

Alternative Documentation of Income
For Rehabilitation Repayment Agreements

SSN: |_|_|_|-|_|_|-|_|_|_|_| Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: |_|_| Zip Code: |_|_|_|_|_|

Home Phone: () _____ Cell Phone: () _____

Family Size: _____ Email Address: _____

Family size includes you, your spouse, and your children (including unborn children who will be born during the year for which you certify your family size), if the children will receive more than half their support from you. It includes other people only if they live with you now, they receive more than half their support from you now, and they will continue to receive this support from you for the year that you certify your family size. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, and payment of college costs.

Income: (Include your spouse's income if your spouse contributes to your household income)

Taxable Income			
Income Type	Monthly Average Amount		Provide The Following Proof
	Borrower	Spouse	
1. Employment Income	\$	\$	2 most recent pay stubs (Dated within past 90 days) 1040-ES worksheet if self-employed
2. Unemployment Benefits	\$	\$	Award letter or pay stub (Dated within past 90 days)
3. Alimony	\$	\$	Divorce decree
4. Other Taxable Income	\$	\$	Evidence of source and amount
Non-Taxable Income			
5. Child Support	\$	\$	No proof needed
6. Worker's Compensation	\$	\$	No proof needed
7. Social Security	\$	\$	No proof needed
8. Other Non-Taxable	\$	\$	No proof needed

Check this box if you have no income and are entirely supported by someone other than a spouse. Explain how you are supported in the space below:

I affirm, under penalty of perjury, that the information provided above and in the attached documentation is complete and accurate.

Signed: _____ Date: _____

Return this Form to: Delta Management Associates, Inc. FAX: 617-660-3896 EMAIL: FINS@DELTAMANAGEMENTASSOCIATES.COM	VIA MAIL PO Box 9191 Chelsea, MA 02150
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