

Alternative Documentation of Income

For Rehabilitation Repayment Agreements

SSN #: _____ Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Family Size: _____ Email Address: _____

Family size includes you, your spouse, and your children (including an 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 his/her 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 live together)

Taxable Income			
Income Type	Monthly Amount		
	Borrower	Spouse	
1. Employment Income	\$	\$	
2. Unemployment Benefits	\$	\$	
3. Alimony / Maintenance	\$	\$	
4. Other Taxable Income	\$	\$	
Non-Taxable Income			
5. Child Support	\$	\$	
6. Worker's Compensation	\$	\$	
7. Social Security	\$	\$	
8. Other Non-Taxable Income	\$	\$	

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

Borrower's Signature: _____ **Date:** _____

Email this form to: LOANINFO@DELTA123.COM

Or mail to: Delta Management Associates, Inc.
PO Box 9292
Chelsea, MA 02150

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.