



Alternative Documentation of Income For Rehabilitation Repayment Agreements

Education Credit Management Corp Account #: _____ 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 file federal taxes jointly)

Taxable Income			
Income Type	Monthly Average Amount		Provide the Following Supporting Documentation
	Borrower	Spouse	
1. Employment Income	\$	\$	Two most recent pay stubs 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 pay stub (dated within the past 90 days)
3. Alimony / Maintenance	\$	\$	No documentation required
4. Other Taxable Income	\$	\$	Evidence of source and amount
Non-Taxable Income			
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: _____



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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: ECMCCorrespondence@coastprofessional.com Or mail to: Coast Professional, Inc.
Po Box 10 Perry, NY 14530