

From:

4/11/09

Mailing Address:

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,

COORDINATION OF THE  
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

## 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 Law suit against the City. Why there is a bill when there is No service?
- Exhibit C: I clean the place myself and deliver was pick-up by Flag Container
- Exhibit D: NYC Did not do any work. The property is unlivable. In correct Information
- Exhibit E: HPD Contact Information

DEPARTMENT OF JUSTICE		R F C I I
in Staten Island		
F.A.C.		
CIVIL RIGHTS DIVISION		

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF RICHMOND

[REDACTED]

Plaintiffs,

RESPONSE TO SO-  
ORDERED STIPULATION

-against-

Index #: [REDACTED]

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

T#: [REDACTED]

Defendants.

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, 4<sup>th</sup> Floor  
Staten Island, New York 10301

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

To:

[REDACTED]

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, 4<sup>TH</sup> Floor  
Staten Island, New York 10301

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

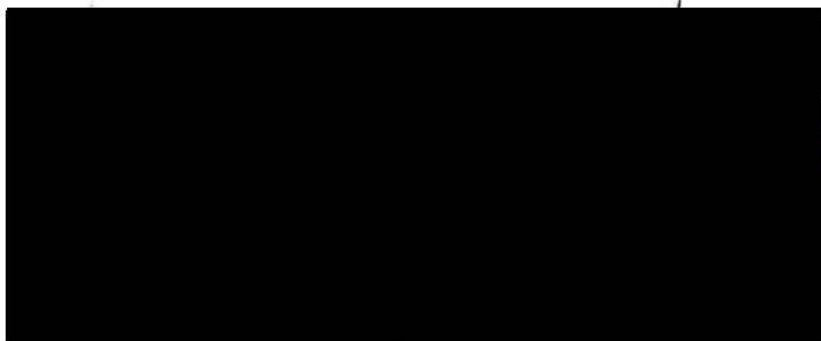
*Due and timely service is hereby admitted.*

*Richmond, N.Y. , 2009 . .*

*Esq.*

*Attorney for*

From:



5/02/09

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

Dear Sir/Madam,

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.

5/02/09

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

Dear Sir/Mom,

I have respectfully attached the  
following information as exhibits 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 good faith.  
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  
not request unit shows that  
city was aware of property damaged.  
NYCHA section 8 office was involved  
in tenant being transferred on 10/01/07.  
M.

5/03/09

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

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.

11-520

DEPARTMENT OF JUSTICE	R
May 4, 2009	E
R.A.O.	C
CIVIL RIGHTS DIVISION	O
	R
	D

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



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.



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,

A handwritten signature in cursive script that reads "Andrea Smith".

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]  
[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

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]  
[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

NEW YORK STATE  
DIVISION OF HUMAN RIGHTS  
COMPLAINT FORM

CENTRAL REGIONAL OFFICE

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, 4<sup>th</sup> 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

M. I.

Last Name

Street Address

Apartment #

City

State

Zip Code

Primary Phone Number: Area Code

Ext.

Secondary Phone Number: Area Code

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

30<sup>th</sup>

Year

2009

REV 4/2008

/ 01/2009 08:55 15164836589

FHOC 04/00

**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): \_\_\_\_\_

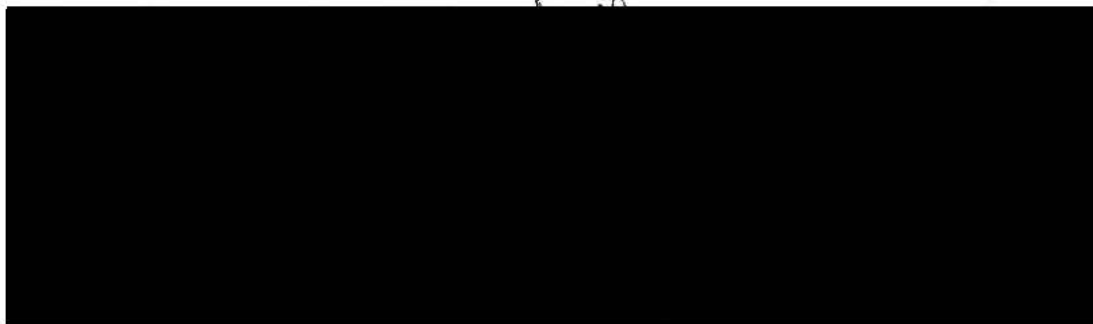
Sexual Orientation/Perceived Sexual Orientation (if  
selected, please specify): \_\_\_\_\_

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): \_\_\_\_\_

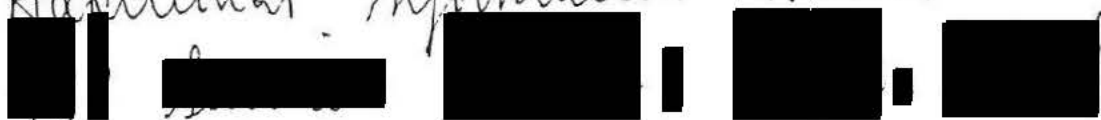
REV 4/2008

From:



RE: Complaint # 305956 ✓

Additional Information About



New York Missing Court Evidence.

