb 2011: 36° F Feb 2012: 41° F



Find helpful storm preparation and power outage information at atlanticcityelectric.com

Please tear on the dotted line below.

Return this coupon with your payment made payable to Atlantic City Electric

Account number **3768 1169 9994**
Total amount due by Mar 19, 2012 **\$477.16**

310406190 01 AV 0.350 2N06190



MICHAEL COSBY
YOLANDA COSBY
11 YORKSHIRE RD
SICKLERVILLE NJ 08081-2149

Amount Paid: \$.

PO Box 13610
Philadelphia PA 19101





Service To:
YOLANDA JONES
11 YORKSHIRE RD
SICKLERVILLE, NJ 08081-2149

Account Number
001583396 0715915
 SOUTHERN DIVISION
 1250300 PWSID # NJ0415002

Aqua New Jersey, Inc.
 762 W. Lancaster Avenue
 Bryn Mawr, PA 19010-3489

Tel: **877.987.2782**
 Fax: **866.780.8292**
 e Mail: **custserv@aquamerica.com**

Questions about your water service?... Contact us before the due date.
 Bill Date **June 15, 2012** Total Amount Due **\$ 53.50** Current Charges Due Date **July 10, 2012**

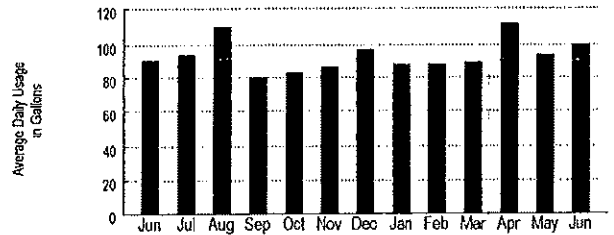
Meter Data

Meter	Size	Billing Period	Days	Read Type	Meter Readings	Usage	Units
56606650	5/8	06/13/12	28	Actual	96000	2,800	Gallons
		05/16/12		Actual	93200		
Average Daily Usage = 100 Gallons		Total Days: 28		Total Usage:		2,800	Gallons

Billing Detail

Amount Owed from Last Bill \$ 26.75
 Total Payments Received 0.00
Remaining Balance **26.75**
 Customer Charge 12.95
 2,800 gallons @ \$0.00493 per gallon 13.80
 Total Water Charges 26.75
Amount Due **\$ 53.50**

Water Usage History



Read Types: Actual Estimated Customer

Message Center (see reverse side for other information)

- Approximately 13% or \$ 3.66 of your current charges reflects the average gross receipts and franchise taxes which are paid to the State of New Jersey and largely distributed to New Jersey municipalities.
- FLUSHING - Aqua's routine water main flushing will start the middle of April and continue through the middle of June. For daily flushing updates please call 1-908-859-3461 ext. 13 starting in April.
- For us, being green comes naturally. That's why we're happy to introduce Aqua Online. Now you can enjoy the convenience of paperless billing while helping us take care of the environment. Visit www.aquamerica.com/aquaonline today to make the switch!

Keep top portion for your records.
 Return this portion with your payment.

AQUA Water Bill

Aqua New Jersey, Inc.
 762 W. Lancaster Avenue • Bryn Mawr, PA 19010-3489

Service To:
YOLANDA JONES
11 YORKSHIRE RD
SICKLERVILLE, NJ 08081-2149

Account Number
001583396 0715915
 Amount Due **\$ 53.50** Current Charges Due Date **July 10, 2012**

Seq=5007 Cyc=2559 1up=1168249 5007 1 AV 0.350

0715915

*****AUTO**5-DIGIT 08081 C 14 P 14
 YOLANDA JONES
 11 YORKSHIRE RD
 SICKLERVILLE NJ 08081-2149

Amount Enclosed
 \$

Please make check payable to Aqua NJ.
 Print your account number on your check,
 then mail to address on back.

00158339607159150000000053507





SERVICE FOR YOLANDA COSBY
402 MOORE BLVD
CLAYTON NJ 08312

November 17, 2021
Account Number: 0855473569
Report gas leak: 800-582-7060
Customer Contact Center: 888-766-9900
www.southjerseygas.com

BILLING SUMMARY FOR OCTOBER 20, 2021 TO NOVEMBER 17, 2021

Previous Balance	\$41.95
Payment Received on November 15, 2021	-\$41.95
Current Charges	\$116.89
Gas Charges	\$116.89
Amount Due By December 6, 2021	\$116.89

Next meter reading is scheduled for December 15, 2021

★ Thank you for your payment.

USAGE DETAIL

Meter	Start Date	End Date	End Reading	Start Reading	Read Difference	Multiplier	Gas Used CCF	Therm Factor	Energy Used (Therms)
0421326	10-20-21	11-17-21	6,187	6,113	74	1	74.00	1.0270	76.00

All readings are actual unless otherwise noted with an asterisk(*).

USAGE COSTS

Customer Charge	\$9.80
Delivery Charge	76.00 Therms x \$1.133094 = \$86.12
Total Usage Costs	\$95.92

Service Agreement: 0850497261

Your rate schedule: Residential Service Heat(RSG)

GAS CHARGES (BGSS)

BGSS	76.00 Therms x \$0.275910 = \$20.97
Total Gas Charges	\$20.97

Price to compare: \$0.275910

USAGE HISTORY - COMPARISON

Month	Energy used (therms)	Days in Period	Average Temperature
November 2020	68.88	27	54.36°
November 2021	76.00	28	50.52°

Ⓞ Automated Payments available.
Enjoy the convenience of paying your bill automatically every month. Save a stamp, time and paper. Plus, it's free, secure and one less thing to think about. Enroll today at myaccount.southjerseygas.com or by phone at 1.866.334.6012.

