

PART THREE / PRACTICAL READING AND WRITING

• Personal Papers, Cards, and Forms

When you move to a new place, you usually have to read a lot of information, show different kinds of personal papers and identification cards, and fill out many forms. These may be associated with housing, transportation, money, or other necessities of everyday life.

A. When might you need to show these personal identification cards or fill out these forms? To match them with their possible purposes, write a letter from A to J on each line.

A

| | |
|---|-------------------------|
| SOCIAL SECURITY | |
| ACCOUNT | NUMBER |
| 589-82-1888 | |
| HAS BEEN ESTABLISHED FOR | |
| Sheila J. Carson | |
| SIGNATURE | <i>Sheila J. Carson</i> |
| FOR SOCIAL SECURITY PURPOSES • NOT FOR IDENTIFICATION | |

B

Santa Monica Hospital
Medical Center
1233 15th Street, Santa Monica, California 90404

This Certifies that

Alain Daniel Sheff-Broulard

Was born in this hospital

July 18, A.D. 19 88 M. 0820 A.M.

In Witness Whereof the said Hospital has caused this Certificate to be signed by its duly authorized officer and its Corporate Seal to be affixed hereto.

Hospital No. 389176

Attending Physician: *Kathleen J. Meyer M.D.*

Member's Rights: *L. L. Buehler*

C

CALIFORNIA DRIVER LICENSE
EXPIRES ON BIRTHDAY
1993

M698068

Charles Joseph Alassio
1040 Elm Ave.
Glendale CA 95555

ISSUED IN ACCORDANCE WITH THE CALIFORNIA VEHICLE CODE
CHIEF, DIVISION OF DRIVERS LICENSES

Mark Ball

| | | | | | | |
|--|---------------|-----|--------|--------|------|-------------|
| SEX | DATE OF BIRTH | AGE | HEIGHT | WEIGHT | HAIR | PRE LIC EXP |
| M | Brn | Brn | 5-11 | 185 | Mar | 69 |
| DATE OF BIRTH AGE PRE LIC EXP | | | | | | |
| 10-21-44 23 | | | | | | |
| ALL INFO. IS TRUE, CORRECT AND COMPLETE. I HAVE MADE OR CAUSE TO BE MADE A TRUE AND CORRECT COPY OF THIS LICENSE AND HAVE IT WITH ME AT ALL TIMES. I HAVE NOT BEEN CONVICTED OF A FELONY OR A MARIJUANA VIOLATION WITHIN THE PREVIOUS TEN YEARS. I HAVE NOT BEEN CONVICTED OF A FELONY OR A MARIJUANA VIOLATION WITHIN THE PREVIOUS TEN YEARS. I HAVE NOT BEEN CONVICTED OF A FELONY OR A MARIJUANA VIOLATION WITHIN THE PREVIOUS TEN YEARS. | | | | | | |
| <i>Charles J. Alassio</i> | | | | | | |
| DATE 10-9-69 F.O. 01n C.C. 19 1 | | | | | | |

MUST BE CARRIED WHEN OPERATING A MOTOR VEHICLE AND WHEN APPLYING FOR RENEWAL

D

FOLD DO NOT DETACH

Blue Cross
PRUDENT BUYER PLAN MEMBER

SUBSCRIBER NAME
ANTHONY G. THORNS
CERTIFICATE NO.
202-42-1881

GROUP NO.
80d99A
COVERAGE CODE
1099-A

BLUE CROSS PLAN CODE
020
BENEFIT EFF. DATE
08-01-95

E

BONS

////// *Sara Kostal* //

SIGNATURE OF HOLDER

Sara Kostal P0884080

ISSUED TO DRIVERS LICENSE

P. Simon 3/1989

AUTHORIZED SIGNATURE DATE ISSUED

EMPLOYER COMPANY 047

908804

COURTESY CHECK CASHING CARD

F

ventura county library
services agency

21790098

Robert Plant

G

RESIDENTIAL LEASE-RENTAL AGREEMENT AND DEPOSIT RECEIPT

RECEIVED FROM _____, hereinafter referred to as Tenant,
the sum of \$ _____ (_____ DOLLARS),
evidenced by _____, as a deposit which, upon acceptance of this rental agreement, the Owner
of the premises, hereinafter referred to as Owner, shall apply said deposit as follows:

| | DEPOSIT RECEIVED | BALANCE OWING PRIOR TO OCCUPANCY |
|--|------------------|----------------------------------|
| Rent for the period from _____ to _____ | \$ _____ | \$ _____ |
| Security deposit (not applicable toward last month's rent) | \$ _____ | \$ _____ |
| Other _____ | \$ _____ | \$ _____ |
| TOTAL | \$ _____ | \$ _____ |

