



Documentation Required for Loan Rehabilitation: Income and Expense Information

In addition to the LOAN REHABILITATION: INCOME AND EXPENSE INFORMATION form, please provide the following supporting documentation.

Section 1: Income (Include income documents for your spouse if you are married and living together)	
Field	Please Include the Following Documentation
1 Your Employment Income	Signed copy of your most recent 1040 (both pages), or Federal I tax return transcript <i>for either of the two previous tax years.</i>
2 Spouse's Employment Income	Most recent W2 or 2 pay stubs (neither document can be more than 90 days old) If you or your spouse is self-employed, provide the most recent signed 1040 or 1040-ES worksheet.
3 Child Support Received	A copy of your divorce decree or support order. If these are not available, or you are not receiving the full amount ordered, provide a written statement explaining how much you are receiving.
4 Social Security Benefits	A benefits statement from the Social Security Administration
5 Worker's Compensation	A pay stub and/or benefit letter (no older than 90 days)
6 Public Assistance	A copy of your award letter
7 Other Income	Any documentation showing the source and amount
8 Total monthly income	None required.
9. If your monthly income is \$0, explain your means of support	If the above field (8) is \$0, explain how or by whom you are being supported and the source(s) of income for the person supporting you.
Section 2: Expenses	
10 Food	None required
11 Housing	If you live in the U.S. (including Puerto Rico): none required
12 Utilities	If you live <u>outside</u> the U.S., copies of: <ol style="list-style-type: none"> 1. Mortgage statement or rental agreement, home/renters insurance bills, and 2. Utility bills, and 3. Basic communication bills (internet, phone, basic cable)
13 Basic Communication	
14 Necessary medical/dental	None required, if you spend less than \$60/mo per person in your family. If you spend more than that, provide proof of what you actually spend out of pocket on co-payments for prescription drugs, doctor visits, and other medical needs: canceled checks and/or receipts, statements, etc. Providing only a bill showing amount owed is not acceptable.
15 Necessary Insurance	Health insurance: copies of your premium statement or pay stub Life insurance is only allowed if required by court order; provide copies of the premium statement and court order. Do not include auto insurance here (include that in transportation expenses) Do not include homeowners or rental insurance here (include that in housing)
16 Transportation/Number of vehicles	If you live in the U.S. (including Puerto Rico): none required If you live outside the U.S.: documents showing car payments, auto insurance, gas/oil, maintenance, and car registration.
17 Child/dependent care	Two most recent receipts/canceled checks from your day care provider (dated within past 90 days) Only include private school tuition if it is court ordered (include a copy of the court order).
18 Required child/spousal support	Court order (unless it is shown on your pay stub)
19 Federal Student Loan Payments	Current billing statement (less than 90 days old) for other Federal student loans you owe (do not include the loans for which you are completing this form)

Section 2: Expenses (Continued)	
Field	Please Include the Following Documentation
20 Private Student Loan Payments	Current billing statement (less than 90 days old)
21 Other Expenses	None required
22 Total monthly expenses	None required
Section 3: Family Size, Adjusted Gross Income, and Spousal Information	
23 Family Size	None Required
24 Spouse's Name and SSN	None Required