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

Dear Sir/Mom,

Please find the additional information  
helpful to my case.

Respectfully

Date: May 19<sup>th</sup>, 2009.



U. S. DEPARTMENT OF JUSTICE
May 10, 2009
F.A.O.
CIVIL RIGHTS DIVISION

**KEYSPAN**

Energy Delivery

2007291

0133322201974700063133

\*\*C 017

10000100100011000000



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.Please Pay  
Upon Receipt  
63.13 ✓ H

Service To	Account Number	Next Meter Reading	Bill Date
[REDACTED]	[REDACTED]	Dec 18 '07	Oct 17 '07
	18	For Customer Assistance Please call (718) 843-6060	

**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	\$5.11
(First 1.3 therms or less)	
Next 5.2 @ \$.8575	3.42
Next 15.2 @ \$.4800	7.45
Next 3.3 @ \$.3848	1.27

GAS DELIVERY CHARGE	\$17.25
---------------------	---------

GAS SUPPLY CHARGE @ \$.83280 /therm	20.82
--	-------

MTA Surcharge	.06
Sales Tax	.00

<b>TOTAL CURRENT CHARGES</b>	<b>\$38.13</b>
------------------------------	----------------

**SUMMARY OF CHARGES**

Total Current Charges	\$38.13
Prom Svc 1hr Appt Chg	25.00
<b>Please Pay Upon Receipt</b>	<b>\$63.13</b>

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](http://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](http://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.

MSH

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

Page 1 of 2

**KEYSPAN**  
Energy Delivery[www.keyspanenergy.com](http://www.keyspanenergy.com)See back for definitions of terms  
used in this bill and more information.



NEW YORK CITY  
HOUSING  
AUTHORITY

RICARDO ELÍAS MORALES  
CHAIRMAN

EARL ANDREWS, JR.  
VICE CHAIRMAN

MARGARITA LÓPEZ  
MEMBER

VILMA HUERTAS  
SECRETARY

DOUGLAS APPLE  
GENERAL MANAGER

NEW YORK CITY HOUSING AUTHORITY  
250 BROADWAY • NEW YORK, NY 10007

TEL: (212) 306-3000 • <http://nyc.gov/nycha>

VIA FAX (718) 351-1258 AND US MAIL

April 27, 2009

Re: Freedom of Information request

Date of request: March 11, 2009

Subject: Inspection records of [REDACTED] Apartment

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.

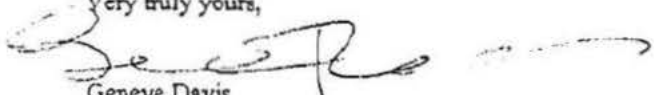
Upon receipt of the enclosed records, please submit a check or money order in the amount of \$3.00 payable to the New York City Housing Authority for the statutory reproduction fee of \$.25 per page and includes \$1.00 for the cost of postage via First Class Mail.

Please be sure to address your payment to: New York City Housing Authority, 250 Broadway, New York, NY 10007; Attention; Freedom of Information Unit, 6<sup>th</sup> 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, 12<sup>th</sup> 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

Re: Our File# 07 M 1024

Dear [REDACTED]:

Receipt is acknowledged of your letter which registered a complaint against HomeEq 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*  
Elden Weigel  
Bank Examiner

CONSUMER HELP UNIT

Attachment

1-277  
210  
907400000000

255

MAY 30 2007

DATE 5/23/07

CASH CONTROL

PAY TO THE ORDER OF HONEY

THREE THOUSAND TWO HUNDRED AND NO/100 \$ 3,200.00

DOLLARS

CHASE

JP Morgan Chase Bank, N.A.  
New York, New York 10007  
www.chase.com

MEMO ACCT

USACPSM02414Images20071501C77621F0008001

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.