In the event that this agreement is not accepted by the Owner or his authorized agent, within _____ days, the total deposit received shall be refunded.
Tenant hereby offers to rent from the Owner the premises situated in the City of _____, County of _____, State of _____, described as _____ and consisting of _____.

1. **TERM:** The term hereof shall commence on _____ 19____ for a total rent of \$ _____
_____ until _____ 19____, for a total rent of \$ _____
_____ on a month-to-month basis thereafter, until either party shall terminate.

2. **RENT:** Rent shall be \$ _____ per month, payable in advance at the following address: _____
or at such other places as may be designated by Owner from time to time. In the event of late charge of \$ _____ plus interest at _____ % per month on dishonored bank check. The late charge period is not a grace period, and Owner period. Any unpaid balances remaining after termination of occupancy are subject to multiple occupancy. _____ is expressly understood that the agree by any person who signs this agreement shall be responsible for the same.

H

U.S. Postal Service
CHANGE OF ADDRESS ORDER

CUSTOMER INSTRUCTIONS: Complete items 5 thru 14. Please PRINT all information except item 13.

USPS Use Only

| | | | |
|---|---------------|--|---------------|
| 1. Clerk Carrier Endorsement | 2. Carrier ID | 3. Date entered on Form 3982 | 4. Purge Date |
| 5. Change of Address is for (Check one) <input type="checkbox"/> Firm <input type="checkbox"/> Family <input type="checkbox"/> Individual | | 6. I guarantee to pay forwarding postage on my Fourth Class Mail <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Print Last Name or Name of Business (If more than one, use separate order for each) | | | |
| 8. Print First Name of each individual covered by this order (include Jr., Sr., etc.; leave a blank space between names. Leave blank if the Change of Address Order is for a business.) | | | |

I

DL 44 (REV. 12/78) **Application for Driver License or Identification Card**
(Includes Name Change)

PLACE STICKER OR WRITE NEW NUMBER HERE

044

FOR DRIVER ONLY

| | | |
|--------|-----------|-------------|
| CL-2 | DRIVE | CL-1 |
| CL-4 | MVC BRILL | CL-5 |
| VISION | | W/P |
| B/D | | VERIFIED BY |
| DE | Enroll | |
| DT | Enroll | |
| | Compl | |

ALL APPLICANTS PLEASE NOTE

- Your thumbprint is required (12800(c) Vehicle Code).
- First time applicant must present evidence of date of birth such as a birth certificate (original or certified copy) or other legal document acceptable to the department.
- If you have a disability or impairment requiring assistance to complete this form or the written or oral test, please ask a DMV employee.

COMPLETE THE APPROPRIATE SECTION(S) (Print carefully using Ink)

DRIVER LICENSE Complete parts 1, 2, & 3 (also complete part 4 if applicant TYPE OF APPLICATION (check applicable boxes)
☐ Original ☐ Renewal ☐ Instruction Permit ☐ Name Change
☐ Duplicate (Check one of the following.) ☐ Lost ☐ Stolen ☐ Mutilated (license n
Indicate desired class(es) of license (the California Driver Handbook contains a
☐ 3 Basic License ☐ 1 Any combination ☐ 4 Motorcycle

IDENTIFICATION CARD Complete parts 1 & 3. Check type of application: ☐

PART 1 — ALL APPLICANTS MUST COMPLETE THIS ENTIRE SECTION
CALIF. DRIVER LICENSE OR ID CARD NO. IF ANY: _____ DAYTIME TELEPHONE NUMBER: _____ ANSWER THE FOLLOWING QUESTIONS: A. Will you be _____

J

ALIEN'S CHANGE OF ADDRESS CARD

NAME (Last in CAPS) _____ (First) _____ (Middle) _____ I AM IN THE UNITED STATES AS:
☐ Visitor ☐ Permanent Resident
☐ Student ☐ Other _____ (Specify)

