

# Alternative Documentation of Income

## For Rehabilitation Repayment Agreements

**SSN or PID:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Family Size:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Family size includes you, your spouse, and your children (including unborn child(ren) who will be born during the year for which you certify your family size), if the child(ren) 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 you are married and file federal taxes jointly)

<b>Taxable Income</b>			
Income Type	Monthly Average Amount		Provide The Following Proof
	Borrower	Spouse	
1. Employment Income			The two most recent paystubs for each employer of the borrower and spouse (dated within the past 90 days); 1040-ES worksheet if self-employed
2. Unemployment Benefits			Award letter or paystub (dated within past 90 days)
3. Alimony / Maintenance			No documentation required
4. Other Taxable Income			Evidence of source and amount
<b>Non-Taxable Income</b>			
5. Child Support			No documentation required
6. Worker's Compensation			No documentation required
7. Social Security			No documentation required
8. Other Non-Taxable Income			No documentation required

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 and on the back if necessary: \_\_\_\_\_

**I certify that:**

1. To the best of my knowledge the information I have provided on this form is true and complete and reflects all applicable factors necessary to determine my adjusted gross income (AGI) under the federal tax code.
2. I understand the AGI figure used to determine my rehabilitation payment will be based on the information submitted on this form and accompanying documentation that I provide.
3. I understand if I am married, my spouse's income information and documentation are required unless I filed a separate tax return.

**Borrower's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email this form to:** Review@delta-mgt.com **Or mail to:** Delta Management Associates, Inc.  
 PO Box 6003  
 Chelsea, MA 02150