SR21111700000025680000000001.XML-22897-000009370



Enclose this section with your payment.
Please do not staple or clip.

Check for name, address, phone, email corrections; complete on reverse side.

Account Number 0855473569

Amount Due \$116.89

Due Date December 6, 2021

011349 000009370
[Barcode]



YOLANDA COSBY
402 MOORE BLVD
CLAYTON NJ 08312-1958

PO BOX 6091
BELLMAWR, NJ 08099-6091

CORRECTED (if checked)

FILER'S name, street address, city, state, ZIP code, and telephone number Temple University 1803 N. Broad St. Philadelphia PA 19122 TEMPLE: 215.204.3589 / QUESTIONS CALL: 1.877.467.3821		1 Payments received for qualified tuition and related expenses \$ 2 Amounts billed for qualified tuition and related expenses \$ 2651.00	OMB No. 1545-1574 2009 Form 1098-T	Tuition Statement Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.
FILER'S Federal Identification no. 23-1365971	STUDENT'S social security number ***-**-1233	3 Check if you have changed your reporting method for 2009 <input type="checkbox"/>	4 Adjustments made for a prior year \$ 5 Scholarships or grants \$ 2583.00	
STUDENT'S name and Street address (including apt. no.) YOLANDA R. JONES 11 YORKSHIRE RD SICKLERVILLE NJ 08081-2149		6 Adjustments to Scholarships or grants for a prior year \$	7 Check this box if the amount in box 1 or 2 include amounts for an academic period beginning January - March 2010 <input checked="" type="checkbox"/>	
Service Provider/Account Number (optional) QUESTIONS: 1.877.467.3821	8 Check if at least half-time student <input type="checkbox"/>	9 Check if a graduate student <input type="checkbox"/>	10 Ins. Contract reimb/refund \$	

Form 1098-T

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

WHAT IS IRS FORM 1098-T?

IRS Form 1098-T -- A college or university that received qualified tuition and related expenses on your behalf is required to file Form 1098-T, above, with the Internal Revenue Service (IRS). A copy of Form 1098-T must be furnished to you. The information being reported to the IRS verifies your enrollment with regard to certain eligibility criteria for the American Opportunity (Hope) Tax Credit, the Lifetime Learning Tax Credit and the Higher Education Tuition and Fees Deduction. However, the enrollment information by itself does not establish eligibility for either credit or deduction.

- Box 1. Indicates the total payments received for qualified tuition and related expenses less any related reimbursements or refunds. If an amount is provided in Box 1 then Box 2 is blank.
- Box 2. Indicates the total amounts billed for qualified tuition and related expenses less any related reductions in charges. If an amount is provided in Box 2 then Box 1 is blank.
- Box 3. Indicates if the school has changed its 1098-T reporting method (amounts billed or amounts paid) for 2009.
- Box 4. Indicates any adjustment made for a prior year for qualified tuition and related expenses that were reported on a prior year Form 1098-T. This amount may reduce any allowable education credit or deduction you may claim for the prior year. See Form 8863, 8917 or Pub. 970 for more information.
- Box 5. Indicates the total of all scholarships or grants administered and processed by the eligible educational institution. The amount of scholarships or grants for the calendar year (including those not reported by the institution) may reduce the amount of any education credit or deduction you may claim for the year. See Form 8863 or 8917 for how to report these amounts.
- Box 6. Indicates an adjustment to scholarships or grants for a prior year. This amount may affect the amount of any allowable education credit or deduction you may claim for the prior year. See Form 8863 or 8917 for how to report these amounts.
- Box 7. If this box is checked, the amount in box 1 or 2 includes amounts for an academic period beginning January-March 2010. See Pub. 970 for how to report these amounts.
- Box 8. Indicates whether your school considers you to have carried at least one-half the normal full-time workload for your course of study for an academic term during tax year 2009. If you were at least a half-time student for at least one academic term during 2009, you meet one of the requirements for the American Opportunity (Hope) Credit. You do not have to meet the workload requirement to qualify for the Tuition and Fees Deduction or the Lifetime Learning Credit.
- Box 9. Indicates whether your school considers you to have been enrolled in a program leading to a graduate degree, graduate-level certificate, or other recognized graduate-level educational credential during tax year 2009. If you were enrolled in a graduate program, you are not eligible for the American Opportunity (Hope) Credit, but you may qualify for the Tuition and Fees Deduction or the Lifetime Learning Credit.
- Box 10. Indicates the total amount of reimbursements or refunds of qualified tuition and related expenses made by an insurer. The amount of reimbursements or refunds for the calendar year may reduce the amount of any allowable tuition and fees deduction or the education credit you may claim for the year.

BACKGROUND INFORMATION

The Taxpayer Relief Act of 1997 (TRA97) established two education tax credits: the *Hope Tax Credit* (currently modified as the *American Opportunity Credit* by the *American Recovery and Reinvestment Act of 2009*) for students who are enrolled in one of the first four years of postsecondary education and are carrying at least a half-time workload while pursuing an undergraduate degree, certificate, or other recognized credential; and the *Lifetime Learning Tax Credit* for students who take one or more classes from a college or university to pursue an undergraduate or graduate degree, certificate, other recognized credential, or to acquire or improve job skills.

The Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) established a *Higher Education Tuition and Fees Deduction* for students who have a modified adjusted gross income that exceeds the defined thresholds for the tax credits.

