



# Guía de Documentos para la Solicitud de Wake Three School



WAKE COUNTY



Smart Start

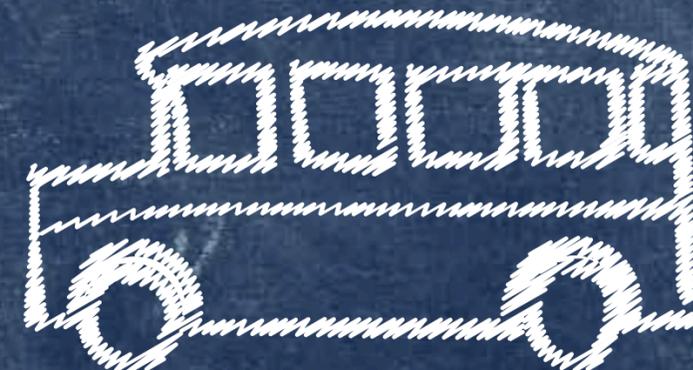
# Documentos Requeridos





# Tipos de Documentación Necesaria

- Verificación de Edad
- Verificación de Dirección en el Condado de Wake
- Verificación de Ingresos



# Verificación de Edad



# Documentos que Sí Aceptamos



WAKE COUNTY



Smart Start

# Documentos que Sí Aceptamos:



1. Acta de Nacimiento
2. Certificado de Nacimiento del Hospital

Si el certificado de nacimiento está en un idioma que no sea inglés, proporcione el certificado de nacimiento traducido o el pasaporte de su hijo

STATE OF NORTH CAROLINA

Office of Vital Statistics  
Certification of Birth  
NORTH CAROLINA

Name: Maria Ponce Melendez State File No: 20074  
Date of birth: Maria Ponce Melendez Sex: Male  
Place of birth: Maria Ponce Melendez  
Certificate number: 0000000000  
Date filed: Maria Ponce Melendez Date issued: Maria Melendez  
Mother's maiden name: Maria Ponce Melendez  
Father's name: Maria Ponce Melendez

WARNING

Signature:

NC



Identificador Electrónico



Clave Única de Registro de Población



Número de Certificado de Nacimiento

-----

Entidad de Registro

MEXICO

Municipio de Registro

-----

Oficialía	Fecha de Registro	Libro	Número de Acta
0001	-----	---	---

Estados Unidos Mexicanos

Acta de Nacimiento

Datos de la Persona Registrada

Nombre(s): [REDACTED] Primer Apellido: [REDACTED] Segundo Apellido: [REDACTED]

Sexo: [REDACTED] Fecha de Nacimiento: [REDACTED] Lugar de Nacimiento: DISTRITO FEDERAL

Datos de Filiación de la Persona Registrada

Nombre(s): [REDACTED] Primer Apellido: [REDACTED] Segundo Apellido: [REDACTED] Nacionalidad: MEXICANA CURP: -----

Nombre(s): [REDACTED] Primer Apellido: [REDACTED] Segundo Apellido: [REDACTED] Nacionalidad: MEXICANA CURP: -----

<b>Anotaciones Marginales:</b> Sin anotaciones marginales.	<b>Certificación:</b> Se extiende la presente copia certificada, con fundamento en los artículos 3.1 y 3.7 del Código Civil del Estado de México y artículo 15, fracción VII de su Reglamento.  A los [REDACTED] días del mes de [REDACTED] de [REDACTED] Doy fe.
---	--

Firma Electrónica:



Código QR



Soy México

Código de Verificación



DIRECTOR GENERAL DEL REGISTRO CIVIL



MÉXICO



PASAPORTE



# Documentos que NO Aceptamos:

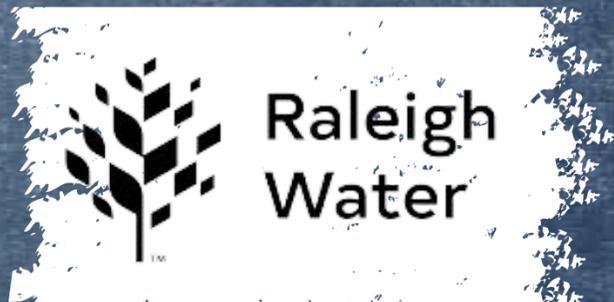


No aceptamos Tarjeta de Seguro Social.

