

What's in a Lease?



Lease and Rental Agreement

THIS AGREEMENT made this ____ Day of _____, _____, by and between _____, herein called "Landlord," and _____, herein called "Tenant."

1. PREMISES & AGREEMENT TO LEASE:

Landlord hereby agrees to rent to Tenant the dwelling located at _____ under the following terms and conditions.

2. TERM:

Tenants agree to lease this dwelling for a fixed term of _____, beginning _____ and ending _____. Upon expiration, this Agreement shall become a month-to-month agreement AUTOMATICALLY.

3. RENT:

Tenant agrees to pay Landlord as base rent the sum of \$_____ per month, due and payable monthly in advance on the 1st day of each month during the term of this agreement. The first month's rent is required to be submitted on or before move-in.

4. LATE FEE:

Rent paid after the 1st day of each month will be deemed as late; and if rent is not paid within _____ days after such due date, Tenant agrees to pay a late charge of \$_____.

5. UTILITIES:

Tenant is responsible for payment of all utility and other services for the dwelling.

6. SECURITY DEPOSIT:

Tenants hereby agree to pay a security deposit of \$_____ to be refunded upon vacating, returning the keys to the Landlord and termination of this contract according to other terms herein agreed. This deposit will be held to cover any possible damage to the property.

_____ Landlord Signature	_____ Landlord Full Name	_____ Date
_____ Tenant Signature	_____ Tenant Full Name	_____ Date
_____ Guarantor Signature	_____ Guarantor Full Name	_____ Date

Product Information Sheet



EZ CLEAN KITCHEN CLEANER



Poisonous

**Fatal if swallowed
Causes skin irritation**

**Wear protective gloves
Wash hands after use
Do not eat or drink product.**

**If Swallowed:
Call POISON CONTROL CENTER or doctor.**

Store in a locked area

Cleaning Supply Company

123-456-7890

Medical Information



MEDICAL EMERGENCY ID CARD



Personal Information

Name: _____

Street: _____

City/State/ZIP: _____
(City/Province/Postal)

Phone: _____

Health Card/Insurance #: _____

In Case of Emergency notify:

