



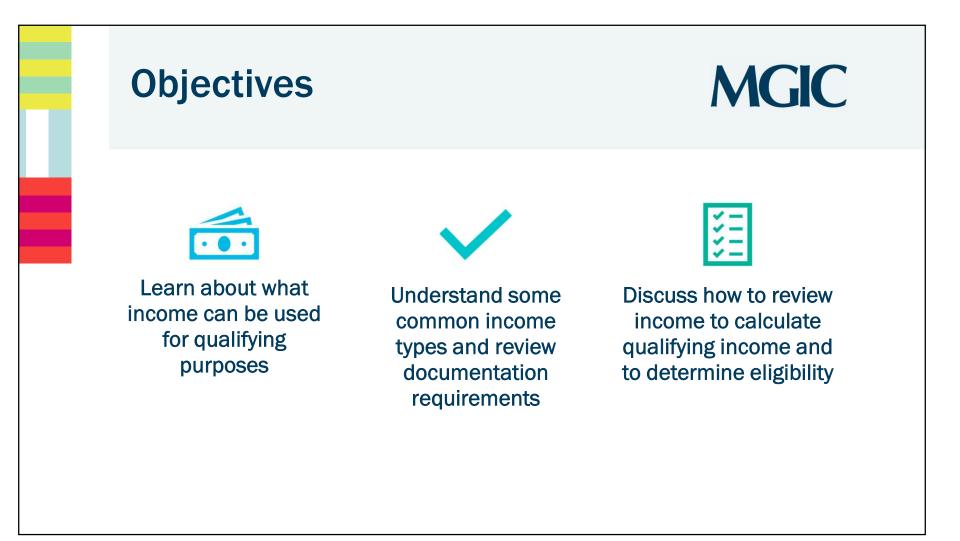
Legal Disclaimer

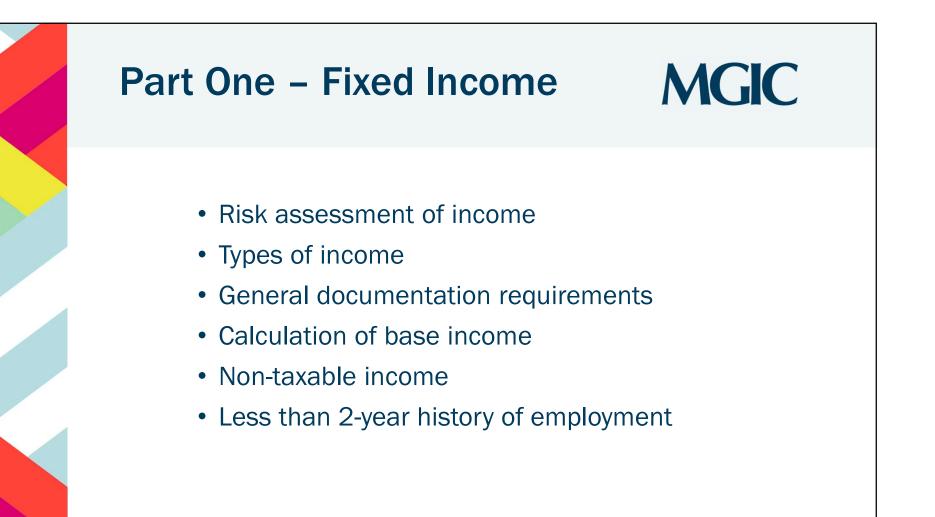


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Although MGIC believes the information set forth in this publication is generally accurate, the information may be outdated due to the rapidly changing nature of the residential mortgage industry, and MGIC does not warrant the accuracy, reliability or completeness of any information contained in this publication.

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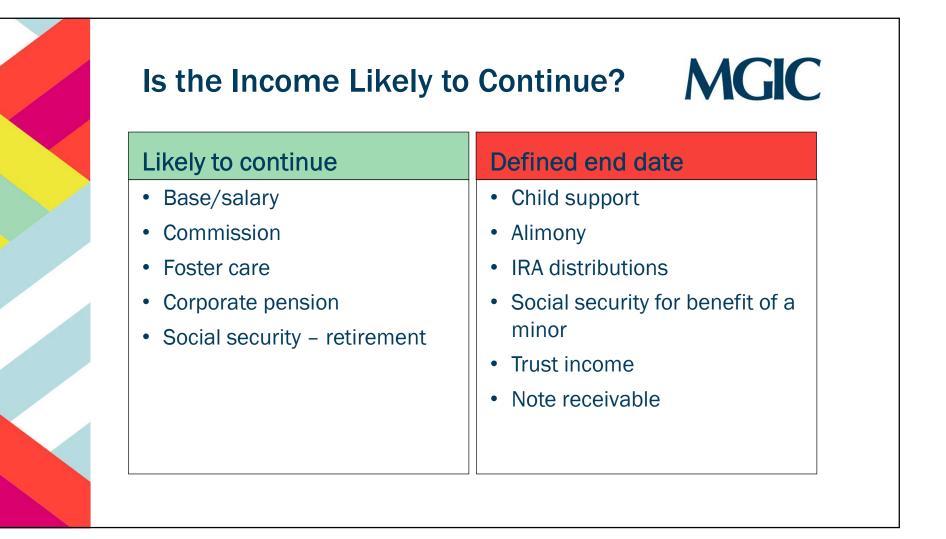
Risk Assessment and Income MGIC

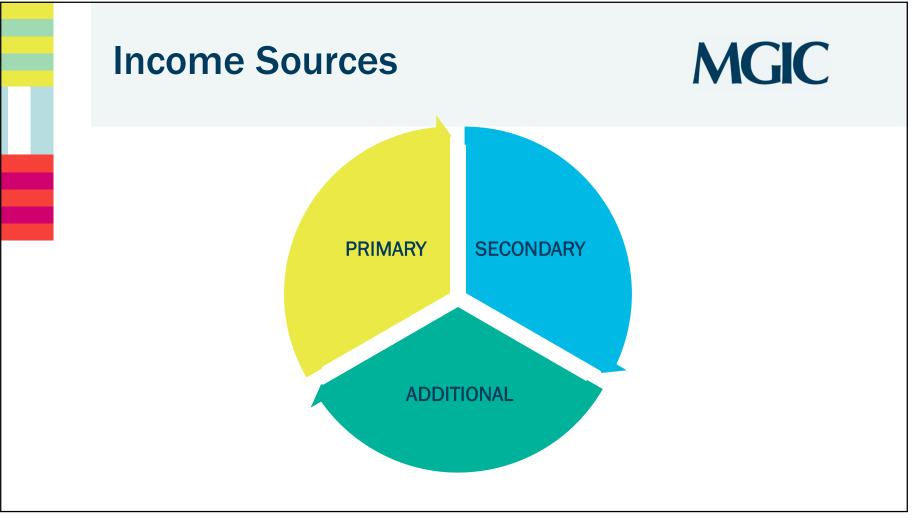
Do the borrowers demonstrate the capacity to repay the mortgage and other monthly obligations?

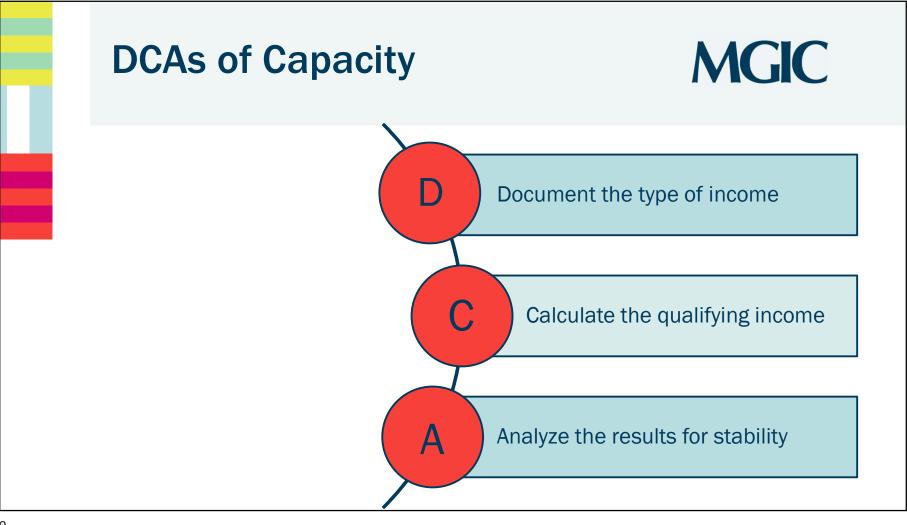
- How long have they been in their current job or field?
- Will there be the potential for increased earnings?
- Do they have residual income?
- Is there other household income?
- Will the housing payment remain about the same?
- Was the borrower's income impacted by extenuating circumstances COVID-19?

