## **Alternative Documentation of Income**

For Rehabilitation Repayment Agreements

Borrower ID:	Name:		
Address Line 1:			
Address Line 2:			
City:		State:    Zip C	ode:   _
Home Phone: ( )		Cell Phone: ( )	
Family Size:		Email Address:	
Family size includes you, your spo you certify your family size), if the they live with you now, they receiv from you for the year that you certi and dental care, and payment of co Income: (Include your spouse'	children will receive more that we more than half their support ify your family size. Support in allege costs.	an half their support from you. It is from you now, and they will connecludes money, gifts, loans, housi	ncludes other people only if tinue to receive this support
Taxable Income			
		Average Amount	Provide
Income Type	Borrower	Spouse	The Following Proof
1. Employment Income	\$	\$	Copies of 2 most recent pay stubs (Dated within past 90 days)
2. Worker's 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
Non-Taxable Income	<u> </u>		
6. Child Support	\$	\$	Divorce decree or Support Order
7. Social Security	\$	\$	Benefit statement
8. Other Non-Taxable	\$	\$	Evidence of source and amount
supported in the space belo	ow: jury, that the information	provided above and in the a	han a spouse. Explain how you are  attached documentation is complete and
Return this Form to:	CBE Group, Inc. PO Box 930 Waterloo, IA 50704-093	0	

To expedite processing of the Alternative Documentation of Income, the following return options are available:

- Scan the completed document and e-mail the form to <a href="mailto:edmail@cbegroup.com">edmail@cbegroup.com</a>
- Fax the completed form to (866)912-1302.