COUNTRY OF CITIZENSHIP _____ DATE OF BIRTH _____ COPY NUMBER FROM ALIEN CARD _____

A

PRESENT ADDRESS (Street or rural route) _____ (City or Post Office) _____ (State) _____ (ZIP Code) _____

(IF ABOVE ADDRESS IS TEMPORARY) I expect to remain there _____ years _____ months

LAST ADDRESS (Street or rural route) _____ (City or Post Office) _____ (State) _____ (ZIP Code) _____

- _____ to pay for groceries and get cash back
- _____ to show to a police officer if he or she stops you on the highway
- _____ to prove citizenship
- _____ to copy a number onto a job application
- _____ to check out books and magazines from the library
- _____ to show to a receptionist in a doctor's office
- _____ to get a driver's license or an I.D.
- _____ to report a new address (for immigrants, refugees, and visitors only)
- _____ to receive mail at a new address
- _____ to rent an apartment for a specific length of time

If you write all your personal information on a card or piece of paper, you can carry it with you. Then it will be easier for you to fill out forms.

B.

Fill out this general form with personal information. (You will probably not be able to fill out all blanks at this time.)

| | | | |
|---|--------------------------|---------------------------|----------------------------------|
| NAME _____ | | | |
| <i>last</i> | <i>first</i> | <i>middle</i> | <i>maiden</i> |
| ADDRESS _____ | | | |
| <i>number</i> | <i>street</i> | <i>apartment</i> | |
| <i>city</i> | <i>state or province</i> | <i>zip code</i> | |
| TELEPHONE Home _____ | | Business _____ | |
| <i>area code</i> | <i>number</i> | <i>number</i> | <i>extension</i> |
| DATE OF BIRTH _____ | | PLACE OF BIRTH _____ | |
| <i>month</i> | <i>day</i> | <i>year</i> | <i>city</i> <i>country</i> |
| SEX _____ | HEIGHT _____ | WEIGHT _____ | HAIR COLOR _____ EYE COLOR _____ |
| (Check one) _____ citizen _____ immigrant _____ refugee _____ visitor | | | |
| COUNTRY OF CITIZENSHIP _____ I entered the United States | | | |
| or Canada in _____ on _____ | | | |
| <i>city</i> | <i>state or province</i> | <i>month</i> | <i>day</i> <i>year</i> |
| PERSONAL NUMBERS _____ | | | |
| <i>passport</i> | | <i>alien registration</i> | |
| <i>social security</i> | | <i>driver's license</i> | |
| (Check one) _____ married _____ single _____ divorced _____ widowed | | | |
| SPOUSE _____ | | | |
| <i>name</i> | <i>citizenship</i> | <i>date of birth</i> | |
| CHILDREN 1. _____ | | | |
| <i>name</i> | <i>sex</i> | <i>citizenship</i> | <i>date of birth</i> |
| CHILDREN 2. _____ | | | |
| <i>name</i> | <i>sex</i> | <i>citizenship</i> | <i>date of birth</i> |
| OCCUPATION _____ | | EMPLOYER _____ | |
| NAME OF BUSINESS _____ | | PHONE _____ | |
| BUSINESS REFERENCES _____ | | | |
| <i>name</i> | <i>address</i> | <i>phone</i> | |
| <i>name</i> | <i>address</i> | <i>phone</i> | |
| NEAREST RELATIVE _____ | | | |
| <i>name</i> | <i>relationship</i> | | |
| <i>address</i> | <i>phone</i> | | |
| CAR _____ | | | |
| <i>make</i> | <i>model</i> | <i>year</i> | <i>insurance company</i> |
| BANK ACCOUNTS _____ | | | |
| Checking | <i>bank account</i> | <i>number</i> | |
| Savings | <i>bank account</i> | <i>number</i> | |
| FAMILY DOCTOR _____ | | | |
| <i>name</i> | <i>address</i> | <i>phone</i> | |
| HEALTH INSURANCE _____ | | | |
| <i>company</i> | <i>policy number</i> | | |

***C.**

Get blank forms of different kinds (Examples: a housing application, an application for a library card, a school registration form). Fill out the appropriate blanks with the above personal information. (You might want to have conversations with classmates and fill out some forms for them.) What other kinds of information do the forms require? Discuss them with the class.