Name: _____

Phone: _____

Front

Doctor: _____

Doctor Phone: _____

Current Medical Condition: _____

Allergies: _____

Medications: _____

Blood Type: _____

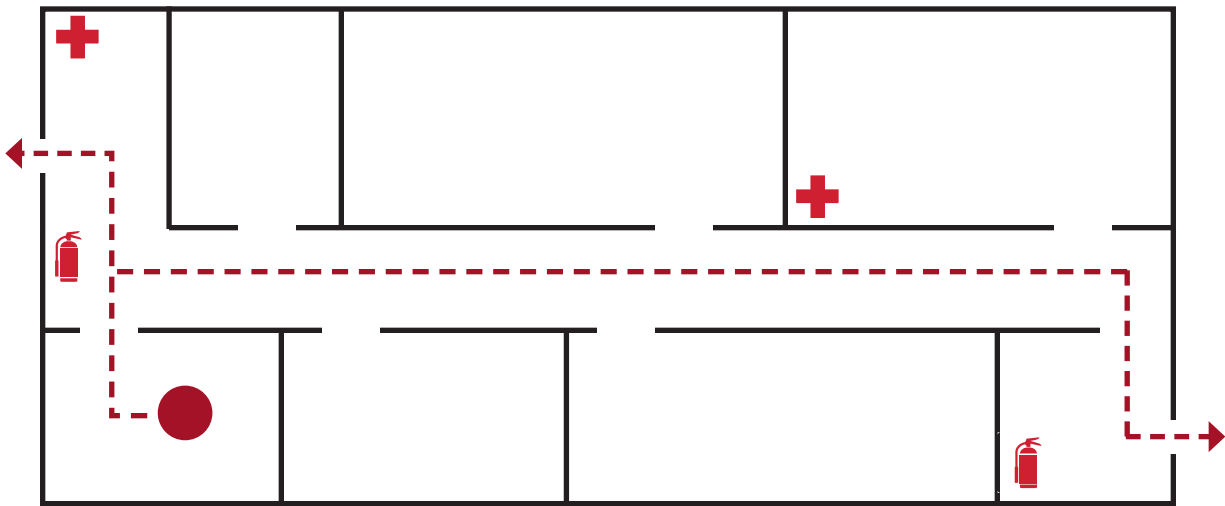
Other: _____

Back


Fire Routes



EVACUATION PLAN



**IN CASE OF FIRE USE STAIRS FOR EXIT.
DO NOT USE ELEVATOR**

 YOU ARE HERE

 FIRE EXTINGUISHER

 EVACUATION ROUTE

 FIRST AID KIT

EMERGENCY PHONE NO. - 911

Bus Map

DDOT FARES AND TRANSIT PASSES

DDOT Fares

Adult Base Fare	\$1.50
Student* with DDOT Student ID	\$0.75
Transfer	\$0.25
Senior (65 & older) & Disabled with appropriate ID**	\$0.50
Inbound Central Business District Fare	\$0.50
Medicare Cardholder	\$0.75
Transfer	\$0.10

Children (under 44" tall)
Limit three w/paid adult fare **NO CHARGE**

Transit Passes

GoPass	
Monthly	\$47.00
Biweekly	\$27.50
Weekly	\$14.40
Senior/Disabled Monthly GoPass**	\$17.00
Five Day Pass	\$14.00
Ten Dollar Value Card	\$10.00
DDOT/SMART Regional Monthly Pass	\$49.50

DDOT Student I.D. Card*	\$2.00
DDOT Semester Pass	\$136.50

*To purchase a DDOT student I.D. card, one of the following items is needed: A current official document from your school, a letter of current enrollment on school letterhead, a current school identification, or a current year report card.

**To receive the discounted fare, eligible senior and disabled passengers must swipe their DDOT Special Fares ID Card or a state ID with visual impairment designation.

Download the **FREE DDOT Bus App** today!

Download the "DDOT Bus App" in your App Store or on Google Play for real-time route and trip planning information.

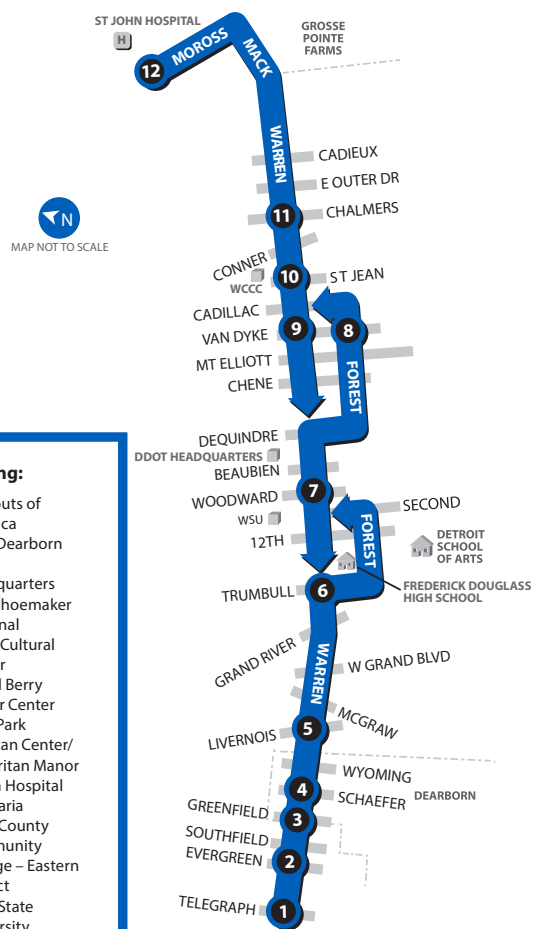


www.RideDetroitTransit.com

Route 14 Crosstown

Monday–Friday
Updated April 24, 2017

City of Detroit
Department of Transportation



Serving:

Boy Scouts of America
City of Dearborn
DDOT
Headquarters
DDOT Shoemaker Terminal
Detroit Cultural Center
Michael Berry Career Center
Rouge Park
Samaritan Center/
Samaritan Manor
St. John Hospital
Vista Maria
Wayne County Community College – Eastern District
Wayne State University

School
Landmark
Cross Street
City Limit
Alternate Routing



Sample Electric Bill



At Home Electric Company

ACCOUNT NUMBER

1234 5678 9100

Details of your Electric Charges:

Service to:
CUSTOMER
456 MAIN STREET

Residential Service - Service number 1234 5678 9100
Electricity you used this period

Your electric bill for the period
March 30 to April 29

Total amount due by May 22,

\$138.07

Meter Number Energy Type	Current Reading	Previous Reading	Difference	Total Usage
80568070	Apr 29	Mar 30		
Usage (kWh)	09580	091787	793	793
	(actual)	(actual)		

