4/11/09

From: [redacted]

Mailing Address: [redacted]

Complaint #: 305956

To: U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, N.W.
Coordination & Review Section, NWB
Washington, D.C. 20530

Please find the additional documentation helpful to my case. I will send more informations as they become available.

Respectfully,

[redacted]

[redacted]

COORDINATION & REVIEW
CIVIL RIGHTS DIVISION
2009 APR 27 PM 3:36

RE: U.S. Department of Justice Complaint Case # 305956. Copies of Misleading Information Obtained From NYC- HPD

[redacted]

Explanation For Exhibits

Exhibit A: There was No One living at Subject Unit. Utility account opened by New York City with Key Span "AKA" Nation Grid. Why?

Exhibit B: I was/am involved in Land Suit against the City. Why there is a bill when there is No Service?

Exhibit C: I Clean the place myself and debris was pick-up by Flag Container in Staten Island

Exhibit D: NYC Did not do any Work. The property is unlivable. In Correct Information

Exhibit E: HPD Contact Information

DEPARTMENT OF JUSTICE
R.A.O.
CIVIL RIGHTS DIVISION

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF RICHMOND

---------- x

[redacted]

Plaintiffs,

-against-

THE CITY OF NEW YORK (DEPARTMENT OF ENVIRONMENTAL PROTECTION),

Defendants.

---------- x

RESPONSE TO SO-ORDERED STIPULATION

Index #: [redacted]

T#: [redacted]

Judge Thomas P. Aliotta
Part C2

Pursuant to the So-Ordered Stipulation, dated December 16, 2008, and February 3, 2009 in the above matter, enclosed please find:

(1) "City to respond to Plaintiff's Interrogatories."

Annexed hereto as Exhibit "A" is the City's response with objections.

Please be advised that the defendant herein reserves the right to supplement this response if and when additional information becomes available.

Dated: Staten Island, New York
April 9, 2009

MICHAEL A. CARDOZO
Corporation Counsel of the City of New York
60 Bay Street, 4th Floor
Staten Island, New York 10301

By: Peter C. Lucas
PETER C. LUCAS
Assistant Corporation Counsel

To:

[redacted]

Exhibit A

Index No. [redacted]

SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF RICHMOND

[redacted]

Plaintiff,

-against-

THE CITY OF NEW YORK (DEPARTMENT OF ENVIRONMENTAL PROTECTION),

Defendants.

RESPONSE TO SO-ORDERED STIPULATION

MICHAEL A. CARDOZO
Corporation Counsel of the City of New York
Attorney for CITY OF NEW YORK (DEPARTMENT OF ENVIRONMENTAL PROTECTION)
60 Bay Street, 4TH Floor
Staten Island, New York 10301

Of Counsel: PETER C. LUCAS
Tel: (718)556-7605
NYCLIS No. 2007-041745

Due and timely service is hereby admitted.

Richmond, N.Y. , 2009 . .

Esq.

Attorney for

EXHIBIT A

From: [redacted] 5/02/09

To: U.S. Department of Justice
Division of Civil Rights
Complaint. Complaint # 305956

Dear Sir/Mam,

Please find the additional informations helpful to my Case:

(1) Letter From Betsy Gotbaum office shows that I absorbed other Public Authorities Remedy, including The Mayor of New York office - M. Bloomberg.

(2) U.S. Department of Housing and Urban Development Inspection Form dated 2007.

I am going through human suffering as result.

[redacted]

5/02/09

RE: U. S. Department of Justice Civil Right Division Complaint # 305956. Additional Records From HPD (New York City) and NYCHA For 738 Seaview Avenue, Staten Island, New York 10305.

Dear Sir/Mam,

I have respectfully attached the follow information as exhibit and explanation:

(1) Exhibit A - There was no work done by the City to my knowledge. I performed the work as supervisor/owner. On site with handy-men and

which the tenant can attest to. The tenant (NYCHA section 8 tenants - [redacted]) moved out October 1, 2007.

2) Exhibit B - The City of New York did not act in goodfaith. Why should you turn on a gas service with no one living in it and authorized remote Reading until further notice. Very questionable. The property was damaged and gas was turn off. I called Key Span (now National Grid) to questioned them. Is this Collusion?

(3) Exhibit C - Records from NYCHA foil request unit shows that City was aware of property damaged. NYCHA Section 8 office was involved in tenant being transfered on 10/01/07.