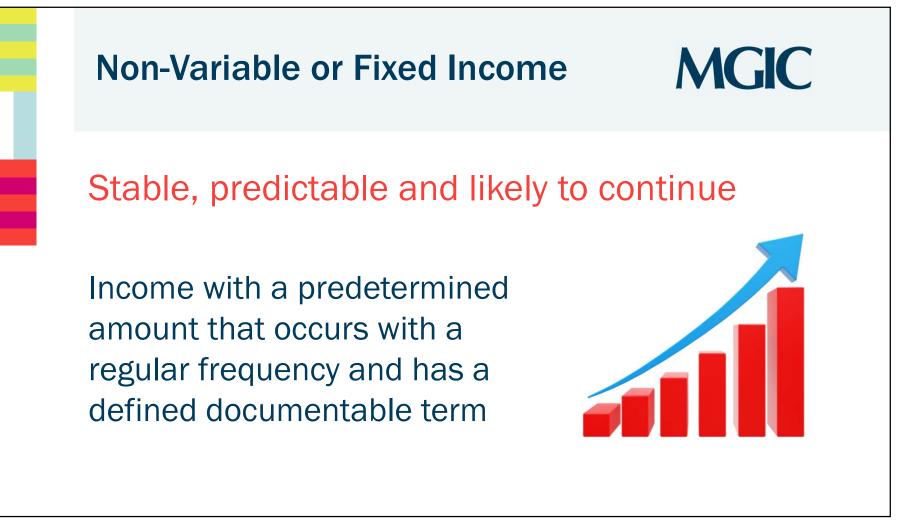


Income Analysis MGIC
History – Do the borrowers have a history of being employed for the last 2 years?
Consistency/stability – Has the borrower's income been stable in the last 2 years?
Continuance – Will the borrower's income continue for at least 3 years?









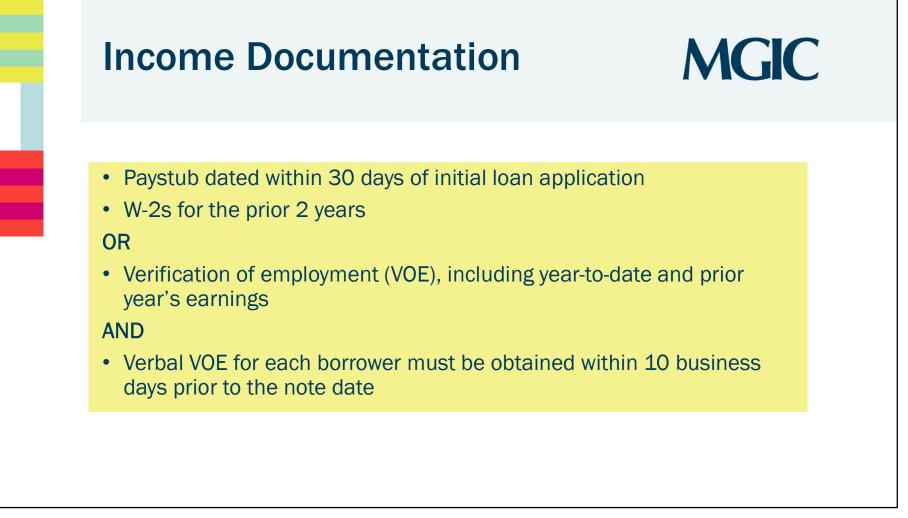


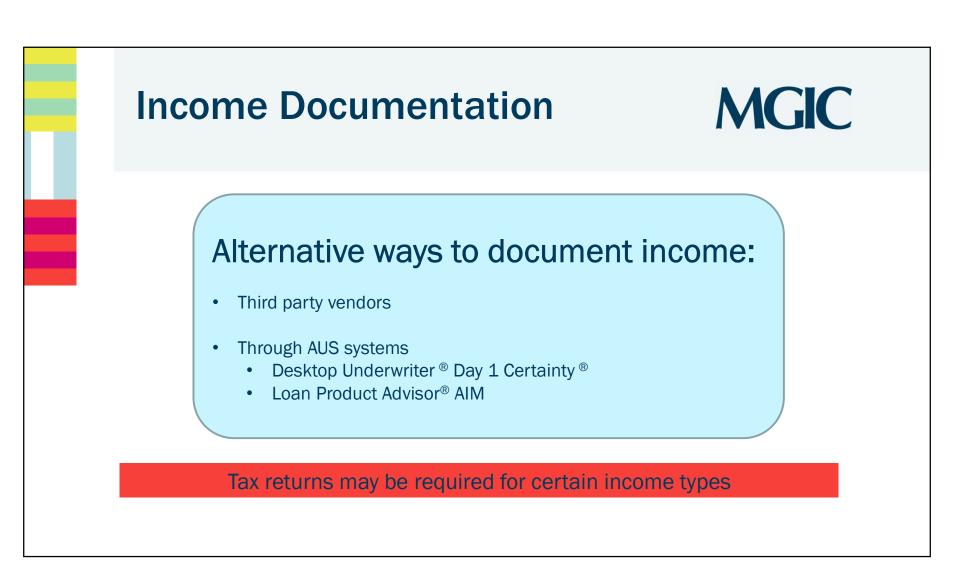
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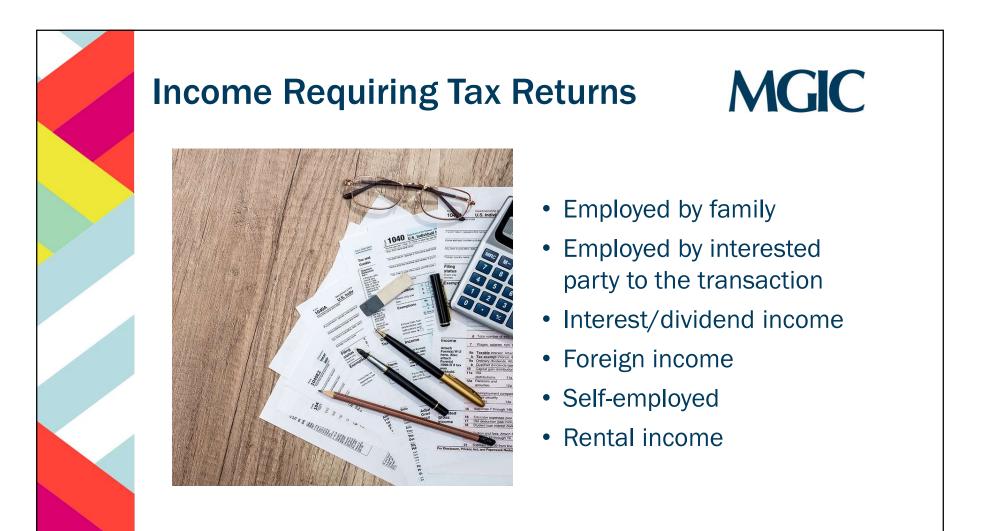


Fluctuating earnings

Amount is NOT predetermined, does NOT occur with regular frequency and a definite amount is NOT documentable





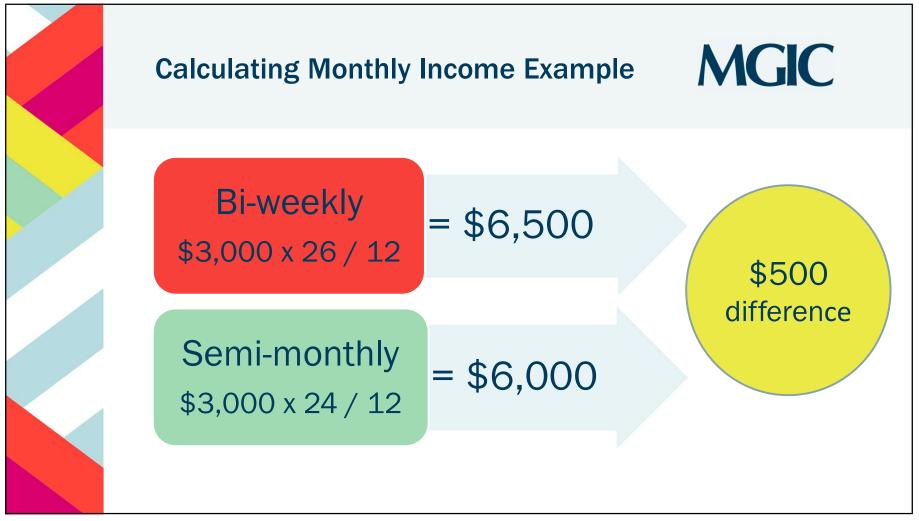


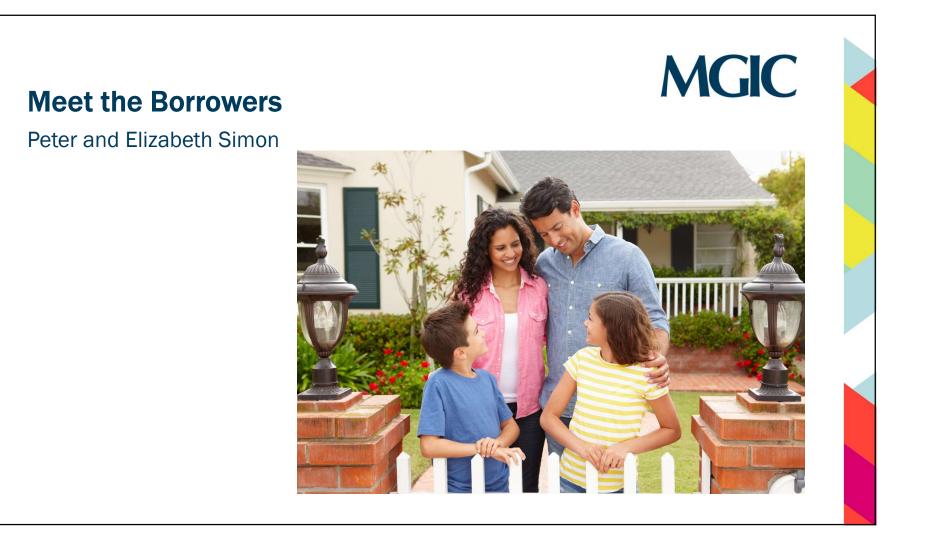
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Calculation of Income

