Alternative Documentation of Income

For Rehabilitation Repayment Agreements

Borrower ID:	Name:		
Address Line 1:			
Address Line 2:			
City:		_ State: Zip Co	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 cert and dental care, and payment of co Income: (Include your spouse)	e children will receive more that we more than half their support ify your family size. Support in ollege costs.	n half their support from you. It ir from you now, and they will cont icludes money, gifts, loans, housing	icludes other people only if inue to receive this support
`	5 meome ii you are married	Tana nye togemer)	
Taxable Income	Monthly 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			
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	ttached documentation is complete and
Return this Form to:	CBE Group, Inc. PO Box 930 Waterloo, IA 50704-0930)	

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 edmail@cbegroup.com
- Fax the completed form to (866)912-1302.