

## VERIFICATION OF ADJUSTED GROSS INCOME (AGI) FORM

### **SECTION 1: BORROWER IDENTIFICATION**

Please enter or correct the following information.

**Check this box if any of your information has changed.**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

### **SECTION 2: HOUSEHOLD INCOME AND FAMILY SIZE**

You have received this form because you requested the opportunity to rehabilitate your defaulted Federal Family Education Loan Program Loan(s) held by ISAC but you do not have a copy of your most recently filed federal tax return to document your Adjusted Gross Income ("AGI"), or your most recently filed federal tax return does not reasonably reflect your current AGI.

**You must** list all income you are currently receiving (i.e., income from employment, unemployment income, dividend income, interest income, tips, alimony). You may be asked to submit supporting documentation for **all non-employment income** reported in this section (e.g., interest or bank statements, dividend statements, canceled checks).

**You (and your spouse) must submit a copy of your most recent paystub or the prior year's W-2 for any employment income.**

Amount of Income	Frequency of Payment (Please check the appropriate box)					Employer or Source of Income
	Weekly	Bi-weekly	Semi-monthly	Monthly	Yearly	
\$						
<input type="checkbox"/> Check this box if you receive only non-taxable income such as Supplemental Social Security Income, child support, or federal or state public assistance.						

Check this box if you are single, or you are married but you and your spouse filed separate tax returns. Unless this box is checked, you **must** provide the same information for your spouse's income that is required for your own income.

Amount of Income	Frequency of Payment (Please check the appropriate box)					Employer or Source of Income
	Weekly	Bi-weekly	Semi-monthly	Monthly	Yearly	
\$						
<input type="checkbox"/> Check this box if you receive only non-taxable income such as Supplemental Social Security Income, child support, or federal or state public assistance.						

Your family size:

(Note: Your family size includes you, your spouse, and your children (including unborn children who will be born before the end of the calendar year), if the children will receive more than half their support from you. Your family size includes other people only if they live with you now, receive more than half their support from you now, and will continue to receive this support from you for the year for which you are certifying your family size.

### **SECTION 3: CERTIFICATION AND SIGNATURE**

**I certify that:**

1. To the best of my knowledge the information that I have provided on this form is true and complete and reflects all applicable factors necessary to determine my AGI under the federal tax code.
2. I understand that the AGI figure used to determine my rehabilitation payment will be based on the information provided on this form and accompanying documentation.
3. I understand that if I am married my spouse's income information, documentation, and signature are required unless I filed a separate tax return.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (If you entered spousal income information above)

**Borrower Signature**

**Date**