[redacted] 5/03/09

RE: U. S. Department of Justice
Civil Rights Division Case# 305956.
Addition Investigation Stories
Conducted By WNBC - Channel 4
News And New York 1 News O

[redacted]

Residents Complaint of Property Damaged
From Capital Project # RED 354
(Construction) in Staten Island,
New York 10304 (Recorded Tuesday Afternoon

The Contact Informations are:

(A) Mr. Michael Horowicz
WNBC News
Telephone (212) 664-2731

(B) NY1 News
Attn: Rachel Godfrey
Telephone (212) 379-3301

Thanks In Advance.

[redacted]

DEPARTMENT OF JUSTICE
May 4, 2009
R.A.O.
CIVIL RIGHTS DIVISION
RECORD

Case: 305956 (U.S. Dept. Justice Case No

[redacted]

RE: Human Rights Complaint
Case # 16GA903602 Against
Country Wide Financia)
Corporation "AKA" Bank of America.
EEOC # 16GA903602.

To: U. S. Department of Justice
Civil Rights Cordination Division.
Case Number # 305956

Please attached to my file.

[redacted] 05/06/09 Thanks.

Bank of America
Complaint Case# W049843-02APR09
Tel # 1-800-556-6044

Countrywide®
7105 Corporate Drive
Plano, TX 75024

March 27, 2009

Sent via Fed-Ex overnight

Dear [redacted]:

The LOA Department's records reflect that you were placed on a medical leave of absence effective October 7, 2008. Subsequently, on March 11, 2009, you were sent an Unauthorized Leave of Absence letter that stated your current leave of absence was unauthorized and that the required documentation to support your absence had not been received. It further stated that if the Leave of Absence department did not receive the requested documentation by March 16, 2009, Countrywide would process your employment as a voluntary resignation..

To date, the Leave of Absence Department has not received the required documentation to support your leave of absence, nor have you contacted LOA in response to the letter dated March 11, 2009. This letter is to inform you that due to the above; Countrywide is left with little choice than to conclude that you have voluntarily resigned your position.

If you have any questions regarding this matter please do not hesitate to call Employee Relations at (866) 447-4232.

Sincerely,

Andrea Smith
AVP, Leave of Absence
Countrywide Human Resources

Cc: LOA file
Employee Relations

NEW YORK STATE
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF HUMAN RIGHTS on the Complaint of [redacted] Complainant, v. COUNTRY WIDE FINANCIAL COPORATION, Respondent.	VERIFIED COMPLAINT Pursuant to Executive Law, Article 15 Case No. [redacted]

Federal Charge No. [redacted]

I, [redacted] residing at [redacted] charge the above named respondent, whose address is 260 Christopher Lane, Staten Island, NY, 10314 with an unlawful discriminatory practice relating to employment in violation of Article 15 of the Executive Law of the State of New York (Human Rights Law) because of disability, race/color.

Date most recent or continuing discrimination took place is 3/30/2009.

The allegations are:

SEE ATTACHED COMPLAINT FORM:

NEW YORK STATE
DIVISION OF HUMAN RIGHTS
8 JOHN WALSH BOULEVARD, SUITE 204
PEEKSKILL, NEW YORK 10566

(914) 788-8050
Fax: (914) 788-8059
www.dhr.state.ny.us

DAVID A. PATERSON
GOVERNOR

GALEN D. KIRKLAND
COMMISSIONER

April 22, 2009

[redacted]

Re: [redacted] v. Country Wide Financial Coporation
Case No. [redacted]

Dear [redacted]:

Please be advised that this office has received your complaint. Your filing date is 4/22/2009.

A copy of your complaint, and the determination, will be sent to the U.S. Equal Employment Opportunity Commission (EEOC), so that your complaint may be dual-filed under applicable federal law. Your EEOC charge number is [redacted].

To protect your rights, it is essential that the Division be notified promptly of any change in your address or telephone number. A form is enclosed for this purpose.

You will be contacted by the Human Rights Specialist assigned to your case when the active investigation of your complaint begins. In the meantime, if you have any questions please call our office at (914) 788-8050.

Very truly yours,

Margaret G. King

Margaret G. King
Regional Director

NEW YORK STATE
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF HUMAN RIGHTS on the Complaint of [redacted] Complainant, v. COUNTRY WIDE FINANCIAL COPORATION, Respondent.	VERIFIED COMPLAINT Pursuant to Executive Law, Article 15 Case No. [redacted]

Federal Charge No. 16GA903602

I, [redacted], residing at [redacted] charge the above named respondent, whose address is 260 Christopher Lane, Staten Island, NY, 10314 with an unlawful discriminatory practice relating to employment in violation of Article 15 of the Executive Law of the State of New York (Human Rights Law) because of disability, race/color.

Date most recent or continuing discrimination took place is 3/30/2009.