<p>TRIPS: 13 08 06 - 09 07 2259</p>		<p>FOR DEPOSIT ONLY</p>	
		<p><b>HOMEQ SERVICING</b></p>	
<p>ABA # 053000219</p>		<p>ACCT # 200003262677</p>	
<p>00000115576010</p>		<p>031200730</p>	
<p>05/30/2007</p>		<p>PROFESSIONAL BANK</p>	
<p>001</p>		<p>SIC-752 06/02/07 0000</p>	
<p>001</p>		<p>0727000015</p>	

# HomEq Servicing

CM 201  
July 27, 2007

Re: Account Number [REDACTED]

Dear [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

June 12, 2007

[REDACTED]

"Proof I had Insurance  
from October 26, 2006,  
loan Payment should  
be \$2580 per month  
up to April 1<sup>st</sup>, 2007."  
"Negligence"

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

Your new payment amount of \$3,075.36 will reflect your principal and interest payment as well 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 (877) 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

RE: Complaint # 305 956

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.

6/4/09



STATE OF NEW YORK  
DEPARTMENT OF MOTOR VEHICLES  
**RESTORATION NOTICE**



03/25/2008


Identification No.	Date of Birth/Sex	Plate No. & T	Exp. Date	Order No.	Effective Date
[REDACTED]	[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.



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 

Respectfully,



10/20/09

Signed [REDACTED]

10/22/09

Telephone [REDACTED]

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

To U. S. Department of Justice,  
Please be inform that I am  
requesting an inquiry into  
FEMA failed 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 - HUMAN RESOURCES

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 did not resign.

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 5<sup>th</sup> 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

**Record of Employment**  
FOR UNEMPLOYMENT INSURANCE PURPOSES ONLY

NYS Department of Labor

To Be Filled in By Employee										TO EMPLOYEE:	
Social Security Account Number	1	2	8	8	0	6	4	6	3	<b>KEEP THIS CERTIFICATE</b>  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.	
Name of Employee											
To Be Filled in By Employer											
N.Y. State Employer Registration Number _____											
Federal Employer Identification Number <u>13-2631719</u>											
Firm Name: <b>Bank Of America</b>											
Mailing Address Where Payroll Records Are Kept: <b>c/o Jon Jay Associates</b>											
Date issued to employee: <b>100 Corporate Place</b>											
<b>Peabody, MA 01960</b>											
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](http://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

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

COORDINATION & FIELD  
CIVIL RIGHTS DIVISION

2009 APR 31 PM 2:07  
may 4

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 does 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 number. 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 New York City Housing Authority		Tenant ID Number 0087680	Date of Request (mm/dd/yyyy) 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 <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Special <input type="checkbox"/> Reinspection	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 8 Under 11  
0 1

Name of Owner or Agent Authorized to Lease Unit Inspected Telephone of Owner or Agent  
[REDACTED] [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.

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

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

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 this 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 6. Heating & Plumbing 7. Building Exterior 8. General Health & Safety
basement or utility room	
outside	
overall	

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

754923-184964-211839

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	
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection <input type="checkbox"/> 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

Scaw  
10/2/07

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

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

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]

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 8-G4)

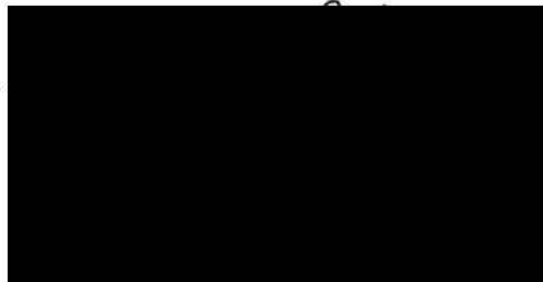
IN ADDITION, PLEASE INSTALL REMOTE READING DEVICE ON METER PROVIDING THIS SERVICE.

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

cc: R. Crespo  
ESB Bldg files  
(1227: 364) (081: 508)





Energy Delivery

2007354

0133322201974700172572

\*\*C 017

01000000100001000001



33222-01974

Account Number

Please mail this part of bill with your payment.

Please Pay  
Upon Receipt  
172.57 ✓Make checks payable to KeySpan Energy Delivery. Submit Here  
Write your account number on check.

Service to:	Service Address:	Service Meter Reading:	Bill Date:
			Dec 19 '07
For Customer Assistance:		Please call (718) 643-6060	

## 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 \$24.39  
 (First 6.2 therms or less)  
 Next 24.8 @ \$.8575 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

## 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](http://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.

MSH

2007 DEC 31 AM 10:10  
 DOM FUEL/UTILITIES UNIT  
 RECEIVED

E808365

[www.keyspanenergy.com](http://www.keyspanenergy.com)

Page 1 of 1

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