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Pay period	Calculation
Hourly	((Hourly rate x number of hours per week) x 52) divided by 12
Weekly	(Weekly amount x 52) divided by 12
Bi-Weekly	(Bi-weekly amount x 26) divided by 12
Semi-Monthly	(Semi-monthly amount x 24) divided by 12
Annual	Annual salary divided by 12







n Names – List any names by which you are known or any names ch credit was previously received (First, Middle, Last, Suffix)	(mm/dd/yyyy) 03 / 06 / 1970	zation Number) izenship U.S. Citizen Permanent Resident Alien Non-Permanent Resident Alien	MGIC
1b. Current Employment/Self-Employment and	List Name(s) of Other Borrow	ver(s) Applying for this Loan	
Employer or Business Name Franklin Elementary S Street 17 Barker Rd City Pleasant Valley	chool Ph State ZIP 99999	one (713) 497 Unit # Country USA	Gross Monthly Income Base \$ 3,708.00 /month Overtime \$ /month
Start Date 09 / 01 / 2010 (mm/dd/yyyy) How long in this line of work? 20 Years Mon	I am emplo property se	statement applies: yed by a family member, Iler, real estate agent, or other e transaction.	Bonus \$ /month Commission \$ /month Military Entitlements \$ /month
Uniform Residential Loan Application	nership share of less than 2 nership share of 25% or mo		Other \$/month TOTAL \$3,708.00/month
		Gross Monthly Income	
	hone (713) 497 -		
Effective 9/2020 ant Employment/SelfEmployment and Income Does n or Business Name Franklin Elementary School F Barker Rd	hone (713) 497 - Unit # Country USA	Base \$ 3,708.00 /month Overtime \$ /month Bonus \$ /month	
Effective 9/2020 ent Employment/SSI/Employment and Income Does n or of Business Name Franklin Elementary School P Barker Rd ZIP 99999 or Title Music Teacher Check if thin e 09 / 01 / 2010 (mm/dd/yyyy)	Unit #	Base \$ 3,708.00 /month Overtime \$ /month	



Section 1: Borrower Information.	This section asks about your personal information and your income from
employment and other sources, such as retirement	nt, that you want considered to qualify for this loan.

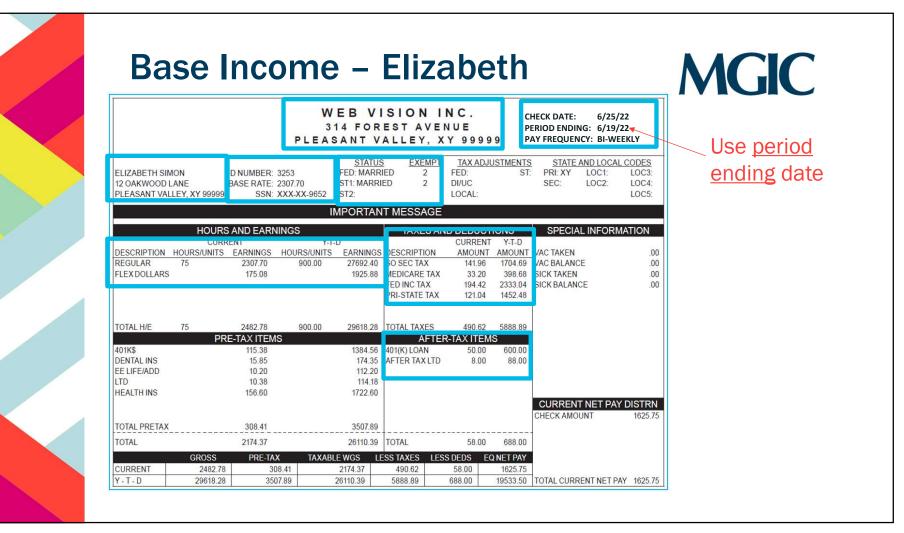
n Personal Information me (First, Middle, Last, Suffix) abeth Simon ernate Names – List any names by which you are known or any names er which credit was previously received (First, Middle, Last, Suffix) abeth Jones.	Social Security Number - - 9652 (or Individual Taxpayer Identification Number) Date of Birth Citizenship Date of Birth Citizenship @ U.S. Citizen (mm/dd/yyyy) @ U.S. Citizen O Permanent Resident Alien 08 / 01 / 1974 O Non-Permanent Resident Alien			MGIC
e of Credit am applying for individual credit. 1b. Current Employment/Self-Employment and In	List Name(s) of Other Borrower(s) Applying for this Loan (First, Middle, Last, Suffix) – Use a separator between names come Does not apply			
Employer or Business Name Web Vision Inc.	Phone (713) 493 -	Gross Mon	thly	Income
Street 314 Forest Ave	Unit #	Base	s	5,000.00/month
City Pleasant Valley S	ate ZIP 99999 Country USA	Overtime	\$	/month
		Bonus	s	/month
Position or Title Program Designer Technology	Check if this statement applies:	Commission	\$	/month
Start Date 05 / 10 / 2002 (mm/dd/yyyy) How long in this line of work? 20 Years Month	 I am employed by a family member, property seller, real estate agent, or other party to the transaction. 	Military Entitlements	s	/month
Check if you are the Business O I have an owne	rship share of less than 25%. Monthly Income (or Loss)	Other	\$	/month
	rship share of 25% or more. \$	TOTAL \$		5,000.00/month

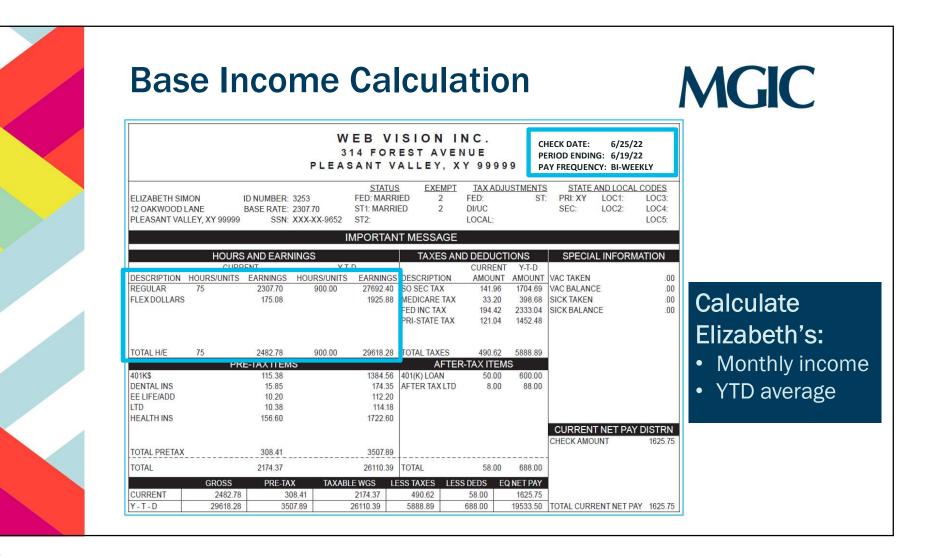
Uniform Residential Loan Application — Additio Freddie Mac Form 65 • Fannie Mae Form 1003 Effective 9/2020