To claim the *American Opportunity (Hope) or Lifetime Learning Tax Credit*, use IRS Form 8863, Education Credits. To claim a Higher Education Tuition and Fees Deduction, use IRS form 8917 but it is not necessary to file an itemized federal income tax return. The deduction is claimed on Line 19 on IRS Form 1040A, or Line 34 on IRS Form 1040. *If you are claimed as a dependent by another person (including your parent(s)), you cannot claim the American Opportunity (Hope) Tax Credit, Lifetime Learning Credit or a Higher Education Tuition and Fees Deduction. However, the person claiming you may be entitled to the credit on his or her tax return.*

Resources: For more information see IRS Publication 970: Tax Benefits for Higher Education; IRS Notice 97-60: provides consumer guidance on Education Tax Incentives; and IRS Publication 520: Scholarships and Fellowships. These documents and IRS Form 8863 and 8917 are available at www.irs.gov or by calling the IRS at 1-800-829-1040. For additional 1098-T information and instructions from your college or university go to www.1098-T.com.

YOUR SCHOOL MAY HAVE PROVIDED ADDITIONAL FINANCIAL INFORMATION ON THE BACK OF THIS FORM, OR YOU MAY USE YOUR PERSONAL FINANCIAL RECORDS TO ASSIST YOU IN DETERMINING ELIGIBILITY FOR AN EDUCATION TAX CREDIT OR DEDUCTION. YOUR PERSONAL FINANCIAL RECORDS SERVE AS THE SUPPORTING DOCUMENTATION FOR YOUR FEDERAL INCOME TAX RETURN. PLEASE SEE THE ENCLOSED INFORMATIONAL BROCHURE OR WWW.1098-T.COM FOR ADDITIONAL INFORMATION REGARDING ELIGIBILITY AND INCOME LIMITS.

Other Side May Provide More Information

PA-40 - 2009
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX.
Do Not Use Your Preprinted Label

●●●●126

●●●●1233

COSBY

MICHAEL L Occupation SELF EMPL0

YOLAND R Occupation MANGER

COSBY

11 YORKSHIRE RD

SICKLERVILLE NJ 08080

51500

N Extension.

N Amended Return.

P Residency Status.

PA Resident/ Nonresiden/ Part-Year Resident

from 010109 to 083109

J Single/ Married, Filing Jointly/ Married,
Filing Separately/ Final Return/ Deceased
Date of death _____

N Farmers.

School District Name PHILADELPHIA

1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.

1b Unreimbursed Employee Business Expenses.

1c Net Compensation. Subtract Line 1b from Line 1a.

2 Interest Income. Complete PA Schedule A if required.

3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.

4 Net Income or Loss from the Operation of a Business, Profession or Farm.

5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.

6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.

7 Estate or Trust Income. Complete and submit PA Schedule J.

8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.

9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.

10 Other Deductions. Enter the appropriate code for the type of deduction.
See the instructions for additional information.

11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1a 31536

1b 0
1c 31536

2 0
3 0
4 0

5 0
6 0
7 0
8 0
9 31536

10 0

11 31536

N



PA-40 - 2009
Social Security Number

~~00001126~~ Name(s) MICHAEL COSBY

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.
- 14 Credit from your 2008 PA Income Tax return.
- 15 2009 Estimated Installment Payments.
- 16 2009 Extension Payment.
- 17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
- 18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

12	968
13	967
14	0
15	0
16	0
17	0
18	0

- Tax Forgiveness Credit. Submit PA Schedule SP.
- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
 - 19b Dependents, Part B, Line 2, PA Schedule SP
 - 20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.
 - 21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

19a	00	
19b	00	
20		0
21		0

- 22 Resident Credit. Submit your PA Schedule(s) G-R with your PA Schedule(s) G-S, G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 TAX DUE. If Line 12 is more than Line 24, enter the difference here.
- 26 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630, mark the box. **N**

22	0
23	0
24	967
25	1
26	0

- 27 TOTAL PAYMENT DUE. See the instructions.
- 28 OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26, enter the difference here.
The total of Lines 29 through 35 must equal Line 28.
- 29 Refund - Amount of Line 28 you want as a check mailed to you. Refund
- 30 Credit - Amount of Line 28 you want as a credit to your 2010 estimated account.
- 31 Amount of Line 28 you want to donate to the Wild Resource Conservation Fund.
- 32 Amount of Line 28 you want to donate to the Military Family Relief Assistance Program.
- 33 Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund.
- 34 Amount of Line 28 you want to donate to the Juvenile (Type 1) Diabetes Cure Research Fund.
- 35 Amount of Line 28 you want to donate to the PA Breast Cancer Coalition's Breast and Cervical Cancer Research Fund.

27	1
28	0
29	0
30	0
31	0
32	0
33	0
34	0
35	0

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, If filing jointly
Preparer's Name and Telephone Number	Date
JOLAN JAMES 856-354-9357	

Firm FEIN	Preparer's SSN/PTIN
223619329	P00304663

PA SCHEDULE W-2S

0901910026

Wage Statement Summary

PA-40 Schedule W-2S
(09-09) (1)

2009

OFFICIAL USE ONLY

Summary of PA Taxable Employee, Non-employee and Miscellaneous Compensation

Name shown first on the PA-40 (if filing jointly)

Social Security Number (shown first)

MICHAEL L COSBY

●●●-●●-1126

Use this schedule to list and calculate your total PA taxable compensation and PA tax withheld from all sources.

Part A Instructions: List each Federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Forms W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Part B Instructions: List each source of income received during the taxable year on a form or statement other than a Federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both Federal and PA columns.