# Verificación de Dirección en el Condado de Wake



# Documentos que Sí Aceptamos:



1. Una copia del contrato de arrendamiento actual firmado.
2. Una copia de la factura actual de servicios públicos.
3. Una carta firmada por el beneficiario si la documentación necesaria **no** está a nombre del padre o tutor.

# Requisitos del Documento de Arrendamiento:



State of \_\_\_\_\_ Rev. 1343BEC

## LEASE AGREEMENT

This Lease Agreement (this "Agreement") is made this \_\_\_\_\_, 20\_\_ by and between:

Landlord: \_\_\_\_\_ ("Landlord") AND

Tenant(s): \_\_\_\_\_ ("Tenant").

In the event there is more than one Tenant, each reference to "Tenant" shall apply to each of them, jointly and severally. Each Tenant is jointly and severally liable to Landlord for payment of rent and performance in accordance with all other terms of this Agreement. Each Landlord and Tenant may be referred to individually as a "Party" and collectively as the "Parties."

**1. Premises.** The premises leased is a/an  apartment  house  condominium  room  townhouse  duplex  semi-detached house  other: \_\_\_\_\_ with:

(a) \_\_\_\_\_ bedroom(s)  
(b) \_\_\_\_\_ bathroom(s)  
(c) \_\_\_\_\_ parking space(s)  Parking is not included with the Premises.

located at \_\_\_\_\_, City of \_\_\_\_\_, State of \_\_\_\_\_,  
(the "Premises").

**Storage:**  
 The Premises includes the following storage space: \_\_\_\_\_

**Furnishings:** (check one)  
 The Premises is **NOT** furnished.  
 The Premises includes the following furnishings: \_\_\_\_\_

Additional description of the premises: \_\_\_\_\_

**2. Agreement to Lease.** Landlord agrees to lease to Tenant and Tenant agrees to lease from Landlord, according to the terms and conditions set forth herein, the Premises.

**3. Term.** This Agreement shall be considered a: (check one)

Fixed Lease. This Agreement will be for a term beginning on \_\_\_\_\_, 20\_\_ and ending on \_\_\_\_\_, 20\_\_ (the "Term"). At the end of the Term:

A month-to-month holdover tenancy will be created. If Landlord accepts a rent payment from Tenant, other than past due rent or additional rent, after the Term expires, both parties understand that a month-to-month holdover tenancy will be created at the agreed upon monthly rent, unless proper notice has been served as required by applicable laws. If either Tenant or Landlord wishes to end the month-to-month tenancy, such Party must provide at least thirty (30) days' written notice before the desired termination date.

Lease Agreement (Rev. 1343BEC)

1. Dirección completa
2. Fecha de inicio y finalización del contrato
3. Nombre del padre/tutor
4. Firma del padre/tutor
5. Firma del propietario

Si el contrato de arrendamiento o la factura de servicios públicos no está a nombre de los padres/tutores, el documento deberá proporcionarse junto con una carta firmada y fechada por el beneficiario que indique que la familia de Wake ThreeSchool vive en la casa.

Carta Firmada con la Documentación de Dirección en el Condado de Wake

# Documentos que NO Aceptamos:



No aceptamos Licencia de Conducir.



**NO aceptamos los siguientes estados de cuenta:** ❌

- Internet
- Cable
- Teléfono Celular
- Seguro de Salud
- Seguro de Automóvil
- Seguro de Alquiler/Hogar
- Estados de Cuenta de Tarjeta de Crédito