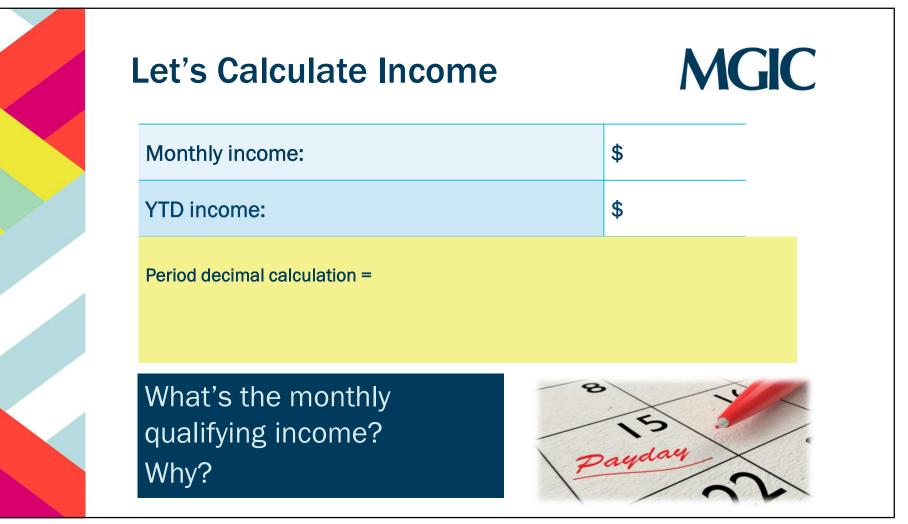
1b. Current Employment/Self-Employment and Income	Does not apply			
Employer or Business Name Web Vision Inc.	Phone (713) 493 -	Gross Monthly Income		
Street 314 Forest Ave	Unit #	Base	\$ 5,000.00/mont	
City Pleasant Valley State	ZIP 99999 Country USA	Overtime	\$/mont	
		Bonus	5/mont	
Position or Title Program Designer Technology	Check if this statement applies:	Commission	\$ /mont	
Start Date 05 / 10 / 2002 (mm/dd/yyyy)	I am employed by a family member, property seller, real estate agent, or other	Military		
How long in this line of work? 20 Years Months	party to the transaction.	Entitlements	\$/mont	
Check if you are the Business 1 have an ownership sha	the of last then 25%. Monthly Income (or Loss)	Other	S/mont	
Owner or Self-Employed () I have an ownership sha		TOTAL \$	5,000.00/mont	

Uniform Residential Loan Application — Additional Borrower

Let's Ca	alculate Incom	ne	MGIC
	Let's Calculate Income Monthly Income YTD Income Most recent year's W-2 Prior year's W-2 Work Space	MGIC \$ \$ \$ \$	
موسوفي مادوي مادو م	ana d ^{anan} y kalan kan kan kanan kanan kan kanan ana k ^{ana} ki kanan kata ya ana kan kan kan kan kan ka	1990-1991-1991-1991-1991-1991-1991-1991	







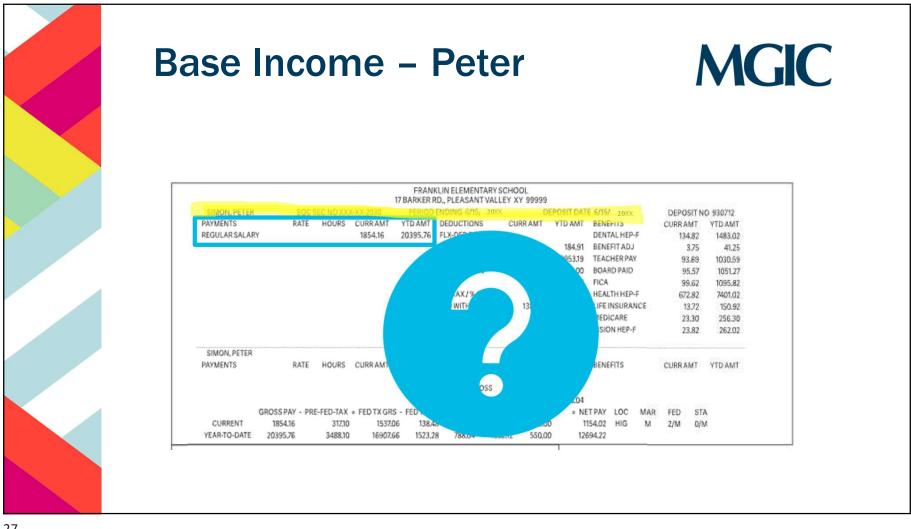
	a Employee's social security number xxx-xx-9652	OMB No. 154	5-0008	This information is being furn are required to file a tax retur may be imposed on you if thi	ished to the Internal Rev n, a negligence penalty o is income is taxable and	enue Service. If you or other sanction you fail to report it.
b Employer identification numb	er (EIN)	· · · · · · · · · · · · · · · · · · ·	1 Wa	ges, tips, other compensation	2 Federal incom	e tax withheld
12-3456789			54	,530.19	5,536.19	
c Employer's name, address, a	nd ZIP code			cial security wages	4 Social security	tax withheld
Web Vision Inc.			-	.400.20	3,558.81	data - La
314 Forest Avenue				dicare wages and tips	6 Medicare tax v 832.31	vithheid
Pleasant Valley, XX	2 99999			,400.20	8 Allocated tips	
			1 30	Mar accounty upa	6 Allocated tips	
d Control number			9		10 Dependent ca	re benefits
e Employee's first name and ini	tial Last name	Suff.	11 No	nqualified plans	12a See instructio	ns for box 12
Elizabeth S:	imon				D 2,870	.01
12 Oakwood Lane			13 Stat emp	ltory Retirement Third-party loyee plan sick pay	12b	
Pleasant Valley, XX	7 99999				ů d	
ricabano (arrej, m			14 Oth	er	12c	
					de	
					12d %	
f Employee's address and ZIP of	and a				d e	
15 State Employee's state ID n		17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
XY 555571-1	54,530.19	3,272.19				
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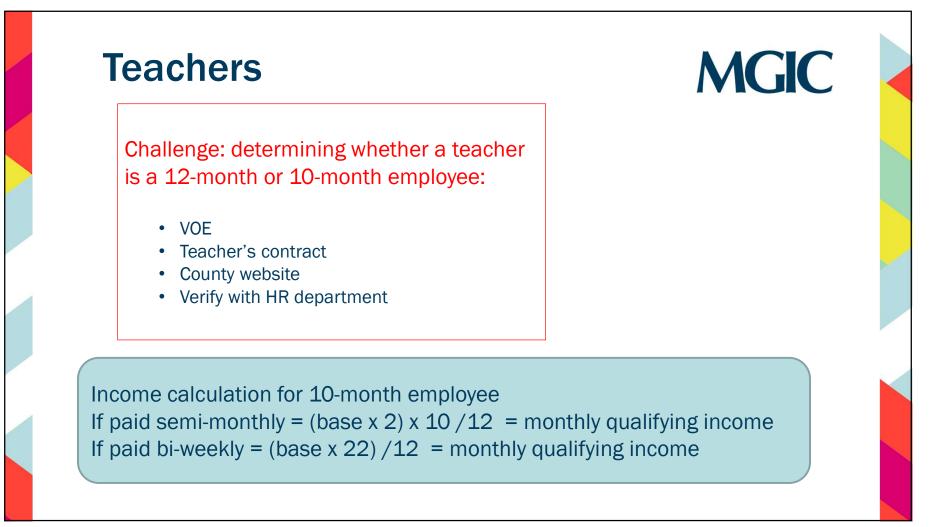
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Base Income – continued

	N-2 Wage and Statemen	Tax	2020		· · · · · · · · · · · · · · · · · · ·	the Trea	isury-Internal R	evenue Service
XY	555571-1	52,440.70	3,178.50					-+
5 State	Employer's state ID numb		17 State incon	ne tax	18 Local wages, tips, etc.	19 Lo	ocal income tax	20 Locality name
Eli 12 Ple	oyee's first name and initial zabeth Simo: Oakwood Lane asant Valley, XY S	99999	Suff.	13 Star em 14 Ot		121 122 124 124 124		
I Cont	rol number			9		10	Dependent care	e benefits
	abano variey, kr .			7 SC	cial security tips	8	Allocated tips	
	asant Valley, XY	99999			6,200.60	ľ	800.41	
	Vision Inc. Forest Avenue				6,200.60		3,422.44 Medicare tax w	ithheld
•	oyer's name, address, and Z	P code			cial security wages	4	Social security	tax withheld
	3456789			52	2,440.70		5,398.64	
Empl	oyer identification number (E	IN)		1 Wa	iges, tips, other compensation	2	Federal income	tax withheld
		xxx-xx-9652	OMB No. 154	5-0008	are required to file a tax retu may be imposed on you if the	is incom	ne is taxable and y	ou fail to report it.