IMPORTANT: You **must submit** a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A and Part B.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Part A - Federal Forms W-2

T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T	800061183	9963	9963		
S	231365971	37476	39326	28916	887
S	133335736	2620	2620	2620	80
Total Part A - Add the Pennsylvania columns				31,536	967

Part B - Miscellaneous and Non-employee Compensation from Federal Forms 1099-R, 1099-MISC and other statements

YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS PART

A. T/S	B. Type	C. Payer name	D.1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
Total Part B - Add the Pennsylvania columns							

TOTAL - Add the totals from Parts A and B	31,536	967
	Line 1a	Line 13

- Payment type:
- A. Executor fee
 - B. Jury duty pay
 - C. Director's fee
 - D. Expert witness fee
 - E. Honorarium
 - F. Covenant not to compete
 - G. Damages or settlement for lost wages, other than personal injury
 - H. Other nonemployee compensation. Describe: _____
 - I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan
 - J. Distribution from IRA (Traditional or Roth)
 - K. Distribution from Life Insurance, Annuity or Endowment Contracts
 - L. Distribution from Charitable Gift Annuities

0901910026

0901910026

Form PA-8879

Declaration Control Number (DCN)

225820031330

Taxpayer's Name

MICHAEL L COSBY

Social Security Number

●●●●-1126

Spouse's Name

YOLAND R COSBY

Spouse's Social Security Number

●●-●●-1233

PART I Tax Return Information - Tax Year Ending Dec. 31, 2009 (Whole dollars only)

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	31536
2. PA Tax Liability (Form PA-40, Line 12)	2.	968
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	967
4. Refund (Form PA-40, Line 29)	4.	
5. Total Payment (Tax Due) (Form PA-40, Line 27)	5.	1

PART II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2009 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (Direct Debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. (I certify the funds for this withdraw are originating from an account within the United States or one of its territories.) I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Taxpayer's Personal Identification Number (PIN): (check one box only)

- I authorize NOLAN JAMES FINANCIAL SERVICE to enter my PIN 41126 as my signature on my tax year 2009 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return.

Your signature _____ Date _____

Spouse's PIN: (check one box only)

- I authorize NOLAN JAMES FINANCIAL SERVICE to enter my PIN 61233 as my signature on my tax year 2009 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return.

Spouse's signature _____ Date _____

Practitioner PIN Program Participants Only - Continue Below

PART III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 225820 51702

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2009 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature _____ Date _____

**ERO must retain this form and the supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.**

Name(s) as shown on return MICHAEL L & YOLAND R COSBY	Your Social Security Number ●●●-●●-1126
---	---

A. 2009 Income taxes due that were paid after 12/31/2009

A1. 4th quarter estimate/extension (may be adj. by refund)	_____		
A2. Amount paid with return	_____ <u>1</u>		
A3. Total payments made in 2010		A.	_____ <u>1</u>

B. Adjustments made to payments

B1. Interest & Penalty	_____		
B2. Contributions, Donations, Checkoffs	_____		
B3. Other Tax payments (Use Tax, property tax, tangible tax, etc)	_____		
B4. Total adjustments		B.	_____

C. Total tax payments deductible in 2010 (Line A less line B)			C. _____ <u>1</u>
---	--	--	-------------------

d Control Number 90927 1287	1 Wages, tips, other compensation 37476.24	2 Federal income tax withheld 3926.32
<small>This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a residence penalty or other sanction may be imposed on you if the income is taxable and you fail to report it.</small>	3 Social security wages 39326.13	4 Social security tax withheld 2438.22
	5 Medicare wages and tips 39326.13	6 Medicare tax withheld 570.23
	c Employer's name, address, and ZIP code TEMPLE UNIVERSITY BROAD & MONTGOMERY AVE. PHILADELPHIA PA 19122	
7 Social security tips .00	8 Allocated tips .00	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 E 1249.89
12b	12c	12d
b Employer's identification number 23-1365971	a Employee's social security number ●●●-●●-1233	
13 Statutory employee	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay
14 Other	MED = 1762.64 SUT = 24.72 TRANS 120.00	
e Employee's first name and initial Last name YOLANDA COSBY PO BOX 16571 PHILADELPHIA PA 19122-0271		
f Employee's address and ZIP code		
Form W-2	15 State Employer's state ID number PA 231365971	16 State wages, tips, etc. 39446.13
Wage and Tax Statement 2009		17 State income tax 1211.01
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)		18 Local wages, tips, etc. 41107.51
		19 Local income tax 1615.44
		20 Locality name PHILA RES

Department of the Treasury-Internal Revenue Service

1000118099

PA-40 - 2010
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX.
Do Not Use Your Preprinted Label

1126

1233

COSBY

MICHAEL

L

Occupation

SELF EMPL0

YOLANDA

R

Occupation

MANGER

COSBY

11 YORKSHIRE RD

SICKLERVILLE

NJ

08080

99999

N

Extension.

N

Amended Return.

N

Residency Status.

PA Resident/ Nonresident/ Part-Year Resident

from _____ to _____

J

Single/ Married, Filing Jointly/ Married,

Filing Separately/ Final Return/ Deceased

Date of death _____

N

Farmers.

School District Name _____

1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.

1b Unreimbursed Employee Business Expenses.

1c Net Compensation. Subtract Line 1b from Line 1a.

2 Interest Income. Complete PA Schedule A if required.

3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.

4 Net Income or Loss from the Operation of a Business, Profession or Farm.

5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.

6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.

7 Estate or Trust Income. Complete and submit PA Schedule J.

8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.

9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.

10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.

11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1a

0

1b

0

1c

0

2

0

3

0

4

0

5

0

6

0

7

0

8

0

9

0

N

10

0

11

0

EC

Page 1 of 2

FC

1000118099



1000118099

PA-40 - 2010
Social Security Number

1126 Name(s) MICHAEL COSBY

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
13 Total PA Tax Withheld. See the instructions.