The allegations are:

SEE ATTACHED COMPLAINT FORM:

RECEIVED

APR 01 2009

HEMPSTEAD REGIONAL OFFICE

NEW YORK STATE
DIVISION OF HUMAN RIGHTS
COMPLAINT FORM

Please complete this form completely, sign it before a notary public, have it notarized, and return it to the New York State Division of Human Rights' Central office. One Fordham Plaza, 4th Floor, Bronx, NY 10458. For further information, and/or for assistance in filing a complaint, please refer to our website at www.dhr.state.ny.us, or call your local New York State Division of Human Rights office *(See attached list).*

1. **PERSONAL DATA**

First Name [redacted] M.I. [redacted] Last Name [redacted]

Street Address [redacted] Apartment # _____

City [redacted] State [redacted] Zip Code [redacted]

Primary Phone Number: Area Code [redacted] - [redacted] — [redacted] Ext. _____

Secondary Phone Number: Area Code [redacted] - [redacted] Ext. _____

2. **JURISDICTION**

I believe I was discriminated against in FMLA of 1993 *(please select one from below)*

- Apprentice Training
- Boycotting/Blacklisting
- Credit
- Educational Institutions
- Employment *(the employer being charged must have four or more employees)*
- Housing
- Public Accommodations
- Volunteer Firefighters

The most recent act of discrimination against me occurred on: *(if the discrimination is still going on, use today's date)*

Month March Day 30th Year 2009

REV 4/2008

3. **Basis**

I believe that I am being discriminated against because of my _____
(please provide additional details below, for all that apply)

Age *(if selected, state date of birth, and please specify)*: _____

Arrest Record *(only if resolved in your favor, please specify)*: _____

Color *(if selected, please specify)*: _____

Conviction Record *(if selected, please specify)*: _____

Creed/Religion *(if selected, please specify)*: _____

Disability/Perceived Disability/Past Disability *(if selected, please specify)*: Unable To Work Because of a Serious Health Condition until further notice By my Doctor.

Familial Status for Housing Cases only *(presence of children in the household)*: _____

Genetic Pre-Disposition *(if selected, please specify)*: _____

Marital Status *(if selected, please specify: Unmarried, Married, Separated, Divorced, Widowed)*: _____

Military Status *(if selected, please specify)*: _____

National Origin *(if selected, please specify)*: _____

Pregnancy *(if selected, please specify)*: _____

Race *(if selected, please specify)*: black Disadvantage Minority. African American

Sex *(if selected, please specify: Male, Female, Sexual Harassment)*: _____

Sexual Orientation/Perceived Sexual Orientation *(if selected, please specify)*: _____

Retaliation for Opposing Discrimination and/or Objecting to a Discriminatory Practice. *(This involves retaliation for opposing discrimination based on one of the categories listed above, such as by filing a discrimination case, being a witness in a discrimination case, and/or objection to a discriminatory practice.)*

_____

Violation of a Prior Order issued by the New York State Division of Human Rights *(if selected, please specify case name, order number, and date of order)*:

_____

REV 4/2008

From: [redacted]

RE: Complaint # 305956
Additional Information About
[redacted]
New York Missing Court Evidence.

To: U. S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, N.W.
Cordination and Review Section, NWB
Washington, D. C. 20530.

Dear Sir / Mom,

Please find the additional information helpful to my case.

Respectfully

[redacted]

Date: May 19th, 2009.

PARTMENT OF JUSTICE
Jan 10, 2001
P.A.O.
CIVIL RIGHTS DIVISION

KEYSPAN
Energy Delivery

2007291

0133322201974700063133

**C 017

[redacted]

Please Pay
Upon Receipt
63.13 ✓H

33222-01974
Account Number

Please mail this part of bill with your payment.

Make checks payable to KeySpan Energy Delivery. Detach here
Write your account number on check.

Service To	Account Number	Next Meter Reading	Bill Date
[redacted] 1MH	[redacted]	Dec 18 '07	Oct 17 '07
	Rate 18 Res. Heating	For Customer Assistance Please call (718) 643-4050	

CURRENT BILL ITEMIZED

In 13 days you used 25 therms:

Oct 17 2007 reading ACTUAL	3508
Oct 04 2007 reading UNLOCK	3484
CCF Used for METER# 000012701	24
Thermal Factor	x1.0308
Total therms used	25

Your Cost is determined as follows:

Minimum Charge (First 1.3 therms or less)	$5.11
Next 5.2 @ $.6575	3.42
Next 15.2 @ $.4900	7.45
Next 3.3 @ $.3848	1.27
GAS DELIVERY CHARGE	$17.25
GAS SUPPLY CHARGE @ $.83260 /therm	20.82
MTA Surcharge	.06
Sales Tax	.00
TOTAL CURRENT CHARGES	$38.13

SUMMARY OF CHARGES

Total Current Charges	$38.13
Prem Srvc 1hr Appt Chg	25.00
Please Pay Upon Receipt	$63.13

E 808365

IMPORTANT MESSAGES

KeySpan is now part of National Grid
We're pleased to announce our new partnership - creating a larger, more efficient company with expanded resources to better serve you. You'll be hearing a lot more about National Grid in the months to come. For now, there are no changes to phone numbers, account numbers or how you receive and pay bills. The people of KeySpan are still here to serve you, and we are grateful for that opportunity. Learn more at www.keyspanenergy.com.

