

# Federal Family Education Loan Program (FFELP) Income-Based Repayment (IBR) Plan Alternative Documentation of Income



## SECTION 1: BORROWER INFORMATION

Please enter or correct the following information.

SSN |\_|\_|-|\_|-|\_|\_|\_|\_|\_|

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone - Home ( ) \_\_\_\_\_

Telephone - Other ( ) \_\_\_\_\_

E-mail Address (Optional) \_\_\_\_\_

## SECTION 2: INSTRUCTIONS

Complete this form if:

- You want to repay or continue to repay your eligible FFELP loan(s) under the IBR plan and your adjusted gross income (AGI), as reported on your most recently filed federal tax return, does not reasonably reflect your current income (and/or your spouse's current income, if you are married and file a joint federal tax return).
- You want to repay or continue to repay your eligible FFELP loan(s) under the IBR plan and you have not been required to file a federal tax return.
- You want to repay or continue to repay your eligible FFELP loan(s) under the IBR plan and you have been notified that the Internal Revenue Service (IRS) is unable to provide your loan holder with your AGI.

The amount of your monthly payment under the IBR plan is based on the current income information you (and your spouse if you are married and file jointly) provide and is reevaluated annually. To submit alternative documentation of your income, you must attach the required documentation specified in Section 4, complete and sign this form in Section 5, and return it to the address shown in Section 6. If you are married and file joint federal tax returns, your spouse must also sign in Section 5.

## SECTION 3: SPOUSE INFORMATION (IF YOU ARE MARRIED AND FILE A JOINT FEDERAL TAX RETURN)

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
No. and Street City State Zip Code

## SECTION 4: INCOME INFORMATION (MUST BE COMPLETED BY THE BORROWER AND THE BORROWER'S SPOUSE, IF MARRIED AND FILING JOINTLY)

You must list all taxable income you are currently receiving (for example, income from employment, unemployment income, dividend income, interest income, tips, alimony). Include the amount of money received, how often you receive this money, and your employer or the source of the income. If you are married and file a joint federal tax return, you must also list your spouse's income and provide documentation of this income. Do not report untaxed income such as Supplemental Security Income, child support, or federal or state public assistance. If there is insufficient space below to enter all of your sources of income, write the required information for additional income on a separate page and attach it when you submit this form. Your IBR plan eligibility will be determined using a calculated annual income amount based on the frequency indicated in the table below.

You must provide supporting documentation for all income reported in this section (for example, pay stubs, letters from your employer containing your income, interest or bank statements, dividend statements, canceled checks, or, when these forms of documentation are unavailable, a signed statement explaining your income source(s) and giving the addresses of these sources). *All supporting documentation must be no more than 90 days old.*

| Amount of Income | Frequency of Income (Check the appropriate box.) |                          |                          |                          |                          | Employer or Source of Income |
|------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
|                  | Weekly   | Bi-weekly                | Semi-monthly             | Monthly                  | Yearly                   |                              |
| \$               | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| \$               | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| \$               | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| \$               | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |

Check this box if you do not have any income or receive only untaxed income such as Supplemental Security Income, child support, or federal or state public assistance.

## SECTION 5: AUTHORIZATION, UNDERSTANDINGS, CERTIFICATION AND SIGNATURE (MUST BE COMPLETED BY THE BORROWER AND THE BORROWER'S SPOUSE, IF MARRIED AND FILING JOINTLY)

I authorize the school, the lender, the guarantor, the Department, and their respective agents and contractors to contact me regarding my loan request(s) or my loan(s), including repayment of my loan(s), at the current or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

I understand that my income information may be requested from the IRS even if alternative documentation of my income is accepted. I understand that if I am married and file a joint federal tax return with my spouse, my spouse's income information, documentation, and signature are required. I understand I must agree to provide to the loan holder on an annual basis documentation of my income for the purpose of determining my appropriate payment amount under the IBR plan.

I certify that all of the information reported on this form and in any accompanying documentation is true, complete, and correct to the best of my knowledge and belief and is made in good faith.

Borrower Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION 6: WHERE TO SEND THE COMPLETED IBR ALTERNATIVE DOCUMENTATION OF INCOME FORM

Return the completed IBR Alternative Documentation of Income form and any required documentation to: (If no address is shown, return to your loan holder.)

If you need help completing this form, call: (If no telephone number is shown, call your loan holder.)