12 0
13 298

14 Credit from your 2009 PA Income Tax return.
15 2010 Estimated Installment Payments.
16 2010 Extension Payment.
17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

14 0
15 0
16 0
17 0
18 0

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
19b Dependents, Part B, Line 2, PA Schedule SP
20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.
21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

19a 00
19b 00
20 0
21 0

22 Resident Credit. Submit your PA Schedule(s) G-R with your
PA Schedule(s) G-S, G-L and/or RK-1.

22 0
23 0
24 298
25 0
26 0

23 Total Other Credits. Submit your PA Schedule OC.
24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
25 TAX DUE. If Line 12 is more than Line 24, enter the difference here.
26 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630/REV-1630A, mark the box. N

27 TOTAL PAYMENT DUE. See the instructions.
28 OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26, enter
the difference here.

27 0
28 298

The total of Lines 29 through 35 must equal Line 28.

29 Refund - Amount of Line 28 you want as a check mailed to you. Refund
30 Credit - Amount of Line 28 you want as a credit to your 2011 estimated account.
31 Amount of Line 28 you want to donate to the Wild Resource Conservation Fund.
32 Amount of Line 28 you want to donate to the Military Family Relief Assistance Program.
33 Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial
Organ and Tissue Donation Awareness Trust Fund.

29 298
30 0
31 0
32 0
33 0

34 Amount of Line 28 you want to donate to the Juvenile (Type 1) Diabetes Cure
Research Fund.
35 Amount of Line 28 you want to donate to the PA Breast Cancer Coalition's Breast
and Cervical Cancer Research Fund.

34 0
35 0

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all
accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature _____ Spouse's Signature, if filing jointly _____
Preparer's Name and Telephone Number _____ Date 04-25-11
NOLAN JAMES 856-354-9357

E-File Opt Out
Firm FEIN 223619329
Preparer's SSN/PTIN P00304663

PA SCHEDULE W-2S

1001910023

Wage Statement Summary

PA-40 Schedule W-2S
(09-10) (I)

2010

OFFICIAL USE ONLY

Summary of PA Taxable Employee, Non-employee and Miscellaneous Compensation

Name shown first on the PA-40 (if filing jointly)

Social Security Number (shown first)

MICHAEL L COSBY

●●●-1126

Use this schedule to list and calculate your total PA taxable compensation and PA tax withheld from all sources.

Part A Instructions: List each Federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Forms W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Part B Instructions: List each source of income received during the taxable year on a form or statement other than a Federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both Federal and PA columns.

IMPORTANT: You **must submit** a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A and Part B.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Part A - Federal Forms W-2

T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T	800061183	11652	11652		
T	231365971	36502	36502	35571	298
Total Part A - Add the Pennsylvania columns				35571	298

Part B - Miscellaneous and Non-employee Compensation from Federal Forms 1099-R, 1099-MISC and other statements

YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS PART

A. T/S	B. Type	C. Payer name	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
Total Part B - Add the Pennsylvania columns							

TOTAL - Add the totals from Parts A and B	35571	298
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Enter the TOTALS on your PA tax return on: Line 1a Line 13

- Payment type: A. Executor fee B. Jury duty pay C. Director's fee D. Expert witness fee
 E. Honorarium F. Covenant not to compete G. Damages or settlement for lost wages, other than personal injury
 H. Other nonemployee compensation. Describe:
 I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan
 J. Distribution from IRA (Traditional or Roth) K. Distribution from Life Insurance, Annuity or Endowment Contracts
 L. Distribution from Charitable Gift Annuities

1001910023

1001910023

Pennsylvania e-file Signature Authorization

2010

Form PA-8879

Declaration Control Number (DCN)

00225820301491

Taxpayer's Name

MICHAEL L COSBY

Social Security Number

●●●-1126

Spouse's Name

YOLANDA R COSBY

Spouse's Social Security Number

●●●-1233

PART I Tax Return Information - Tax Year Ending Dec. 31, 2010 (Whole dollars only)

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	
2. PA Tax Liability (Form PA-40, Line 12)	2.	
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	298
4. Refund (Form PA-40, Line 29)	4.	298
5. Total Payment (Tax Due) (Form PA-40, Line 27)	5.	

PART II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2010 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (Direct Debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. (I certify the funds for this withdraw are originating from an account within the United States or one of its territories.) I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Taxpayer's Personal Identification Number (PIN): (check one box only)

I authorize NOLAN JAMES to enter my PIN 41126 as my signature on my tax year 2010 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return.

Your signature _____ Date 04-25-2011

Spouse's PIN: (check one box only)

I authorize NOLAN JAMES to enter my PIN 61233 as my signature on my tax year 2010 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return.

Spouse's signature _____ Date 04-25-2011

Practitioner PIN Program Participants Only - Continue Below

PART III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 225820 51702

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2010 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature _____ Date 04-25-2011

ERO must retain this form and the supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.

a Employee's social security number 223		OMB No. 1545-0008		This information 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 fail to report it.	
b Employer identification number (EIN) 23-1365971		1 Wages, tips, other compensation 36501.18		2 Federal income tax withheld 3813.43	
c Employer's name, address, and ZIP code Temple University 1601 N. Broad Street Philadelphia PA 19122		3 Social security wages 38403.84		4 Social security tax withheld 2381.04	
		5 Medicare wages and tips 38403.84		6 Medicare tax withheld 556.86	
		7 Social security tips		8 Allocated tips	
d Control number 2983		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Yolanda Cosby		11 Nonqualified plans		12 See Instructions for box 12 E 1902.66	
11 Yorkshire Road Sicklerville NJ 08081-2149		13 Statutory employee []		14 Other MED 2817.78 TRANS 1060.00 SUT 33.81	
f Employee's address and ZIP code		14 Retirement plan [X]		15 State wages, tips, etc. 31852.87	
		15 Third-party sick pay []		16 State income tax 9718.14	
		16 MED TRANS SUT		17 State income tax 298.35	
		17 Local wages, tips, etc. 42281.62		18 Local income tax 1661.15	
		18 Local wages, tips, etc. 42281.62		19 Local income tax 1661.15	
		19 Local wages, tips, etc. 42281.62		20 Locality name Phila R	