Your unique online Access Code is: 5CC526C
We're online, anytime! View and pay your bill, check your balance, submit meter readings. The code above provides free, instant access. Go to www.keyspanenergy.com, click "My Account" then "Register Now." Many automated services are also available at the telephone number above.

It's a pleasure to welcome you as a KeySpan Energy Delivery customer. We will do our best to serve you well.

MS

2007 OCT 26 AM 10:09
RECEIVED
DOM FUEL/UTILITIES UNIT

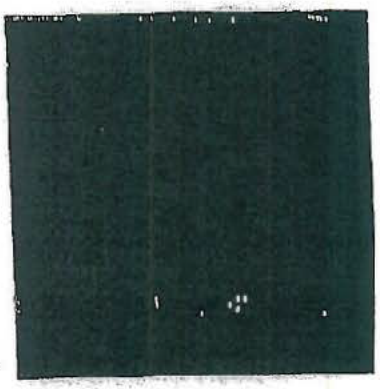
KEYSPAN Energy Delivery

www.keyspanenergy.com

See back for definitions of terms used in this bill and more information.

NEW YORK CITY HOUSING AUTHORITY
250 BROADWAY • NEW YORK, NY 10007
TEL: (212) 306-3000 • http://nyc.gov/nycha

RICARDO ELÍAS MORALES
CHAIRMAN
EARL ANDREWS, JR.
VICE CHAIRMAN
MARGARITA LÓPEZ
MEMBER
VILMA HUERTAS
SECRETARY
DOUGLAS APPLE
GENERAL MANAGER



VIA FAX (718) 351-1258 AND US MAIL

April 27, 2009

[redacted]

Re: Freedom of Information request
Date of request: March 11, 2009
Subject: Inspection records of [redacted] Apartment [redacted]

Dear [redacted]

A diligent search of New York City Housing Authority's ("NYCHA") records disclosed the enclosed eight-page document responsive to the above-noted request.

Upon receipt of the enclosed records, please submit a check or money order in the amount of $3.00 payable to the New York City Housing Authority for the statutory reproduction fee of $.25 per page and includes $1.00 for the cost of postage via First Class Mail.

Please be sure to address your payment to: New York City Housing Authority, 250 Broadway, New York, NY 10007; Attention; Freedom of Information Unit, 6th Floor.

Please be advised that to protect personal privacy in accordance with Public Officers Law Section 87(2) (b), we have redacted the home telephone number of Ms. Retamar.

Within thirty (30) days of your receipt of this letter, you may appeal any redaction of records to: Earl Andrews, Jr., Record Appeals Officer, New York City Housing Authority, 250 Broadway, 12th Floor, New York, NY 10007.

Very truly yours,

Geneve Davis
Records Access Officer

File 18751

Enclosure (8 Pages)

STATE OF NEW YORK
BANKING DEPARTMENT
1 State Street Plaza
New York, NY 10004-1417

Consumer Help Unit
1-877-BANK-NYS
July 10, 2007

[redacted]

Re: Our File# 07 M 1024

Dear [redacted]:

Receipt is acknowledged of your letter which registered a complaint against HomEq Servicing Corporation .

We have forwarded a copy of your letter to the institution, with instructions as attached.

If after pursuing this settlement process with the above, you are not satisfied with the results, please write this department referring to the file number. Please keep in mind that this division has no authority to arbitrate factual disputes or contractual matters.

Very truly yours,

Elden Weigel
Bank Examiner
CONSUMER HELP UNIT

Attachment

[redacted]

MAY 30 2007

1-2/210 77

255

DATE 5/23/07

CASH CONTROL

PAY TO THE ORDER OF HomEQ $ 3,200.00

Three thousand two hundred DOLLARS

CHASE

JPMorgan Chase Bank, NA
New York, New York 10017
www.Chase.com

MEMO Acct

[redacted]

\\SACPSM02414\Images\2007150\C7762\F0008001[redacted]

this [redacted] but on the check it looks like [redacted] which is the SSN for our other customer, [redacted] Payment was posted to [redacted] account based on misreading of SSN on check.