# Verificación de Ingresos

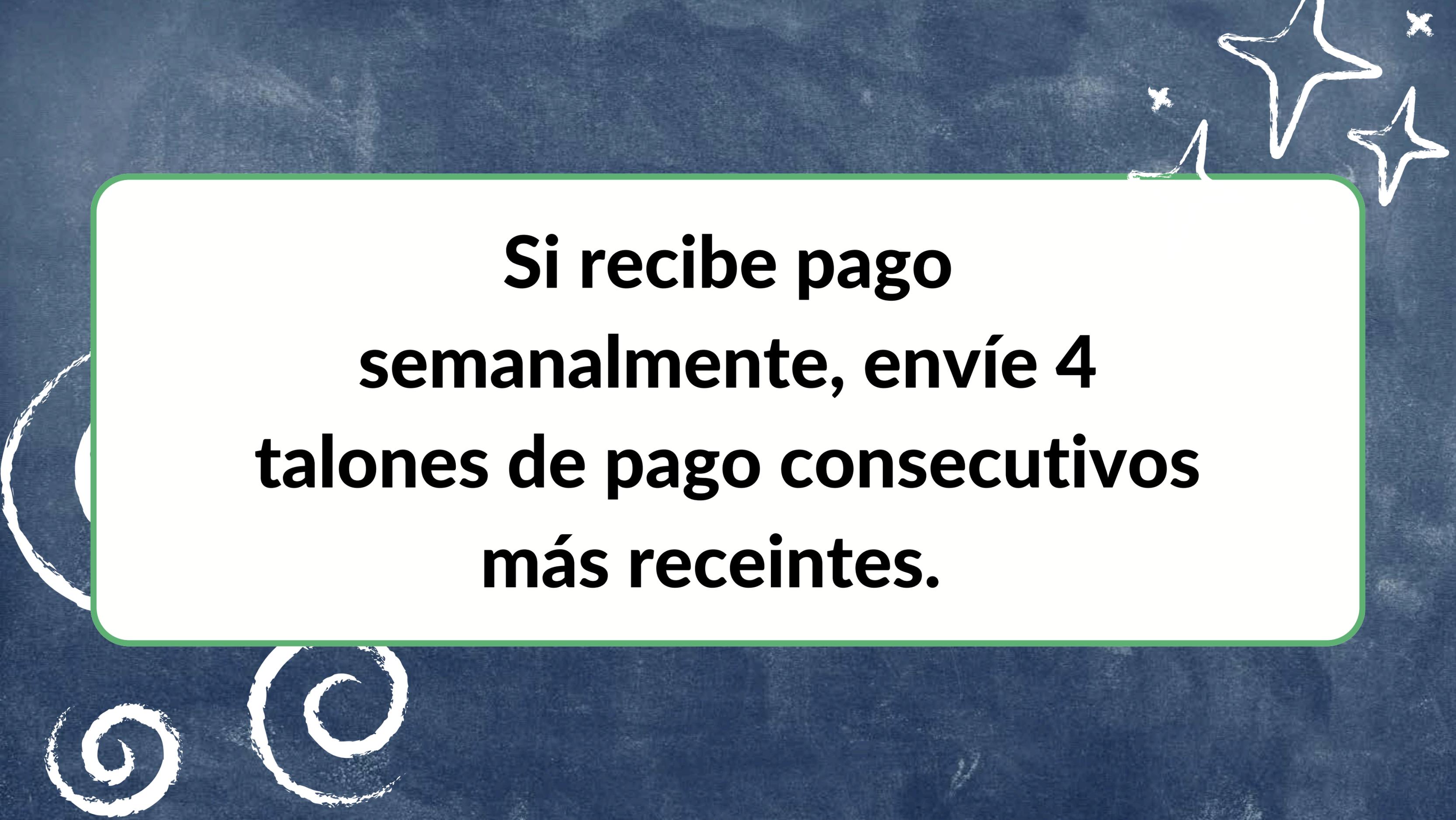


# Documentos que Sí Aceptamos:

<b>The University of North Carolina at Chapel Hill</b> 103 South Building, Campus Box 9100 Chapel Hill, NC 27599-9100		Pay Group: SPN-SHRA Non-Exempt Pay Begin Date: 07/10/2017 Pay End Date: 07/23/2017	Business Unit: UNCCH Advice #: 00000002214873 Advice Date: 08/04/2017						
Employee Name 123 Franklin St CHAPEL HILL, NC 27517	Employee ID: 000000000 Department: 260108-WSEE-HR Information Mgmt Location: OHR-Ofc of the Vice Chancellor Job Title: Admin Support Specialist Pay Rate: \$45,000.00 Annual	<b>TAX DATA:</b> Federal NC State Tax Status: Single Single Allowances: 0 0 Adfl. Percent: Adfl. Amount:							
<b>HOURS AND EARNINGS</b>			<b>TAXES</b>						
<b>Description</b> Regular Sick Beans Leave Adverse Weather Cond III Close Civil Leave Holiday MobileCommunication Device-\$70 Overtime @ .50 Time Overtime - Straight Time Regular (Overtime Week) Vacation	<b>Rate</b> 20.346846 20.346846 20.346846 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	<b>Current Hours</b> 74.50 3.50 2.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	<b>Earnings</b> 1,515.84 71.21 40.69 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	<b>Hours</b> 855.00 19.50 16.00 3.00 8.00 72.00 0.00 14.50 14.50 360.00 27.50	<b>Earnings</b> 17,446.65 395.51 325.27 60.81 162.23 1,459.97 500.00 147.50 295.04 7,296.84 557.39	<b>Description</b> Fed Withholding Fed MED/EE Fed OASD/EE NC Withholding	<b>Current</b> 182.98 22.12 94.58 61.00	<b>YTD</b> 3,319.78 394.81 1,688.15 1,126.00	
<b>TOTAL:</b> 80.00 1,627.74 1,390.00 28,707.21			<b>TOTAL:</b> 360.68 6,528.74						