Form W-2 Wage and Tax Statement **2010** Department of Treasury - Internal Revenue Service

RUTGERS

Continuing Studies

Office of the Vice President for Continuous Education and Outreach • Geology Hall
Rutgers, The State University of New Jersey
85 Somerset Street • New Brunswick • New Jersey 08901
Telephone: (848) 932-8169 • FAX: (732) 932-2588

May 17, 2012

Ms. Yolanda Cosby
11 Yorkshire Road
Sicklerville, New Jersey 08081

Dear Ms. Cosby:

It is my pleasure to extend the following offer of employment to you on behalf of Rutgers, The State University of New Jersey. The following outlines the parameters of your position:

Job Title: Student Counselor

Posting Number: 12-000798

Department: Division of Continuing Studies

Effective Date of Appointment: June 18, 2012

Annual Starting Salary: ~~XXXX,XXX~~

Salary Grade: 05

Job Code: 41349

Position Type: 12-month

Pension System: Alternate Benefit Program (ABP)

FLSA Designation and Workweek:

Exempt (37 ½ hours): This position is exempt from the overtime provisions of the Fair Labor Standards Act (FLSA) and is neither eligible nor entitled to receive overtime compensation. Your work week and hours of work will be established by your hiring unit and requires a minimum coverage of 37 ½ hours per week.

This position is represented by the Union of Rutgers Administrators, American Federation of Teachers (URA-AFT). The terms and conditions of your employment are set forth in the collective negotiations agreement between the university and the URA-AFT and as set forth in relevant university regulations, policies, and procedures as they may be amended from time to time. If this is a grant funded position, your continued employment with Rutgers is contingent upon the availability of its funding. In addition, as a Rutgers employee you are required to adhere to the Rutgers Ethics Program and must complete the *Online Ethics Training for Staff* program within your first 120 days of employment. Nothing in this letter supersedes applicable university regulations, policies, and procedures.

In addition, your employment may be contingent on a background verification and/or successful completion of a medical examination.

During your first week of employment, your department will arrange for you to attend a New Employee Welcome and Benefits Orientation Program. For your convenience, you may access the New Employee website at <http://uhr.rutgers.edu/misc/GettingStartedAtRU.htm> prior to your arrival. The website includes relevant information, including a *Staff Benefits Guide*, which may be reviewed prior to attending your New Employee Welcome and Benefits Orientation program.

The Immigration Reform and Control Act of 1986 require us to certify the identity and work eligibility of all new employees. Therefore, this appointment is subject to your presentation of proper documentation as required by the law. The *Employment Eligibility* form (Form I-9) is an online process, and all new employees must present the required documents to your employing department, in person, within three days of your employment start date.

In addition to the Form I-9, all new employees are required to have their employment eligibility verified through government databases using E-Verify. E-Verify compares information from your Form I-9 to data from U.S. Department of Homeland Security and Social Security Administration records to confirm employment eligibility. In the event that the E-Verify system of the U.S. Citizenship and Immigration Services (USCIS) gives Rutgers a "Temporary Non-Confirmation (TNC)" of your eligibility for this job, you will be notified by your employing unit and given the opportunity to respond to USCIS within the required timeframe. If subsequent to a TNC on your case the E-Verify system gives Rutgers a "Final Non-Confirmation (FNC)" of your eligibility for the job, your employment in this position will be subject to immediate termination as required by USCIS regulations. For information on the Form I-9, E-Verify and the list of acceptable documents, please visit the U.S. Citizenship and Immigration Service website: <http://www.uscis.gov/portal/site/uscis>.

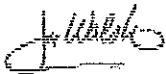
Pursuant to N.J.S.A. 34:11-4.1 et seq.; and 34:11-56a et seq. we are providing information for your review concerning the *Employer Obligation to Maintain and Report Records* regarding wages, benefits, taxes and other contributions and assessments. You may access this information from the University Human Resources website at: <http://uhr.rutgers.edu/ee/notic postings.htm>.

Any individual newly hired by Rutgers after September 1, 2011 will be required to abide by *the New Jersey First Act/Residency Law* and establish a principal residence in New Jersey, unless their position is on the exempt list or they successfully petition for exemption based on critical need or hardship. New employees will have a full 365 days to establish such residence, from the effective date of hire. For additional information regarding this law visit the University Human Resources website at: <http://uhr.rutgers.edu/OLR/NJResidency.htm>.

I am delighted you will be joining our staff and the university. I believe that your knowledge and skills will contribute to our dynamic organization and we look forward to having you as part of our team. Please arrive at 9:30 a.m. on June 18th at the Cook College Campus Center, [http://maps.google.com/maps?q=59 Biel Road, New Brunswick, NJ 08901](http://maps.google.com/maps?q=59+Biel+Road,+New+Brunswick,+NJ+08901) second floor where you will meet with Rosa Salgado-Rodriguez for the division personnel overview. If you have any questions, please feel free to call me at 732.625.7012.

Welcome to Rutgers University!

Sincerely,



Joseph Walsh,
Manager of Academic Programs (Name & Title of Hiring Authority)

C: Barbara Fiorella
Rosa Salgado-Rodriguez
File

Please sign and return this letter to Barbara Fiorella, 85 Somerset Street, New Brunswick, NJ 08901 indicating your acceptance of the above terms and receipt of enclosed materials by May 28, 2012. A copy is enclosed for your record. Your employment cannot begin until you have signed and returned this offer letter.