>031200730< 05/30/2007
0000011557[illegible]

FOR DEP[illegible]LY
HOMEQ
SERVICING
ABA # 053000219
ACCT # 2000032626777

TRIPS: 19 [illegible] 22659

001 1635 01
001 [illegible] 01

031200730
PROCESSING BANK 3670T
SUC-752 [illegible] [illegible]

0727098915

HomEq Servicing

CM201
July 27, 2007

[redacted]

Re: Account Number: [redacted]

Dea[redacted]

Here at HomEq Servicing ("HomEq"), we are dedicated to providing our customers with timely and complete information regarding account status and condition.

We have reviewed your account in response to your claim that your 5/30/2007 payment was not credited to your account when it was received by HomEq. We have located the missing funds and have applied them to your account, effective as of the original receipt date. You will receive a new account billing statement under separate cover reflecting the updated status of your account.

We have taken steps to correct any negative credit bureau reporting as a result of the error. We have also waived any fees that may have been assessed as a result of this error.

We sincerely apologize for this error and any inconvenience you may have experienced as a result of this situation. We appreciate your business and look forward to satisfying your loan servicing needs. If you have any questions, please contact our Customer Service Department at (877) 867-7378. We are available Monday through Friday, between the hours of 5:00 a.m. and 5:30 p.m., Pacific Time.

Sincerely,

Cash Research Department
HomEq Servicing

HomEq Servicing

"Proof I had Insurance from October 26, 2006, Loan Payment should be $2580 per month up to April 1st, 2007."
"Negligence"

June 12, 2007

[redacted]

RE: Account Number [redacted]

Dear Mr. and Mrs. [redacted]

Thank you for your recent inquiry to HomEq Servicing. At HomEq, we are dedicated to providing our customers with timely and complete answers to their questions and/or concerns.

In response to your inquiry, our records indicate that we have received proof of existing hazard insurance from your carrier. However, there appears to have been a lapse in coverage from February 11, 2006 to October 25, 2006. Prorated coverage due for the lapsed period, totaling $1,664.59, has been spread over 12 monthly payments.

In regards to your escrow account, please be advised that HomEq will advance the funds to p delinquent taxes due on the property. Be aware that HomEq maintains the right to monitor a disburse funds for payment of delinquent property taxes, to protect our interest in the prope regardless of payment arrangements previously made with the local taxing authority. Since have advanced funds to pay your property taxes, we have established an escrow account for life of the loan.

Your new payment amount of $3,075.36 will reflect your principal and interest payment as we as the amounts escrowed for taxes. You are currently past due for the March 1, 2007 payment

[redacted], we appreciate having had the opportunity to be of service to you. If you have any further questions, please contact our Customer Service Department, toll-free, at (87 867-7378, Monday through Friday, between 5:00 a.m. and 5:30 p.m., Pacific Time.

Sincerely,

Account Research Specialist
VINL3

06/04/09

[redacted]

RE: Complaint # 305956
Additional Information For
Proof of Insurance & Registration
With Restoration Notice
From State of New York
Department of Motor Vehicle.

To: Coordination and Review Section
U. S. Department of Justice
Civil Rights Division

Please accept the attachment as
additional proof that my car was
taken away illegally by New Jersey
police. [redacted] 6/4/09

STATE OF NEW YORK

DEPARTMENT OF MOTOR VEHICLES

RESTORATION NOTICE

NEW YORK STATE

03/25/2008

[redacted]

Identification No.	Date of Birth/Sex	Plate No. & T[redacted]	Exp. Date	Order No.	Effective Date
[redacted]		[redacted]	08/31/2008	C802061	02/20/2008

The above suspension order of your registration and license plates has been rescinded.

REASON: ACCEPTABLE PROOF RECEIVED

DMV will electronically confirm the validity of any paper proof of insurance with the insurance company.

Carry this notice for at least one month. Then keep it until your next registration renewal.

[redacted]

RE: Respectfully Requesting An Order of Protection From The City of New York and All Parties Involved in Both Criminal / Civil Complaint For Case # 305956, # 312582, and all Pending Cases or Complaint Until Completion For Fear of Threat or Conspiracy of my life and that of my family. And, to Stay away from all my Properties and Belonging. My Date of Birth is May 30, 1971 and Social Security Number [redacted]

Respectfully, [redacted]

10/20/09

[redacted]

Signed: [redacted]

10/22/09

[redacted]

Telephone [redacted]

RE: Request For Inquiry Into Cordination & Review Section Complaint #305956 For Property Damaged at [redacted] (Proof attached).