Let's calculate income	MGIC
Monthly income: \$2,308 x 26 / 12	\$5,001
YTD income: \$27,692 / 5.63 months	\$4,919
Most recent year's W-2: \$57,400 / 12	\$4,783
Prior year's W-2: \$55,201 / 12	\$4,600
What's the monthly qualifying income? Why?	s in the second





					KUN ELEMENTARY S RD., PLEASANT VALL					
SIMON, PETER	so	SEC NO XX	K-XX-2030	PERIOD	ENDING 6/15/20	D	EPOSIT DAT	T (T) (T) (T) (T)	DEPOSIT N	120 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PAYMENTS	RATI	HOURS	CURR AMT	YTD AMT	DEDUCTIONS	CURR AMT	YTD AMT	BENEFITS	CURRAMT	YTD AMT
REGULARSALAR	6		1854.16	20395,76	FLX-DEP CARE	16,81	184.91	DENTAL HEP-F BENEFIT ADJ	134.82 3.75	1483.02 41.25
					FLX-MED E 20XX	250,29	2953.19	20XX	93,69	1030.59
					AETNA LIF INS	50.00	550.00	BOARD PAID	95,57	1051.27
					FICA	99.62	1095.82	FICA	99.62	1095.82
					FEDTAX / % GROSS			REALTH HEP-F	672.82	7401.02
					FED WITH TAX	138,48	1523.28	LIFE INSURANCE	13.72	150.92
					HLTH INS			MEDICARE	23.30	256.30
					LTS INS DED MEDICARE	12.25 23.30	134.75 256.30	VISION HEP-F	23.82	262.02
SIMON, PETER					and DRAINE	63,30	2:10/30			
PAYMENTS	RATE	HOURS	CURR AMT	YTD AMT	DEDUCTIONS	CURR AMT	YTD AMT	BENEFITS	CURR AMT	YTD AMT
					OEA DUES	31.27	343,97			
					XY TAX % GROSS					
	CROSS BALL		FTD TV COC	COD TO N	XY STATE TAX	71.64	788.04		- Ca	alculate
CURRENT	GROSS PAY - F 1854.16	RE-FED-TAX 317.10	 FED TX GRS 1537.0(- STA TAX - FICA/M 18 71.64 12	ED - OTH DED 2.92 50.00		TPAY LOC MAR 154.02 HIG M	7E 2/	
YEAR-TO-DATE	20395.76	3488.10				2.92 50.00		194.72 HIG M		eter's:

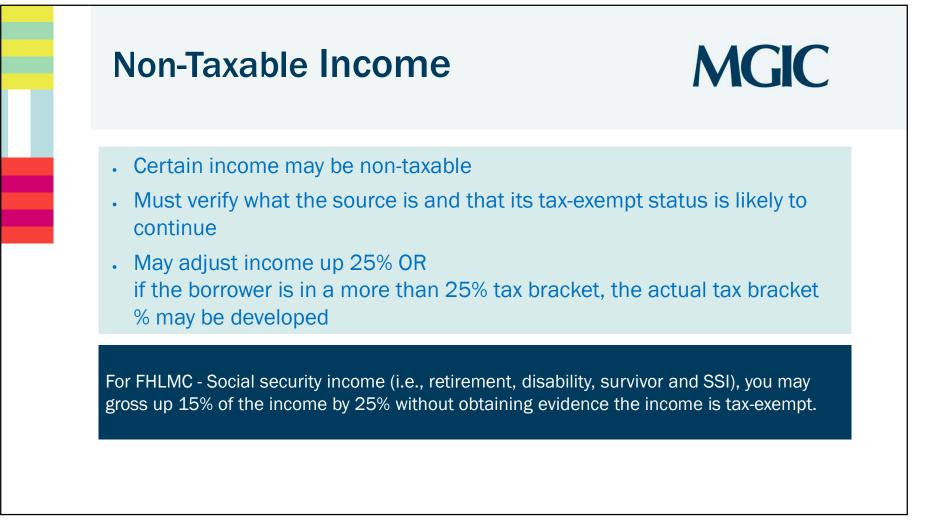
Let's Calculate In	ncome MGIC
Monthly income:	\$
YTD income:	\$
Most recent year's W-2:	\$
Prior year's W-2:	\$
What's the monthly qualifying income? Why?	Payday

Imployer identification number (EIN) 1 Wages, tips, other compensation 2 Federal income tax with 66-6003743 1 Wages, tips, other compensation 2 Federal income tax with 5 2, 676.99 3 Social security wages 4 Social security tax with 17 Barker Road 2, 876.99 2, 658.37 6 Medicare tax withheld 17 Barker Road 5 Medicare wages and tips 6 Medicare tax withheld 12 8 Allocated tips 3 Allocated tips 621.72 7 Social security tips 8 Allocated tips 6 2 Federal income tax withheld 621.72 7 7 Social security tips 8 Allocated tips 2 7 Social security tips 10 Dependent care benefit: Employee's first name and initial Last name Suff. 11 Nonqualified plans 12a See instructions for box 9 13 Statutory Retirement Tipo-party 12b		a Employee's social security numbe	OMB No. 1545-0008	This information is being furn are required to file a tax retur	ished to the Internal Revenu n, a negligence penalty or o
Imployed's name, address, and ZIP code 3 Social security wages 4 Social security tax within 2, 658.37 Franklin Elementary School 3 Medicare wages and tips 42, 876.99 6 Medicare tax withheld 17 Barker Road 5 Medicare wages and tips 6 Medicare tax withheld 621.72 Pleasant Valley, XY 99999 7 Social security tips 8 Allocated tips Control number 9 10 Dependent care benefits Employee's first name and initial Last name Suff. 11 Nonqualified plans 12a See instructions for box Peter Simon 13 Statutory Patiement Third-pary plan 12b 12 Oakwood Lane Fleasant Valley, XY 99999 14 Other 12c 12c	b Employer identification numb 66-6003743		1 Wag	ges, tips, other compensation	2 Federal income ta
Employee's first name and initial Last name Suff. 11 Nonqualified plans 12a See instructions for bo Peter Simon 12 Oakwood Lane Pleasant Valley, XY 99999 14 Other 12C	Franklin Elementary 17 Barker Road	ry School	3 Soc 42 5 Met 42	ial security wages , 876.99 dicare wages and tips , 876.99	4 Social security tax 2,658.37 6 Medicare tax with 621.72
mployee's address and ZIP code	12 Oakwood Lane Pleasant Valley, XX f Employee's address and ZIP of	5imon (Y 99999 code	Suff. 11 Nor 13 Stat. 14 Othe	itory Retirement Third-party cyce plan sick pay br	12a See instructions 1 g D 1,200.0 12b G G g I Image: Comparison of the second se

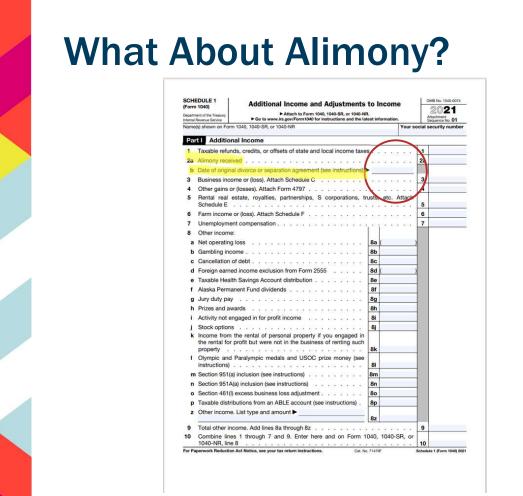
	a Employee's social security number xxx-xx-2030	OMB No. 1545	-0008 This information is being fu are required to file a tax rei may be imposed on you if	umished to the Internal Reven turn, a negligence penalty or this income is tal ble and yo	ue Service. other sancti u fail to rep
b Employer identification number 66-6003743	(EIN)		1 Wages, tips, other compensation		ax withheld
c Employer's name, address, and	ZIP code		38,204.04 3 Social security wages	3,783.00 4 Social security ta	x withheld
Franklin Elementary			39,300.04	2,436.60	
17 Barker Road		Г	5 Medicare wages and tips	6 Medicare tax wit	hheld
Pleasant Valley, XY	99999		39,300.04	569.85	
			7 Social security tips	8 Allocated tips	
d Control number			9	10 Dependent care	benefits
e Employee's first name and initia	Last name	Suff.	11 Nongualified plans	12a See instructions	for box 1
Peter Sim				å D 1,096.	
12 Oakwood Lane		F	13 Statutory Retirement Third-pa employee plan sick pay	arty 12b	
Pleasant Valley, XY	99999	L		ů d e	
	42/MH-10712201-14		14 Other	12c %	
				ूँ 12d	
Employee's address and ZIP co	de			e	
State Employer's state ID nur	nber 16 State wages, tips, etc.	17 State income	e tax 18 Local wages, tips, etc.	19 Local income tax	20 Local
					1

Let's Calculate Income	MGIC
Monthly income: \$1,854 x 24 / 12	\$3,708
YTD income: \$20,396 / 5.50 months	\$3,708
Most recent year's W-2: \$42,877 / 12	\$3,573
Prior year's W-2: \$39,300 / 12	\$3,275
What's the monthly qualifying income? Why?	"

