

**SUPPLEMENTAL ALTERNATIVE DOCUMENTATION OF INCOME**

For use when other income documentation is not available

BORROWER IDENTIFICATION**PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK**

First Name _____

Last Name _____

Account Number _____

SSN _____

INSTRUCTIONS

- Do not complete if you are providing pay stubs or tax documents as income documentation.
- If you have additional income sources, attach the name, address, and income information for those sources.

SECTION 1: CERTIFICATION OF BORROWER INCOME

| | |
|--|---|
| Adjusted gross income (AGI) <i>Income before taxes are taken out.</i> | \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Pay Per Period |
| Frequency of pay if indicated "Pay Per Period" in box above (select one) | <input type="checkbox"/> No taxable income <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (every 2 weeks) <input type="checkbox"/> Semi-Monthly (twice per month) <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ |
| Name of Income Source | |
| Address of Income Source | |
| City, State, ZIP of Income Source | |

SECTION 2: CERTIFICATION OF SPOUSE'S INCOME(Complete if Section 4C was completed on the *Income-Driven Repayment Plan Request*.)

| | |
|--|---|
| Adjusted gross income (AGI) <i>Income before taxes are taken out.</i> | \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Pay Per Period |
| Frequency of pay if indicated "Pay Per Period" in box above (select one) | <input type="checkbox"/> No taxable income <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (every 2 weeks) <input type="checkbox"/> Semi-Monthly (twice per month) <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ |
| Name of Income Source | |
| Address of Income Source | |
| City, State, ZIP of Income Source | |

I certify that all the information I have provided on this form and in any accompanying documentation is, complete, and correct.

Borrower Signature (required) _____ Date _____

Spouse Signature (if Section 2 is completed) _____ Date _____

Upload, fax, or mail this completed form using the contact information below.

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