To U. S. Department of Justice,

Please be inform that I am requesting an inquiry into FEMA failured to Response to documentations within 90 days as a matter of law for the Subject. I have provided all documentations requested. The damaged property is not [redacted]

Respondent: Countrywide - Bank of America

4. RESPONDENT

Please provide information below regarding the party that discriminated against you ("Respondent").

Name of Firm, Organization, or Individual Against Whom you are Filing: *(If you are naming a co-worker, supervisor, agent, etc., please also name the firm or organization.)* Respondent Secondary address:

Name Countrywide Human Resources / Bank of America

Address 7105 Corporate Drive

City Plano State TX Zip Code 75024

Phone Number: Area Code 1 - 866-447-4232 Ext

1 - 800-556-6044

5. DESCRIPTION OF DISCRIMINATION

Please answer the following questions concerning the discrimination about which you are complaining. Please try to be as specific as possible with respect to acts, dates, and names. Please write or print legibly or attach a typed description.

A. Why do you believe that you were/are being discriminated against?

Received Documentation of Voluntary Resignation, which is incorrect/not true. I didnot resigned.

B. What did/does the discrimination consist of?

I have provided all Doctors Note year to date that placed me on a medical Leave of Absence and was also authorized by Human Resources Department.

C. Do you have any comparative data *(such as names of other individuals who were in the same situation as you, but treated more favorably)* or other information to support your charge of discrimination? If so, describe below:

There was updated Doctor note Faxed over to Countrywide on February 5th 2009 by me upon my return from doctor visit.

D. Do you have any other information or evidence relevant to your claim of discrimination?

I Called my leave of absence Coordinator dept. and the receipt of the documentation was Confirm. My Employment is also protected by FMLA and I was Approved February 4, 2009. (Proofs attached).

REV 4/2008

IA 12.3 (7-04)

Record of Employment

FOR UNEMPLOYMENT INSURANCE PURPOSES ONLY

NYS Department of Labor

To Be Filled in By Employee									
Social Security Account Number	1	2	8	8	0	6	4	6	3
Name of Employee	[redacted]								

TO EMPLOYEE:

KEEP THIS CERTIFICATE

Have it with you if you apply for Unemployment Insurance. This certificate shows your job was insured. **It does not necessarily mean you are qualified to receive benefits.** The Claims Center will make that determination if you apply for benefits.

To Be Filled in By Employer

N.Y. State Employer Registration Number _____

Federal Employer Identification Number *13-2631719*

Firm Name: *Bank Of America*

Mailing Address Where Payroll Records Are Kept: *c/o Jon Jay Associates*
100 Corporate Place
Peabody, MA 01960

Date issued to employee: *04/30/09*

OPTIONAL IF NEEDED BY EMPLOYER TO LOCATE EMPLOYEE RECORD	
Payroll or Clock No.	[redacted]
Location of Employment or Code	*NY5906*

THIS MAY NOT BE USED AS AN IDENTIFICATION CARD

HOW TO APPLY FOR UNEMPLOYMENT INSURANCE

Unemployment insurance is protection for people who are out of work through no fault of their own. It provides them a weekly benefit to keep them and their families going while they look for new jobs. If you become unemployed and want to apply for unemployment insurance benefits you may file your claim on the web by going to the Department of Labor's web site. www.labor.state.ny.us and clicking on "Unemployment Insurance Web Services" and following the prompts to 'file a new claim'. You may also call the Telephone Claim Center at 888-209-8124. This is a toll free call. Hearing impaired individuals who have Telephone Device for the Deaf (TTY/TDD) equipment may file a claim by calling a relay operator at 1-800-662-1220 and requesting the operator to call 1-888-783-1370. Service at this number will only be provided to callers using TDD equipment. Callers who have difficulty using the telephone for any reason may request that a friend or relative assist in the telephone claims process. Translation services are also available.

Have the following information available when you call:

1. Your Social Security Account Number
2. Your NYS Driver's License or Motor Vehicle ID card, if you have one
3. Your alien registration card, if you have one
4. Any Record of Employment form or other form given to you by an employer in the past 18 months which shows:
   a. the name of your employer
   b. the employer's NYS Employer Registration Number
   c. the mailing address where your employer keeps payroll records
   d. your payroll or clock number
   e. the address at which you worked
5. Former federal employees should have all federal separation forms and "Notification of Personnel Action" forms issued in the past 18 months
6. Ex-servicemembers should have Separation Form DD 214 and any DD 215 forms received

COORDINATION & REVIEW
CIVIL RIGHTS DIVISION

2009 ~~APR 24~~ PM 2:07
May 4

FORM DMF-123
7-31-75
FORMERLY AD-71A

NOTICE

PLEASE

DO NOT REMOVE THIS SLIP FROM
THE ATTACHED CORRESPONDENCE
SINCE IT IS A PERMANENT PART
OF THE RECORD.