Employment a	<mark>/SEb</mark> nd Other Income Analy	/sis Worksheet MGIC
User Tips: • Add borrower information • Click the "O" button to ex- • Click the "O" button to ex- • Click the "O" button to ex- • Select "A" for Annualized • Select "Y" for YTD Monthl • Select the Reset Work	n in blue-shaded fields kpand income source section minger YTD Monthly Earnings	Reset Workbook
File Name:	Prepared by:	Date:
Borrower Name:	Employer Name:	
O Base Pay		
0 Overtime		
O Bonus		
O Commission		
0 Other Income		
Borrower Name:	Employer Name:	
O Base Pay		



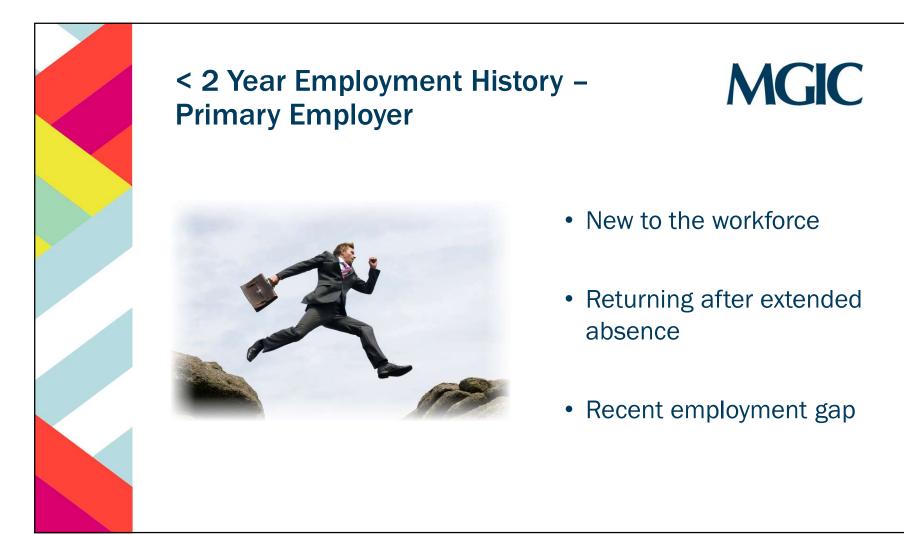
Check only one box. If you checked the MFS box, enter t person is a child but not your depen		checked the HOH o	or QW box, enter ti	he child's name if the qualifying	MGIC
Your first name and middle initial	Last name			Your social security number	
If joint return, spouse's first name and middle initial	Last name			Spouse's social security number	
Home address (number and street). If you have a P.O. box	, see instructions.		Apt. no.	Presidential Election Campaign	
City, town, or post office. If you have a foreign address, als	an complete spaces below	State	ZIP code	Check here if you, or your spouse if filing jointly, want \$3	
				to go to this fund. Checking a box below will not change	
Foreign country name	Foreign province/state	e/county	Foreign postal code	your tax or refund.	
At any time during 2021, did you receive, sell, excha	nge, or otherwise dispose of a	any financial interest	in any virtual curre	ency? Yes No	
Dependents (see instructions): If more (1) First name Last name than four dependents,	2, 1957 Are blind Sp (2) Social securi number	ipouse: Was bo		qualifies for (see instructions):	
If more than four dependents, see instructions and check here ▶ □ 1 Wages, salaries, tips, etc. Atta Attach 2a Tax-exempt interest	(2) Social securi number	(3) Relationsl to you	hip (4) ✓ if a Child tax a □ □ □	qualifies for (see instructions): credit Credit for other dependents	
If more than four dependents, see instructions and check here ▶ □ 1 Wages, salaries, tips, etc. Atta Attach 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions	(2) Social securi number	b Taxable interes Ordinary divide Taxable amour	hip (4) ✔ if a Child tax a 	qualifies for (see instructions): credit Credit for other dependents I	Go minuo Gh = non touchto
If more than four dependents, see instructions and check here ▶ 1 Wages, salaries, tips, etc. Atta Attach Sch. B if required. 5a Pensions and annuities 5a Pensions and annuities 5a Social security benefits	(2) Social securi number	(3) Relations to you b Taxable interes Ordinary divide	hip (4) ✓ if a Child tax a 	qualifies for (see instructions): redit Credit for other dependents) 6a minus 6b = non-taxable
If more than four dependents, see instructions and check here ▶ 1 Wages, salaries, tips, etc. Atta Attach Sch. B if required. 3a Qualified dividends 5a Pensions and annuities 5a Social security benefits 6a Social security benefits 7 Capital gain or (loss). Attach S	(2) Social securi number 22 3a 4a 5a 6a Schedule D If required Lindt rec	b Taxable interes b Taxable interes b Ordinary divide b Taxable amour b Taxable amour	hip (4) ✓ if a Child tax a 	qualifies for (see instructions): credit for other dependents 1 2b 3b 4b 5b 5b 7) 6a minus 6b = non-taxable
If more than four dependents, see instructions and check here ▶ □ Attach Sch. B if required. Standard Deduction for- 5a Pensions and annuities 5a Pensions and annuities 5a Social security benefits 7 C acapital capitor (dires). Attach B Social security benefits	(2) Social securinumber number 2a 3a 4a 5a 6a 5. chedule 0 if required Junt rec	b Taxable interes Ordinary divide Taxable amour D Taxable amour D Taxable amour D Taxable amour	hip (4) ✓ if a Child tax a 	qualifies for (see instructions): credit Credit for other dependents I) <mark>6a minus 6b = non-taxable</mark>
If more than four dependents, see instructions and check here ▶ 1 Wages, salaries, tips, etc. Attach there ▶ Attach 2a Tax-exempt interest . . Attach 2a Tax-exempt interest . . Attach 2a Tax-exempt interest . . Standard Deduction for- . . Standard Deduction for- 6a Social security benefits . . Standard Deduction for- Standard Deduction for- Standard Deduction for- Married filing separately: Strippe or Married filing iontwore 	(2) Social securi number 22 3a 4a 5a 6a 5a 6a 5a 6a 5a 6a 5a 6a 6a 5a 6a 6a 5a 6a 6a 5a 6a 6a 6a 6a 6a 6a 6a 6a 6a 6a 6a 6a 6a	ty (3) Relations to you b Taxable interes b Ordinary divide b Taxable amour b Taxable amour b Taxable amour b Taxable amour	hip (4) ✓ if a Child tax a 	qualifies for (see instructions): credit for other dependents 1 2b 3b 4b 5b 6b 7 8 9 10) <mark>6a minus 6b = non-taxable</mark>
If more than four dependents, see instructions and check here b (1) First name Last name Attach 1 Wages, salaries, tips, etc. Attach Sch. B if required. Attach 2a Tax-exempt interest	(2) Social securi number 22 3a 4a 5chedule D if required Lindt rec 1, line 10 5, 7, and 8. This is your total im 5chedule J, line 26 this is your adjusted gross inco	(3) Relations to you b Taxable interes b Ordinary divide b Taxable amour b Taxable amour b Taxable amour b Taxable amour b Taxable amour b Taxable amour	tt	qualifies for (see instructions): credit for other dependents 1 2b 3b 4b 5b eb 7 8 9) <mark>6a minus 6b = non-taxable</mark>
If more than four dependents, see instructions and check here ▶ 1 Wages, salaries, tips, etc. Attach sch. B if required. Attach 2a Tax-exempt interest	(2) Social securinumber number 2a 3a 4a 5a 6a 5chedule D if required Jf not rec 1, line 10 ., 7, and 8. This is your total in 5chedule 1, line 26 	(3) Relations to you (2) Relations to you to taxable amour to Taxable a	(4) If (4) If (4) If (4) If (4) If (4)	qualifies for (see instructions): credit for other dependents 1 2b 3b 4b 5b 6b 7 8 9 10 11) 6a minus 6b = non-taxable
If more than four dependents, see instructions and check and chec	(2) Social securi number actr Form(s) W-2 2a 3a 4a 5a 6a 5chedule Dif required if not rec 1, line 10 5, 7, and 8. This is your total im 5chedule 1, line 26 this is your adjusted gross incc zed deductions (from Schedul take the standard deduction (se	(3) Relations to you b Taxable interes b Ordinary divide b Taxable amour b Tax	(4) If (4) If (4) If (4) If (4) If (4)	qualifies for (see instructions): credit for other dependents 1 2b 3b 4b 5b 6b 7 8 9 10 11 12c) <mark>6a minus 6b = non-taxabl</mark>
If more than four dependents, see instructions and check and chec	(2) Social securinumber number act Form(s) W-2 2a 3a 4a 5a 6a 5a 5a 5a 5a 5a 5a 5a 5a 5a 5	(3) Relations to you (2) Relations to you b Taxable interes Ordinary divide Taxable amour b Taxable amour c Taxab	(4) If (4) If (4) If (4) If (4) If (4)	qualifies for (see instructions): credit for other dependents 1 2b 3b 4b 5b 6b 7 8 9 10 11) 6a minus 6b = non-taxable