<b>BEFORE-TAX DEDUCTIONS</b>		<b>AFTER-TAX DEDUCTIONS</b>		<b>EMPLOYER PAID BENEFITS</b>					
<b>Description</b> TSERS - Retirement Critical Illness UNC Traffic Office - Parking NC Flex Group Life Employee Dental Plan Cancer Plan State Health Plan 80/20 Vision Plan NC Flex Voluntary AD&D Empl	<b>Current</b> 97.66 32.10 26.51 12.70 10.61 7.59 7.52 4.29 0.85	<b>YTD</b> 1,688.82 513.60 425.84 203.20 169.76 121.44 120.32 68.64 13.60	<b>Description</b> NC State Empl Credit Union Reliance Standard AD&D Empl	<b>Current</b> 25.00 2.00	<b>YTD</b> 425.00 32.00	<b>Description</b> TSERS - Retirement State Health Plan 80/20 Imputed Income for LIF600*	<b>Current</b> 278.83 239.74 0.00	<b>YTD</b> 4,685.51 3,835.84 157.48	
<b>TOTAL:</b> 199.83 3,325.22		<b>TOTAL:</b> 27.00 457.00		<b>*TAXABLE</b>					
<b>TOTAL GROSS</b>		<b>FED TAXABLE GROSS</b>		<b>TOTAL TAXES</b>		<b>TOTAL DEDUCTIONS</b>		<b>NET PAY</b>	
Current YTD	1,627.74 28,707.21	1,427.91 25,539.47	360.68 6,528.74	226.83 3,782.22	1,040.23 18,396.25				
<b>LEAVE BALANCES/ACTIVITY</b>		<b>VACATION</b>		<b>SICK</b>		<b>NET PAY DISTRIBUTION</b>			
Year Begin Balance Earned This Year Used This Year End Balance	167.83 79.33 33.50 213.66	244.00 56.00 27.50 272.50			Account Type: Checking Account Number: XXXXX000000 Deposit Amount: 1,040.23				
LEAVE DATA VALID THRU: 07/23/2017		For current and detailed leave information, log into TIM		<b>TOTAL:</b>		1,040.23			

MESSAGE:

Aceptamos Talones de Pago como verificación de ingresos.



**Si recibe pago  
semanalmente, envíe 4  
talones de pago consecutivos  
más recibos.**

1

D	L	M	M	J	V	S
[Redacted]						