DIRECTIVES AND RECORDS MGT. UNIT
ADMINISTRATIVE SERVICES SECTION
OPERATIONS SUPPORT STAFF
OFFICE OF MANAGEMENT & FINANCE

171-52-0

DEPARTMENT OF JUSTICE
May 4, 2009
P.A.O.
CIVIL RIGHTS DIVISION

Inspection Form
Housing Choice Voucher Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 12/31/2002)

47-STNIS

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency n not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control numb

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

PHA	Tenant ID Number	Date of Request (mm/dd/yyyy)
New York City Housing Authority	0087680	JUN 01,2007
Inspector: SAAB, MAURICE — 212 306-3456	Date Last Inspection (mm/dd/yyyy): NOV 08,2007	Date of Inspection (mm/dd/yyyy): JUN 01,2007
Neighborhood/Census Tract	Type Of Inspection: ☐ Initial ☒ Special ☐ Reinspection — Special	Project Number: 729222

A. General Information

Street Address of Inspected Unit: [redacted]

City: [redacted] County: [redacted] State: [redacted] Zip: [redacted]

Name of Family: [redacted] Current Telephone of Family: [redacted]

Current Street Address of Family: [redacted]

City: [redacted] County: [redacted] State: [redacted] Zip: [redacted]

Number of Children in Family Under 6: 0 Under 11: 1

Name of Owner or Agent Authorized to Lease Unit Inspected: [redacted] Telephone of Owner or Agent: [redacted]

Address of Owner or Agent: [redacted]

Housing Type (check as appropriate)

- ☐ Single Family Detached
- ☐ Duplex or Two Family
- ☒ Row House or Town House
- ☐ Low Rise: 3,4 Stories, Including Garden Apartments
- ☐ High Rise; 5 or More Stories
- ☐ Manufactured Home
- ☐ Congregate
- ☐ Cooperative
- ☐ Independent Group Residence
- ☐ Single Room Occupancy
- ☐ Shared Housing
- ☐ Other: (Specify)

Apt Type: Private House

B. Summary Decision on the Unit
(to be completed after the form has been filled in)

Housing Quality Standard Pass or Fail **Fail**

☒ **1. Fail** If there are any checks under the column headed "Fail" the unit fails the minimum housing quality standards. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.

☐ **2. Inconclusive** If there are no checks under the column headed "Fail" and there are checks under the column headed "Inconclusive", obtain additional information necessary for a decision (question owner or tenant as indicated in the item instructions given in this checklist). Once additional information is obtained, change the rating for the item and record the date of verification at the far right of form.

☐ **3. Pass** If neither (1) or (2) above is checked, the unit passes the minimum housing quality standards. Any additional conditions described in the right hand column of the form should serve to (a) establish the precondition of the unit, (b) indicate possible additional areas to negotiate with the owner, (c) aid in assessing the reasonableness of the rent of the unit and (d) aid the tenant in deciding among possible units to be rented. The tenant is responsible for deciding whether he/she finds these conditions acceptable.

[3] **Unit Size:** Count the number of bedrooms for purposes of the FMR or Payment Standard. Record in the box provided.

[1900] **Year Constructed:** Enter from Line 5 of the Request for Tenancy Approval form. Record in the box provided.

[3] **Number of Sleeping Rooms:** Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box provided.

Document ID: 760495-223296-001

C. How to Fill Out This Checklist Printed: 03/16/09 02:30PM

Complete the checklist on the unit to be occupied (or currently occupied) by the tenant. Proceed through the inspection as follows:

Area	Checklist Category
room by room	1. Living Room
	2. Kitchen
	3. Bathroom
	4. All Other Rooms Used for Living
	5. All Secondary Rooms Not Used for Living
basement or utility room	6. Heating & Plumbing
outside	7. Building Exterior
overall	8. General Health & Safety

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

Important: For each item numbered on the checklist, check one box only (e.g., check one box only for item 1.4 "Security," in the Living Room.)

In the space to the right of the description of the item, if the decision on the item is: "Fail" write what repairs are necessary; if "Inconclusive" write in details. Also, if "Pass" but there are some conditions present that need to be brought to the attention of the owner or the tenant, write these in the space to the right.

If it is an annual inspection, record to the right of the form any repairs made since the last inspection. If possible, record reason for repair (e.g., ordinary maintenance, tenant damage).

If it is a complaint inspection, fill out only those checklist items for which complaint is lodged. Determine, if possible, tenant or owner cause.