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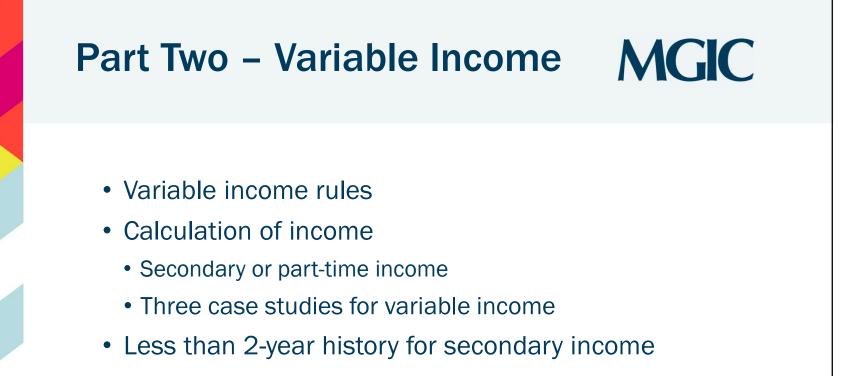
Alimony payments are no longer tax deductible, and the receipt of alimony isn't taxable as income for divorces entered into after **Dec. 31, 2018**.

s the Source	Non-Taxable?					
Select to include as qualifying income:		Anı	nual Amount		Mon	thly Amoun
	Gross amount reported on personal tax return or Form 1099	\$	20,000.00	Gross amount = 100%	\$	1,666.67
٧	Taxable amount reported on personal tax return	\$	8,000.00	Taxable portion = 40.00%	\$	666.6
٧	Amount eligible for gross-up 25%	\$	12,000.00	Non-taxable portion = 60.00%	\$	1,250.0
	Current MONTHLY amount (to gross-up; enter person	al tax re	turn information a	bove)		
	Taxable amount (based on entry above)				\$	-
	Amount eligible for gross-up (based on entry above)				\$	-
	Qualifying Income from:				\$	1,916.67





	Date of Employment		ent Position			11. Probability of Continued Employment			
04/01/2022		belleven and an and a second	Control Auditor			Good	- MGIC		
12A. Current	Gross Base Pay (E	nter Amount and	Check Period)	13. For Military P	ersonnel Only				
	Annual	Hourly		Pay Grade		14. If Overtime or Bonus is Applicable Is Its Continuance Likely?	е,		
0.000.00	Monthly	Other (Sp	ecify)	Туре	Monthly Amo				
\$ 6,000.00	Weekly					Bonus 🔲 Yes 🗔 No	3		
	12B. Gr	ross Earnings		Base Pay	\$	15. If paid hourly - average hours p			
Туре	Year To Date	Past Year	Past Year	Rations	\$	week			
	Thru 8/30/22			Flight or		16. Date of applicant's next pay increased	aase		
Base Pay	\$ 30,000.00	\$	\$	Hazard	\$				
				Clothing	\$				
Overtime	\$	\$	\$	Quarters	\$	17. Projected amount of next pay inc	rease		
Commissions	\$	\$	\$	Pro Pay	\$	18. Date of applicant's last pay increa	ase		
	s	s	s	Overseas or Combat	\$				
Bonus	9	4	4	Combat		19. Amount of last			
Bonus									
Total	\$ 30,000.00	\$ 0.00	\$ 0.00	Variable Housing Allowance dicate time period and	\$		DE		
Total	\$ 30,000.00	\$ 0.00 vork for any leng	\$ 0.00 th of time, please in CABLE, Complet	Variable Housing Allowance dicate time period and	\$ reason) revious Emplo	oyment/Self-Employment and Income	Des not apply		
Total	\$ 30,000.00	\$ 0.00 work for any leng 1d. IF APPLI Provide at lea	\$ 0.00 th of time, please in CABLE, Complet	Variable Housing Allowance dicate time period and e Information for Ph rent and previous e	\$ reason) revious Emplo	oyment/Self-Employment and Income	Does not apply Previous Gross Monthly		
Total	\$ 30,000.00	\$ 0.00 work for any leng 1d. IF APPLI Provide at lea Employer or	\$ 0.00 th of time, please in CABLE, Complet ast 2 years of cur	Variable Housing Allowance dicate time period and e Information for Ph rent and previous e 123 Business	\$ reason) revious Emplo	oyment/Self-Employment and Income	Does not apply		
Total	\$ 30,000.00	\$ 0.00 work for any leng 1d. IF APPLI Provide at lea Employer or	\$ 0.00 th of time, please in CABLE, Complet ast 2 years of cur Business Name	Variable Housing Allowance dicate time period and e Information for Pr rent and previous e 123 Business	\$ reason) revious Emplo mployment at	ayment/Self-Employment and Income nd income.	Does not apply Previous Gross Monthly		
Total	\$ 30,000.00	\$ 0.00 vork for any leng 1d. IF APPLU Provide at lea Employer or 1 Street City	\$ 0.00 th of time, please in CABLE, Complet ast 2 years of cur Business Name	Variable Housing Allowance dicate time period and e Information for Pr rent and previous e 123 Business	\$ reason? revious Emplo mployment an State	byment/Self-Employment and Income Ind income. Unit # ZIP Country	Does not apply Previous Gross Monthly		
Total	\$ 30,000.00	\$ 0.00 vork for any leng 1d. IF APPLU Provide at lea Employer or Street City Position or Ti	\$ 0.00 th of time, please in CABLE, Complet ast 2 years of cur Business Name	Variable Housing Allowance dicate time period and e Information for Pr rent and previous e 123 Business	\$ reason? revious Emplo mployment an State	pyment/Self-Employment and Income nd income.	Does not apply Previous Gross Monthly		



