

Alternative Documentation of Income

For Rehabilitation Repayment Agreements

SSN:

Name:

Address Line 1:

Address Line 2:

City:

State: NV

Zip Code:

Home Phone:

Cell Phone:

Family Size: 1

Email Address:

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)

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

{{[]}} 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.

Signed:

Date:

Return this Form to:

Pioneer Credit Recovery, Inc.
P.O. Box 20
Perry, NY 14530

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.