Once the checklist has been completed, return to Part B (Summary Decision on the Unit).

Inspection ID: 753983-107887-211839

Inspection Summary/Comments (Optional) RETAMAR,ARACELIS 754923-164964-211839

Provide a summary description of each item which resulted in a rating of FAIL or PASS WITH COMMENTS.

Tenant ID No.	Inspector	Date of Inspection	Address of Inspected Unit
0087680	(RUBBO, DOMENICK)	SEP 17,2007	[redacted]

Type of Inspection ☐ Initial ☐ Special ☐ Reinspection Annual

Item Number			Reason for "Fail" or "Pass with Comments" Rating
1	Fail	Kitchen	NO GAS - LANDLORD SUPPLIES
2	Fail	Kitchen	TILES - MISSING/BROKEN (TRIPPING HAZARD)

Comments continued on a separate page Yes ☐ No ☒

DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT
SHAUN DONOVAN, Commissioner

Office of Preservation Services
ENFORCEMENT SERVICES
DIVISION OF MAINTENANCE
100 GOLD STREET, NEW YORK, N.Y. 10038

LUIZ C. ARAGON, Deputy Comissioner
VITO MUSTACIUOLO, Associate Commissioner
RASSOUL AZARNEJAD, Assistant Commissioner

Scan 10/2/07

[redacted]

B U G DBA KEYSPAN ENERGY
1 METROTECH CTR FL 12
00004475115
BROOKLYN, NY 112013850

Date: October 02, 2007

ATTENTION: MICHAEL D'AGOSTINO

Re: Request for Utility Service(s)
Premises: [redacted]
Service: UTIL / GAS
OMO#: [redacted]
VREF#: [redacted] [redacted]

An Emergency Repair Certification for lack of utility service(s) has been received by the Emergency Repair Program for the above captioned property.

Please consider this letter a formal request to immediately place the account which services the public areas in the name of:

The City of New York
H.P.D. - Emergency Repair Program
100 Gold Street
New York, New York 10038
(Room 6-G4)

IN ADDITION, PLEASE INSTALL REMOTE READING DEVICE ON METER PROVIDING THIS SERVICE.

This office consents to the account being put in its name and shall be responsible for all charges which accrue subsequent to the effective date and until the account is terminated by this office.

Any inquiries should be directed to Mr. B.G. Singh at (212) 863 - 8740. Thank you for your prompt attention in this matter.

Access Premium

[redacted]

cc: R. Crespo
ESB Bldg files
(REF: 364) (OBJ: 508)

KEYSPAN
Energy Delivery

2007354

0133322201974700172572

**C 017

[redacted]

Please Pay
Upon Receipt
172.57

33222-01974
Account Number

Please mail this part of bill with your payment.

Make checks payable to Keyspan Energy Delivery. Detach Here
Write your account number on check.

Service To:
[redacted]

[redacted]

Bill Date
Dec 19 '07

For Customer Assistance
Please call (718) 643-4000

CURRENT BILL ITEMIZED

In 62 days you used 101 therms:

Dec 18 2007 reading ACTUAL	3606
Oct 17 2007 reading ACTUAL	3508
CCF Used for METER# 000012701	98
Thermal Factor	x1.0308
Total therms used	101

Your Cost is determined as follows:

Minimum Charge (First 6.2 therms or less)	$24.39
Next 24.8 @ $.6575	16.31
Next 70.0 @ $.4900	34.30
GAS DELIVERY CHARGE	$75.00
GAS SUPPLY CHARGE @ $.98330 /therm	97.29
MTA Surcharge	.28
Sales Tax	.00
TOTAL CURRENT CHARGES	$172.57

SUMMARY OF CHARGES

Total Current Charges	$172.57
Amount Due Last Bill	63.13
Your Total Payments Since Last Bill. Thank You!	-63.13
Please Pay Upon Receipt	$172.57

E808365

2007 DEC 31 AM 10
RECEIVED
DOM FUEL/UTILITIES UNIT

IMPORTANT MESSAGES

Your unique online Access Code is: 5CC526C
We're online, anytime! View and pay your bill, check your balance, submit meter readings. The code above provides free, instant access. Go to www.keyspanenergy.com, click "My Account" then "Register Now." Many automated services are also available at the telephone number above.

Nothing beats the reliability of natural gas. It's always there when you need it. Over 90% of our supply is produced right here in North America. It's the clean, efficient, and safe choice for cooking, heating and many other uses.

We sincerely appreciate the prompt way you pay your bills.

An electronic meter reading device provides us with your actual meter reading.

MS H

KEYSPAN
Energy Delivery

www.keyspanenergy.com

See back for definitions of terms used in this bill and more information.