

**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: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: (\_\_\_\_) \_\_\_\_\_

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 you are married and live together)

<b>Taxable Income</b>			
Income Type	Monthly Average Amount		Provide the Following Proof for Borrower or Co-borrower (if applicable) and spouse (if applicable)
	Borrower	Spouse	
1. Employment Income	\$	\$	Copies of 2 most recent pay stubs (dated within past 90 days) or 1040s
2. Workers' Compensation	\$	\$	Award letter or pay stub (dated within past 90 days)
3. Unemployment Benefits	\$	\$	Award letter or pay stub (dated within past 90 days)
4. Alimony	\$	\$	Divorce decree
5. Other Taxable Income	\$	\$	Evidence of source and amount
<b>Non-Taxable Income</b>			
6. Child Support	\$	\$	Divorce decree or support order
7. Social Security	\$	\$	Benefit statement
8. Other Non-Taxable	\$	\$	Evidence of source and amount

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: \_\_\_\_\_

<b>Return this Form to:</b>	Delta Management Associates, Inc. FAX: 603-285-6550 E-MAIL: <a href="mailto:loaninfo@deltamanagementassociates.com">loaninfo@deltamanagementassociates.com</a>	VIA MAIL: P.O. Box 9242 Chelsea, MA 02150
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