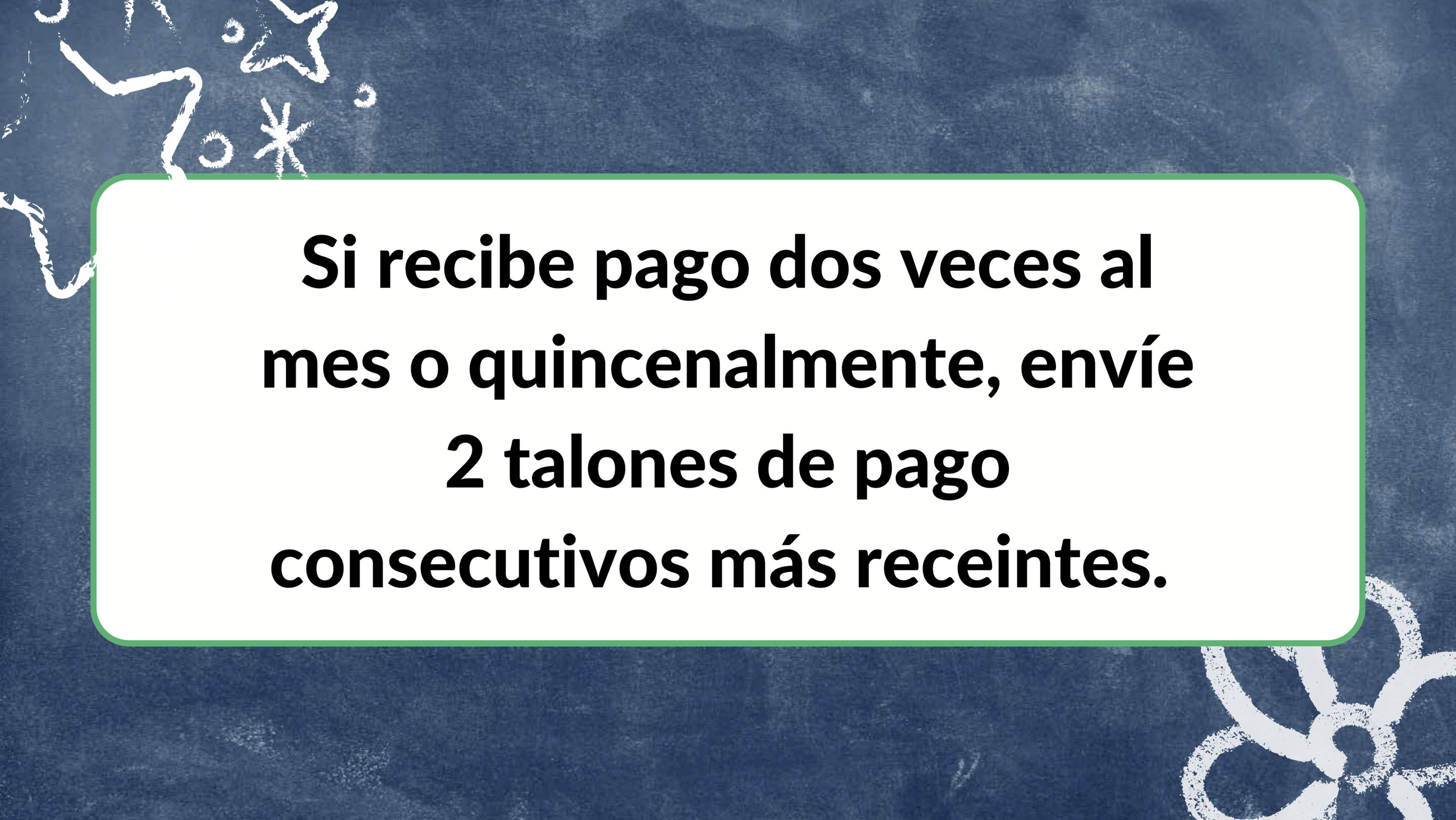
1  
2

D	L	M	M	J	V	S	
[Yellow brushstroke]							
[Green brushstroke]							

	D	L	M	M	J	V	S
1	[Yellow brushstroke]						
2	[Green brushstroke]						
3	[Yellow brushstroke]						

	D	L	M	M	J	V	S
1	[Redacted]						
2	[Redacted]						
3	[Redacted]						
4	[Redacted]						

1  
2  
3  
4



**Si recibe pago dos veces al mes o quincenalmente, envíe 2 talones de pago consecutivos más recibos.**

	D	L	M	M	J	V	S
1	[Redacted]						

1



	D	L	M	M	J	V	S
1	[Redacted]						
2	[Redacted]						



**Si recibe pago  
mensualmente, envíe 2  
talones de pago consecutivos  
más recibos.**



S	M	T	W	T	F	S
1						

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S
1						

S	M	T	W	T	F	S
2						

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

**¿Sin los talones de pago? Envíe uno de los siguientes:**

- 1. Declaración de ganancias firmada y fechada por el empleador actual.**
- 2. Más reciente año IRS 1040, W-2 (s), u otros documentos fiscales del empleador actual.**
- 3. El formulario de verificación de empleo se puede encontrar en este enlace y este formulario debe ser completado por el empleador actual.**

El formulario se puede  
encontrar en este:

Formulario de  
Verificación de Empleo



**Form 1040** Department of the Treasury—Internal Revenue Service  
**U.S. Individual Income Tax Return**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20\_\_\_\_\_

See separate instructions.