SIGNATURE: _____ DATE: _____

Deed

This Deed is made on
BETWEEN
JOSEPH M. SHIELDS

OCTOBER 28, 2014

YASMEEN S. SHIELDS

whose post office address is
402 Moore Boulevard
Clayton, New Jersey 08312

referred to as the Grantor,
AND

YOLANDA COSBY

whose post office address is

About to be:
402 Moore Boulevard
Clayton, New Jersey 08312

referred to as the Grantee.

The words "Grantor" and "Grantee" shall mean all Grantors and all Grantees listed above.

1. Transfer of Ownership. The Grantor grants and conveys (transfers ownership of) the property (called the "Property") described below to the Grantee. This transfer is made for the sum of **\$175,000.00**
One Hundred Seventy-Five Thousand Dollars and No Cents
The Grantor acknowledges receipt of this money.

2. Tax Map Reference. (N.J.S.A. 46:15-1.1) Municipality of Clayton
Block No. **1102.04** Lot No. **12** Qualifier No. Account No.
 No lot and block or account number is available on the date of this Deed. (Check box if applicable.)

3. Property. The Property consists of the land and all the buildings and structures on the land in
the **Borough** of **Clayton**
County of **Gloucester** and State of New Jersey. The legal description is:

Please see attached Legal Description annexed hereto and made a part hereof. (Check Box if Applicable.)
BEING THE SAME LAND AND PREMISES that vested in Joseph M. Shields and Yasmeen S. Shields, husband and wife by deed from Michael R. Parmigiani, single, dated September 12, 2007, recorded December 14, 2007, in the Clerk's Office of the County of Gloucester, New Jersey, in Deed Book 4478, Page 316.

Prepared by: (print signer's name below signature)


JOHN D. ROTHAMEL, ESQ.

(For Recorder's Use Only)



A. Settlement Statement (HUD-1)

B. Type of Loan

1. <input checked="" type="checkbox"/> FHA 2. <input type="checkbox"/> RHS 3. <input type="checkbox"/> Conv. Unins.	6. File Number: 13-004466	7. Loan Number: 2008071540	8. Mortgage Insurance Case Number: 351-6632886-703
4. <input type="checkbox"/> VA 5. <input type="checkbox"/> Conv. Ins.			

C. Note: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agents are shown. Items marked "(p.o.c)" were paid outside the closing; they are shown here for informational purposes and are not included in the totals.

D. Name & Address of Borrower: Yolanda Cosby 11 Yorkshire Rd., Sicklerville, NJ 08081	E. Name & Address of Seller: Joseph M. Shields, Yasmee S. Shields 402 Moore Blvd., Clayton, NJ 08312	F. Name & Address of Lender: American Neighborhood Acceptance Co., LLC 700 East Gate Drive, Suite 400, Mount Laurel, NJ 08054
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G. Property Location: 402 Moore Blvd. Clayton, NJ 08312 Block 1102.04 Lot 12, Gloucester County, Borough of Clayton	H. Settlement Agent: Platinum Abstract Company, LLC 9 Eves Drive, Suite 170, Marlton, New Jersey 08053 856-797-3535 Place of Settlement: 9 Eves Drive, Suite 170, Marlton, New Jersey 08053	I. Settlement Date: 10/29/2014 Disbursement Date: 10/29/2014 TitleExpress Printed 10/28/2014 at 9:37 am by MC
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J. Summary of Borrower's Transaction

100. Gross Amount Due from Borrower	
101. Contract sales price	175,000.00
102. Personal property	
103. Settlement charges to borrower (line 1400)	9,332.80
104.	
105.	
Adjustments for items paid by seller in advance	
106. City/town taxes 10/29/2014 to 12/31/2014	1,250.89
107. County taxes to	
108. Assessments to	
109.	
110.	
111.	
112.	
120. Gross Amount Due from Borrower	185,583.69
200. Amounts Paid by or In Behalf of Borrower	
201. Deposit or earnest money	2,000.00
202. Principal amount of new loan(s)	171,830.00
203. Existing loan(s) taken subject to	
204.	
205.	
206.	
207.	
208.	
209.	
Adjustments for items unpaid by seller	
210. City/town taxes to	
211. County taxes to	
212. Assessments to	
213.	
214.	
215.	
216.	
217.	
218.	
219.	
220. Total Paid by/for Borrower	173,830.00
300. Cash at Settlement from/to Borrower	
301. Gross amount due from borrower (line 120)	185,583.69
302. Less amounts paid by/for borrower (line 220)	173,830.00
303. Cash <input checked="" type="checkbox"/> From <input type="checkbox"/> To Borrower	11,753.69

K. Summary of Seller's Transaction

400. Gross Amount Due to Seller	
401. Contract sales price	175,000.00
402. Personal property	
403.	
404.	
405.	
Adjustments for items paid by seller in advance	
406. City/town taxes 10/29/2014 to 12/31/2014	1,250.89
407. County taxes to	
408. Assessments to	
409.	
410.	
411.	
412.	
420. Gross Amount Due to Seller	176,250.89
500. Reductions in Amount Due to Seller	
501. Excess deposit (see instructions)	
502. Settlement charges to seller (line 1400)	16,131.19
503. Existing loan(s) taken subject to	
504. Payoff of first mortgage loan to Bank of America	160,089.70
505. Payoff of second mortgage loan	
506.	
507.	
508. Wire out fee	30.00
509.	
Adjustments for items unpaid by seller	
510. City/town taxes to	
511. County taxes to	
512. Assessments to	
513.	
514.	
515.	
516.	
517.	
518.	
519.	
520. Total Reduction Amount Due Seller	176,250.89
600. Cash at Settlement to/from Seller	
601. Gross amount due to seller (line 420)	176,250.89
602. Less reductions in amount due seller (line 520)	176,250.89
603. Cash <input checked="" type="checkbox"/> To <input type="checkbox"/> From Seller	0.00

This Public Reporting Burden for the collection of information is estimated to average 35 minutes per response for collecting, reviewing, and reporting the data. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. No confidentiality is assured, this disclosure is mandatory. This is designed to provide the parties to a RESPA covered transaction with information during the settlement process.