Your next meter reading is scheduled for May 31

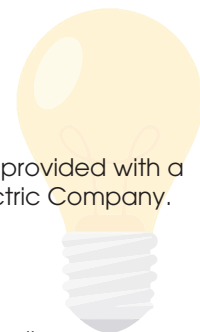
Electric Summary

Balance from your last bill	\$145.24
Payment Apr 1	\$100.00-
Payment Apr 15	\$45.24-
Total Payments	\$145.24-
Electric Charges (Residential Heating)	\$138.07
New electric charges	\$138.07

Return this stub in the envelope provided with a check payable to At Home Electric Company.

You can pay your bill online at:
www.athomeelectric.com

To pay by Debit or Credit Card call
1-800-123-4567



Monthly Budget



MONTHLY BUDGET

Month: _____ Starting Balance: _____

Net Income	Planned	Actual
Expenses (fixed)		
Rent		
Insurance		
Student Loan		
Car payment		
Expenses (varied)		
Food		
Gas		
Clothes		
Pet		
Fun		

Goals For Next Month:

Credit Card Bill

FIRST BANK CREDIT CARD STATEMENT

MR. GARCIA
678 MAIN STREET

STATEMENT BEGINS 27 FEBRUARY

STATEMENT ENDS 26 MARCH

ACCOUNT NO. 123-456-789-0

PAYMENT DUE DATE 20 APRIL

MIN. AMOUNT DUE **\$30.00**

Reference	Date	Transaction Details	Amount
483GE739	March 1	SHIRTS N' SUCH	\$34.89
32F349ER3	March 5	CAR RENTAL	\$150.00
NX34FJD32	March 5	ABC STORES	\$56.92
94J127KAS	March 18	PIZZA PALACE	\$7.12

Credit Limit: \$1000 Available Credit: \$751.07 New Charges \$248.93

For Customer Service Call:
1-800-123-4567

For Lost or Stolen Card, Call:
1-800-987-6543

Annual Percentage Rate 19.80%

Savings Account Statement



Savings Account Statement

Account Number: **123456789**

Bank Institution **#123**

October to November

**CITY
BANK**

CUSTOMER: MRS. LEE
123 MAIN STREET
FL, 90123

Questions?

Available by phone, 24 hours a
day, 7 days a week:

1-800-123-4567

Online: www.citybank.com

Activity Summary

Beginning Balance	\$2,937.00
Deposits/Credits	\$395.25
Withdrawals	\$150.00

Ending Balance	\$3,182.25
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Interest Summary

Interest paid this statement	\$0.25
Annual percentage	0.10%
Interest earned this statement period	\$0.25
Interest paid this year	\$0.95

Transaction History

10/1	Deposit made online	\$150.00
10/2	Deposit made in Branch	\$279.00
10/3	Withdrawal made	\$400.00

Sales Contract

NEW CAR SALES AGREEMENT

This is a contract made between the _____, and the
_____ **DEALERSHIP**
_____, for the sale of _____,
NAME OF BUYER **CAR MAKE**
_____, _____.
CAR MODEL **YEAR OF CAR**

Description of vehicle _____
DESCRIPTION OF CAR (INTERIOR AND EXTERIOR COLOR AND FEATURES)

The VIN number _____, and the odometer reads
VIN NUMBER
_____ as of _____.
ODOMETER **DATE**

The date of sale is _____. Buyer agrees to pay to the Dealer
DATE
the purchase price of \$ _____. To be paid in monthly payments of
PURCHASE PRICE
\$ _____.
MONTHLY PAYMENT

The buyer agrees to the above terms:

Signature: _____

Email Fraud



EMAIL SCAMS KNOW THE WARNING SIGNS

- ! *Spelling mistakes in the subject line.*
- ! *Pictures that will not load.*
- ! *Spelling mistakes in the email body.*
- ! *Asking for money.*
- ! *Asking you to click a link.*

Inbox Search

Compose Delete Move Spam

Inbox	From: Amazon (pay_amazon@mail.com)
Drafts	Attention: money required immediatly
Sent	<i>This message contains blocked images</i>
Spam	Your most recent payment did not go through. Please click the linke below to make payment immediately.
Trash	>> Click here to make payment

Accepted Payment

WE ACCEPT THESE FOLLOWING PAYMENT METHODS



Resume

VIENNA HURST

123 MAIN STREET
123-456-7890
VIENNA@EMAIL.COM

OBJECTIVE

To seek the line cook position at Hometown Diner.

