



SECTION 1: CONSUMER INFORMATION

Name: _____	CTi Account Number or SSN: _____
Address: _____	City/State/Zip: _____
Home or Cell Phone Number(s):* _____ *By providing the above phone number(s) above, you are confirming you are the subscriber to such numbers and consent to receiving calls placed using an automatic telephone dialing system and prerecorded messages.	
Work Phone Number: _____	Other Phone Number: _____
Email Address:* _____ *By providing your email address you are authorizing CTi to send you payment reminders and/or notices electronically.	

SECTION 2: CONSUMER INCOME INFORMATION

Income Source: _____	Average Gross Monthly Income: _____
Please describe why you are unable to provide a federal income tax return or payroll statements/receipts at this time in the space below: 	

SECTION 3: SPOUSE INCOME INFORMATION

Income Source: _____	Average Gross Monthly Income: _____
Please describe why you are unable to provide a federal income tax return or payroll statements/receipts at this time in the space below: 	

SECTION 4: AUTHORIZATION

I affirm, under penalty of perjury, that the information provided above and in the attached documentation is complete and accurate.

Consumer's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

FORM INSTRUCTIONS

Please complete, sign, and return the Affidavit of Income form by email to ED.mail@mailtocti.com; or fax to (909) 291-6211; or mail to: CTi, P.O. Box 2300, Rancho Cucamonga, CA 91729. Please call us at (800) 620-4284 if you have any questions or need any assistance with this form. Our hours of operation are Monday-Thursday 7:00 a.m. to 6:00 p.m. (PST) and Friday 6:00 a.m. to 4:00 p.m. (PST).

**This is a communication from a debt collector attempting to collect a debt.
Any information obtained will be used for that purpose.**