1 Corporate Drive
Suite 360
Lake Zurich, IL 60047-8945

MORTGAGE STATEMENT

Statement Date: 11/17/2014

SL0000000000

YOLANDA COSBY
402 MOORE BLVD
CLAYTON, NJ 08312-1958

Property Address:	402 MOORE BLVD CLAYTON NJ 08312
Account Number	1453088617
Payment Due Date	12/01/2014
Amount Due	\$1,692.78
<i>If payment is received after 12/16/2014, a \$67.71 late fee will be charged.</i>	

Contact Us **1-855-230-7680**

Account Information	
Outstanding Principal Balance	\$171,830.00
Current Escrow Account Balance	\$1,317.90
Maturity Date	November 2044
Interest Rate	4.250%
Prepayment Penalty	No

Explanation of Amount Due	
Principal	\$236.74
Interest	\$608.56
Escrow (for Taxes and Insurance)	\$847.48
Regular Monthly Payment	\$1,692.78
Total Fees Charged	\$0.00
Overdue Payment	\$0.00
Total Amount Due	\$1,692.78

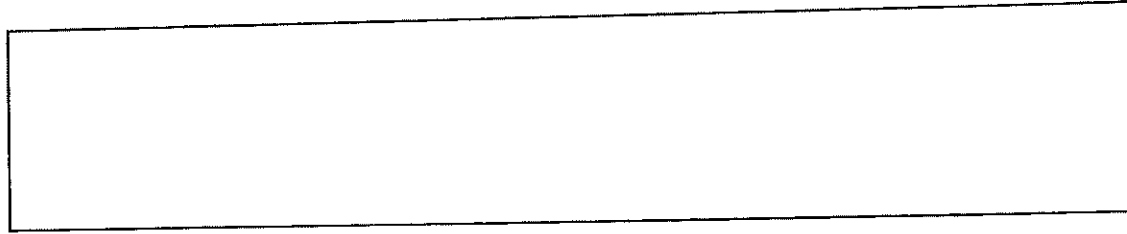
Housing Counselor Information: If you would like counseling or assistance, you can contact the following: US Department of Housing and Urban Development (HUD): For a list of homeownership counselors or counseling organizations in your area, go to <http://www.hud.gov/offices/hsp/sfh/hcc/hcs.cfm> or call 800-569-4287.

Transaction Activity (11/14/2014 to 11/17/2014)		
Date	Description	Charges / Payments

Past Payments Breakdown		
Description	Paid Last Period	Paid Year to Date
Principal	\$0.00	\$0.00
Interest	\$0.00	\$0.00
Escrow (Taxes and Insurance)	\$0.00	\$1,317.90
Fees	\$0.00	\$0.00
Partial Payment (Unapplied)*	\$0.00	\$0.00
Total	\$0.00	\$1,317.90

IMPORTANT MESSAGES:
 * Partial payments: Any partial payments that you make are not applied to your mortgage, but instead are held in a separate suspense account. If you pay the balance of a partial payment, the funds will then be applied to your mortgage.
 For a list of HUD approved Housing Counseling Agencies, go to www.hud.gov or call HUD toll free at 1-800-569-4287.
NOTICE TO CUSTOMERS WHO ARE IN BANKRUPTCY OR WHOSE OBLIGATION HAS BEEN DISCHARGED AND NOT REAFFIRMED: TO THE EXTENT YOUR ORIGINAL OBLIGATION WAS DISCHARGED, OR IS SUBJECT TO AN AUTOMATIC STAY OF BANKRUPTCY UNDER TITLE 11 OF THE UNITED STATES CODE, THE INFORMATION IN THIS MORTGAGE STATEMENT IS FOR REGULATORY COMPLIANCE AND INFORMATIONAL PURPOSES ONLY AND DOES NOT CONSTITUTE A DEMAND FOR PAYMENT IN VIOLATION OF THE AUTOMATIC STAY OR THE DISCHARGE INJUNCTION OR AN ATTEMPT TO IMPOSE PERSONAL LIABILITY FOR SUCH OBLIGATION. HOWEVER, CREDITOR RETAINS RIGHTS UNDER ITS SECURITY INSTRUMENT, INCLUDING THE RIGHT TO FORECLOSE ITS LIEN.
PLEASE SEE REVERSE FOR ADDITIONAL IMPORTANT NOTIFICATIONS.

If you are on drafting, this statement is being provided to you pursuant to regulatory requirements of the CFPB.



PAYMENT COUPON

Return This Portion
With Your Payment



Make checks payable to:
AnnieMac Home Mortgage

YOLANDA COSBY
402 MOORE BLVD
CLAYTON, NJ 08312 - 1958

Loan Number: 1453088617
Next Payment Due: 12/01/2014

CHECK HERE IF YOUR ADDRESS INFORMATION HAS CHANGED AND COMPLETE FORM ON REVERSE SIDE.

Amount Due	
Due By 12/01/2014:	\$1,692.78
<i>If payment is received after 12/16/2014, a \$67.71 late fee will be charged.</i>	
Please designate how you want us to apply any additional funds.	
Additional Principal	\$
Additional Escrow	\$
Total Amount Enclosed	\$

AnnieMac Home Mortgage
P.O. Box 371306
Pittsburgh PA 15250-7306



145308861701760490169278111201147