OVERVIEW

Food service worker with fast food, retail and customer service experience. Organized and hardworking with training in food safety and handling.

EDUCATION

Florida State High School

Graduated with honors

Food Service Worker 2 year course

The Culinary Institute

Food Safety & Handling Course

February

WORK EXPERIENCE

Belaire Burgers Jan. - Aug.

Miles Pizza Palace Sept. - June

SKILLS

- Proficient cook
- Customer service
- Detailed and organized
- Hardworking and reliable
- Communication and people skills
- Comfortable standing for long periods of time
- Friendly and outgoing
- Neat, clean and professional appearance

VOLUNTEER EXPERIENCE

Florida Soup Kitchen March - May

Cover Letter

VIENNA HURST

123 Main Street

123-456-7890

vienna@email.com

September 27

Sandra Whatley
Hometown Diner

I am writing in regards to your line cook position at Hometown Diner. Please accept my enclosed resume along with this letter.

I believe my qualifications and previous work experience are a perfect fit for this position. I am a food service worker with fast food, retail and customer service experience. I am organized and hardworking with training in food safety and handling.

I am available for an interview at your convenience.

Sincerely,

Vienna Hurst

Vienna Hurst

Job Application

APPLICATION FOR EMPLOYMENT

Employer Name:

Job Number:

Position:

Date:

PERSONAL INFORMATION

Name (Last, First, Middle)	Telephone Number
Address	E-mail Address
City/State/Zip (Province/Postal Code)	Dates Available

EDUCATION

High School	Address	From To	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University	Address	From To	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	Address	From To	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT HISTORY - begin with most recent employment

Dates From To	Company Name	City, State (Province)
Titles and Duties		
Reason for Leaving	Supervisor Name	Telephone Number
Dates From To	Company Name	City, State (Province)
Titles and Duties		
Reason for Leaving	Supervisor Name	Telephone Number
Dates From To	Company Name	City, State (Province)
Titles and Duties		
Reason for Leaving	Supervisor Name	Telephone Number

Safety Bulletin

IN CASE OF INJURY AT WORK

1
**Get first aid
if needed.**

Worker
**Tell your employer
about the injury.**

Employer
**Arrange and pay for
transportation to get
medical care, if
needed.**

Employer
**Pay worker's wages
for day of injury.**

Employer
**Report injury within
3 days if it involves:**

- health care treatment
- time away from work
 - lost wages

Pay Stub Sample

EARNINGS STATEMENT

Bayside Cleaners
123 Main Street

EMPLOYEE NAME	SSN	EMPLOYEE ID	PAY PERIOD	PAY DATE		
Josh O'Brien	XXX-XX-01234	123	12/22-12/28	12/29		
INCOME	RATE	HOURS	CURRENT TOTAL	DEDUCTIONS	CURRENT TOTAL	YEAR-TO-DATE
REGULAR	17.00	40	\$680.00	FICA MED TAX	9.86	98.60
OVERTIME	0.00	0	0.00	FICA SS TAX	42.16	421.60
HOLIDAY	0.00	0	0.00	FED TAX	64.60	646.00
VACATION	0.00	0	0.00	STATE TAX	39.10	391.00
BONUS	0.00	0	0.00			
FLOAT	0.00	0	0.00			
YTD GROSS	YTD DEDUCTIONS	YTD NET PAY	CURRENT TOTAL	CURRENT DEDUCTIONS	NET PAY	
6,800.00	1,557.20	5,242.80	680.00	155.72	524.28	



Contract Sample



EMPLOYMENT CONTRACT

This Employment contract is executed and entered into by and between:

Employer _____

Address _____

P.O. Box No. _____ Tel. Number _____

Employee _____

Address _____

Tel. Number _____

Dear _____,

We are pleased to offer you the _____ position with _____ . The terms and conditions of your employment are outlined below.

TERMS OF EMPLOYMENT

1. Start Date _____

2. Site of employment _____

3. Employee's position _____

4. Salary of \$ _____ per hour

5. Regular Working Hours; Maximum 8 per day, 6 days a week

6. Overtime pay:

a) For work over regular working hours: _____

b) For work on rest days and holidays: _____

7. You will receive the Company's standard employee benefits package.

The employee agrees to the above terms.

Signature: _____

