

REPARACIÓN CRÍTICA EN LA VIVIENDA

Fecha límite de entrega: _____

Lista de documentos solicitados

Nombre del solicitante: _____

Dirección de la vivienda: _____

Nombre: _____ (si no es el que se detalló más arriba)

Documentación sobre los ingresos (obligatoria para todas las personas mayores de 18 años que viven en el hogar).

| DOCUMENTO (ver ejemplos al dorso) | Detalles | OBLIGATORIO | RECIBIDO |
|--|--|-------------|----------|
| Carta de adjudicación de seguridad social de 2024 | Oficina de Seguridad Social: 1-800-772-1213 o www.ssa.gov | | |
| Carta de adjudicación de beneficios por discapacidad de 2024 | Oficina de Seguridad Social: 1-800-772-1213 o www.ssa.gov | | |
| Formulario 1099 de pensiones, jubilaciones, beneficios por fallecimiento u otros beneficios recibidos de 2023 | | | |
| Recibos de pago de las últimas 8 semanas (2 recibos mensuales, 4 recibos quincenales u 8 recibos mensuales) | Comuníquese con su empleador para obtener las copias de sus recibos si no los tiene a mano. | | |
| Extractos bancarios* de los últimos 2 meses TODAS LAS CUENTAS <small>*Deben ser extractos bancarios oficiales que incluyan el logotipo del banco</small> | MESES: <u>julio de 2024</u> <u>agosto de 2024</u> | | |
| Documentación respaldatoria: | | | |
| Certificado de defunción o documentos relacionados con la herencia | Obligatorio si aparecen en la escritura otros nombres que no sean el del solicitante. | | |
| Identificación (documento con fotografía) | | | |
| DD-214 | Veterans Administration (Administración de Veteranos): 1-800-827-1000 o www.va.gov/records | | |
| Certificado de inexistencia de cuenta bancaria <small>Documento entregado por Habitat</small> | | | |
| Certificado de carencia de ingresos <small>Documento entregado por Habitat</small> | | | |
| Formulario de intención de ocupación <small>Documento entregado por Habitat</small> | | | |
| Formulario de reconocimiento del programa <small>Documento entregado por Habitat</small> | | | |
| Divulgación de información a terceros <small>Documento entregado por Habitat</small> | | | |
| Consentimiento para las reparaciones <small>Documento entregado por Habitat</small> | | | |
| Autorización para la divulgación de información <small>Documento entregado por Habitat</small> | *Cualquier miembro del hogar mayor de 16 años | | |

Cómo enviar los documentos*:

- 1) Envíe los documentos escaneados por correo electrónico a chrapplications@habitatcltregion.org.
- 2) Entregue las copias de los documentos en la oficina ubicada en 3816 Latrobe Dr (horario: de lunes a viernes, de 9:00 a. m. a 1:00 p. m. y de 1:30 p. m. a 5:00 p. m.).
- 3) Envíelos por correo postal a CHR Application Processing, 3816 Latrobe Dr, Charlotte NC 28211

Asegúrese de que todos los documentos que envíe por correo electrónico, correo postal o en persona incluyan el nombre del solicitante y la dirección de la propiedad.

Your New Benefit Amount

BENEFICIARY'S NAME: ██████████

Your Social Security benefit will increase by **3.2%** in 2024 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

| How Much You Will Get | |
|---|-------------------|
| Your monthly benefit before deductions | \$1,272.00 |
| Deductions: | |
| Medicare Medical Insurance (If you did not have Medicare as of November 16, 2023 or if someone else pays your premium, we show \$0.00) | -\$0.00 |
| Medicare Prescription Drug Plan (We will notify you if the amount changes in 2024. If you did not elect withholding as of November 1, 2023, we show \$0.00) | -\$0.00 |
| U.S. Federal tax withholding | -\$0.00 |
| Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 16, 2023, we show \$0.00) | -\$0.00 |
| After we take any other deductions, you will receive the payment you are due for December 2023 on or about January 3, 2024. | \$1,272.00 |

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

If you still get a paper check, you must visit the Department of the Treasury's website at www.godirect.gov to request electronic payments.

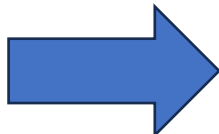
If you disagree with any of these amounts, you must file an appeal with us in writing within 60 days from the date you get this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. You must have good reason for waiting more than 60 days to file an appeal. You can go to www.ssa.gov/non-medical/appeal to complete and submit the "Request for Reconsideration" form, SSA-561-U2 online. You may also contact us by phone to request the form or go to our website at www.ssa.gov/forms to locate the form. If you need help with the form, please call us.

Need more help?

1. Visit www.ssa.gov for fast, simple, and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **888-383-1598**.



EJEMPLO DE CARTAS DE ADJUDICACIÓN DE SEGURIDAD SOCIAL, SEGURO POR INCAPACIDAD DE LA SEGURIDAD SOCIAL (SSDI) O SEGURIDAD SOCIAL ADICIONAL CORRESPONDIENTES AL AÑO 2024



EJEMPLO DEL FORMULARIO 1099 DE RENTA VITALICIA, JUBILACIÓN, PENSIÓN Y OTROS CORRESPONDIENTE AL AÑO 2023
***NO aceptamos el formulario 1099 de seguridad social**

Form **1099-R** OMB No. 1545-0119 CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

PUBLIC EMPLOYEES' RETIREMENT ASSOCIATION
 1301 N. PENNSYLVANIA STREET
 DENVER, CO 80203
 (800) 759-7372

PAYER'S TIN: 84-6220742 RECIPIENT'S TIN: xxx-xx-1234

RECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code

JOHN DOE
 1301 PENNSYLVANIA
 DENVER, CO 80203-1234

2023
Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

For Privacy Act and Paperwork Reduction Act Notice, see the **2023 General Instructions for Certain Information Returns.**

1 Gross distribution
\$13,003.04

2a Taxable amount
\$13,003.04

2b Taxable amount not determined Total distribution

3 Capital gain (included in box 2a)

4 Federal income tax withheld
\$825.76

5 Employee contributions/ Designated Roth contributions or insurance premiums
.00

6 Net unrealized appreciation in employer's securities

7 Distribution code(s)
7

IRA/SEP/SIMPLE

8 Other

9a Your percentage of total distribution %

9b Total employee contributions %

10 Amount allocable to IRR within 5 years

11 1st year of desig. Roth contrib.

12 FATCA filing requirement

13 Date of payment

14 State tax withheld
\$300.00

15 State/Payer's state no.
CO/21-97092

16 State distribution

17 Local tax withheld

18 Name of locality

19 Local distribution

Account number (see instructions)
1-123456

This information is being furnished to the IRS. irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

SAMPLE