Your first name and middle initial	Last name	<b>Your social security number</b>	
If joint return, spouse's first name and middle initial	Last name	<b>Spouse's social security number</b>	
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below.		State	
Foreign country name		Foreign province/state/county	
		ZIP code	
		Foreign postal code	

**Filing Status**  Single  Head of household (HOH)  
 Married filing jointly (even if only one had income)  
 Married filing separately (MFS)  Qualifying surviving spouse (QSS)  
 Check only one box.  
 If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1959  Are blind **Spouse:**  Was born before January 2, 1959  Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

If more than four dependents, see instructions and check here

**Income**

<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b>	
<b>b</b> Household employee wages not reported on Form(s) W-2	<b>1b</b>	
<b>c</b> Tip income not reported on line 1a (see instructions)	<b>1c</b>	
<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>	
<b>e</b> Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>	
<b>f</b> Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>	
<b>g</b> Wages from Form 8919, line 6	<b>1g</b>	
<b>h</b> Other earned income (see instructions)	<b>1h</b>	
<b>i</b> Nontaxable combat pay election (see instructions)	<b>1i</b>	

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

22222		a Employee's social security number		OMB No. 1545-0008		
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld		
		5 Medicare wages and tips		6 Medicare tax withheld		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans		12a	
f Employee's address and ZIP code			13 Statutory employee	Retirement plan	Third-party sick pay	12b
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			14 Other		12c	
					12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

Department of the Treasury—Internal Revenue Service

VOID  CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0116	<b>Nonemployee Compensation</b>	
PAYER'S TIN		1 Nonemployee compensation		<b>Copy 1 For State Tax Department</b>
		\$		
RECIPIENT'S TIN		2		
RECIPIENT'S name		3		
Street address (including apt. no.)		4 Federal income tax withheld		
City or town, state or province, country, and ZIP or foreign postal code		\$		
FATCA filing requirement <input type="checkbox"/>				
Account number (see instructions)		5 State tax withheld	6 State/Payer's state no.	7 State income
		\$		\$
		\$		\$

Form 1099-NEC

[www.irs.gov/Form1099NEC](http://www.irs.gov/Form1099NEC)

Department of the Treasury - Internal Revenue Service

Por favor incluya documentación para las siguientes fuentes de ingresos solo cuando corresponda:

- **Manutención de los hijos**
- **Pensión**
- **Beneficios del Seguro Social/SSA**
- **SSI/Work First/TANF/SNAP**
- **Compensación al Trabajador/Beneficios por Discapacidad**
- **Desempleo**

Si no hay ingresos que declarar, por favor  
llene nuestro Formulario de Cero Ingresos:

**[Formulario de Cero Ingresos](#)**

**Formulario de Cero Ingresos**

# Tipos de Documentación

## Documentación Necesaria:

- Verificación de Edad
- Verificación de Dirección en el Condado de Wake
- Verificación de Ingresos

# Documentación Adicional\*

## Documentación Adicional

Copia de las evaluaciones o exámenes de educación/desarrollo recientes del niño que indiquen el desarrollo o la necesidad educativa.

Copia de la evaluación de salud reciente del niño o nota del proveedor médico que indique la enfermedad crónica del niño.

Documentación del servicio militar de los padres (incluye el servicio activo actual y lesiones graves o muerte resultantes del servicio militar).

**\*Estos documentos no son necesarios, sin embargo, si corresponde por favor incluyalos.**

¿Preguntas? Contáctanos:

**Wake Threeschool Staff**

[wtsapp@wakesmartstart.org](mailto:wtsapp@wakesmartstart.org)

**(919) 851-9550**