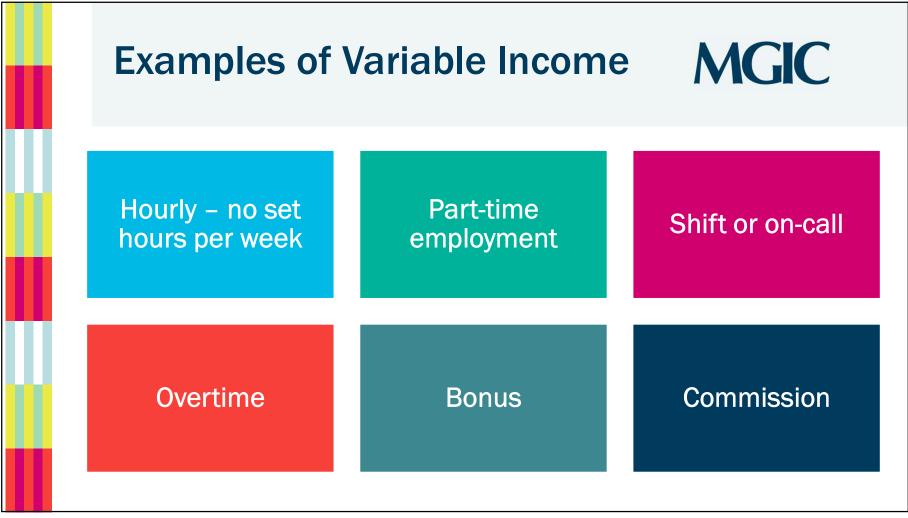


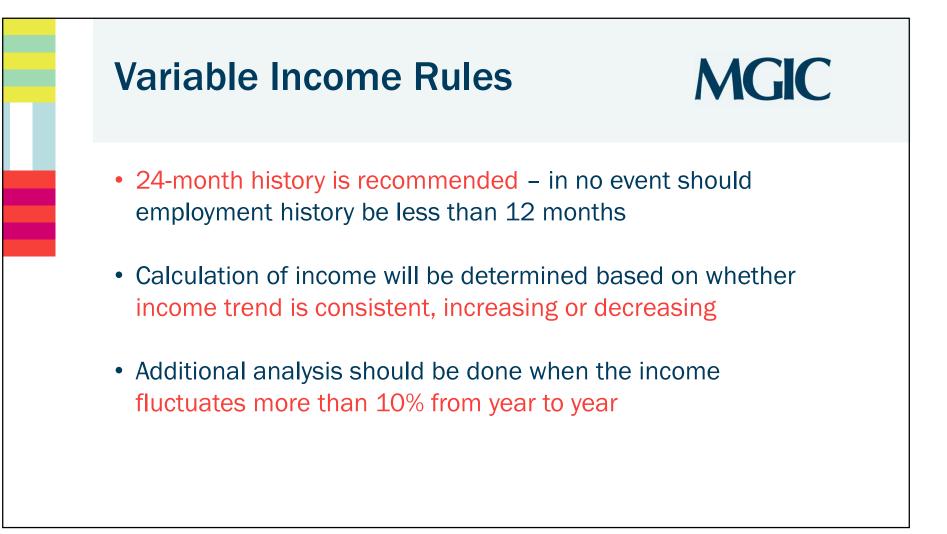
Variable Income



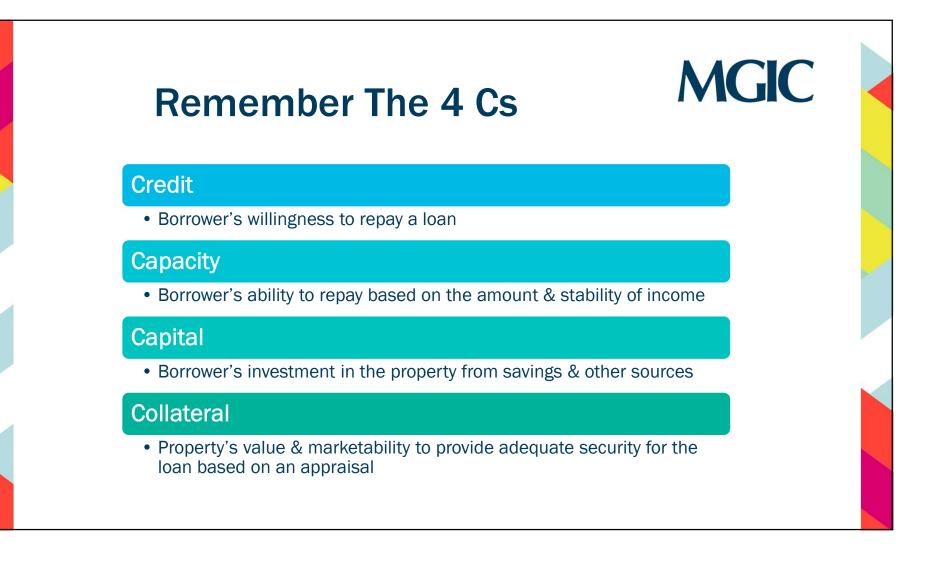
Fluctuating earnings

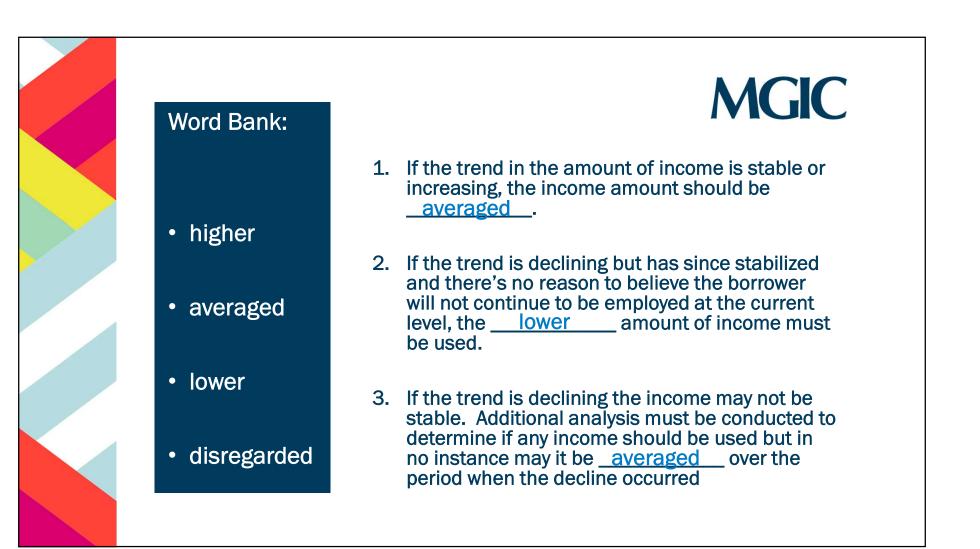
Amount is NOT predetermined, does NOT occur with regular frequency and a definite amount is NOT documentable

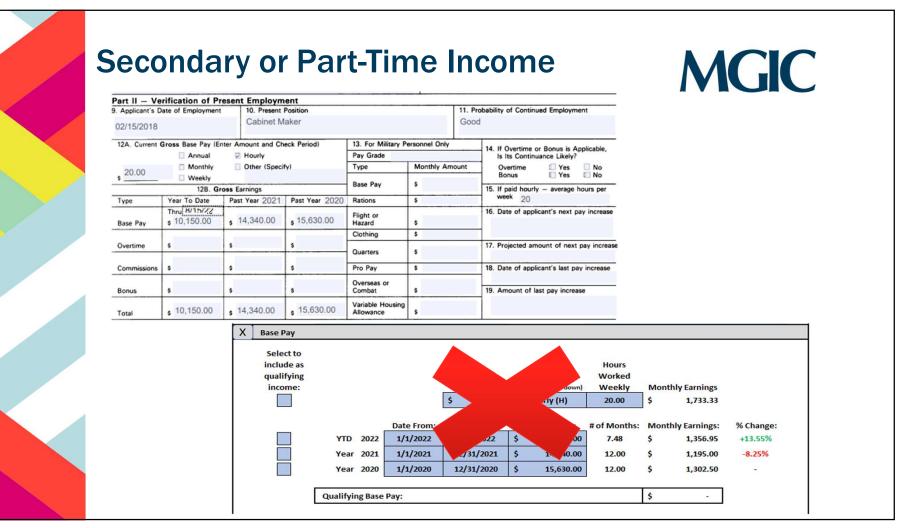


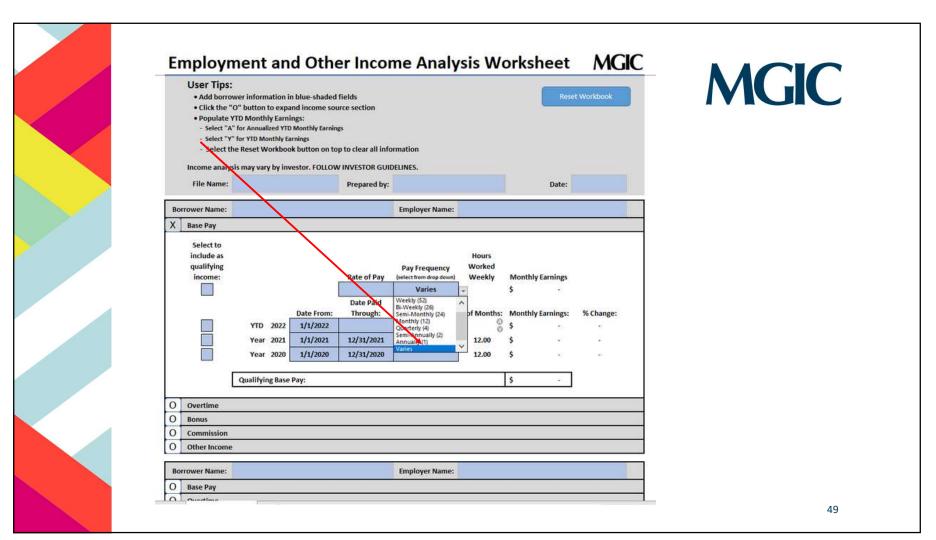


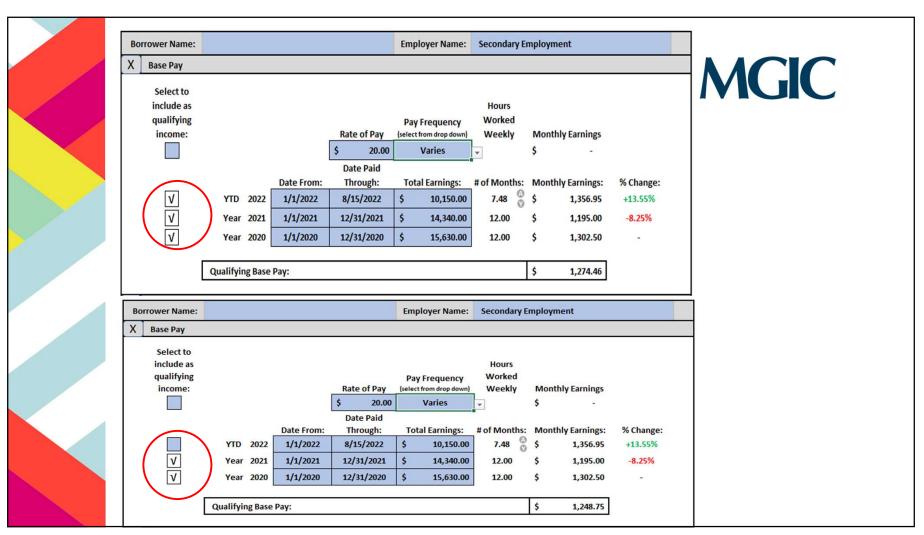


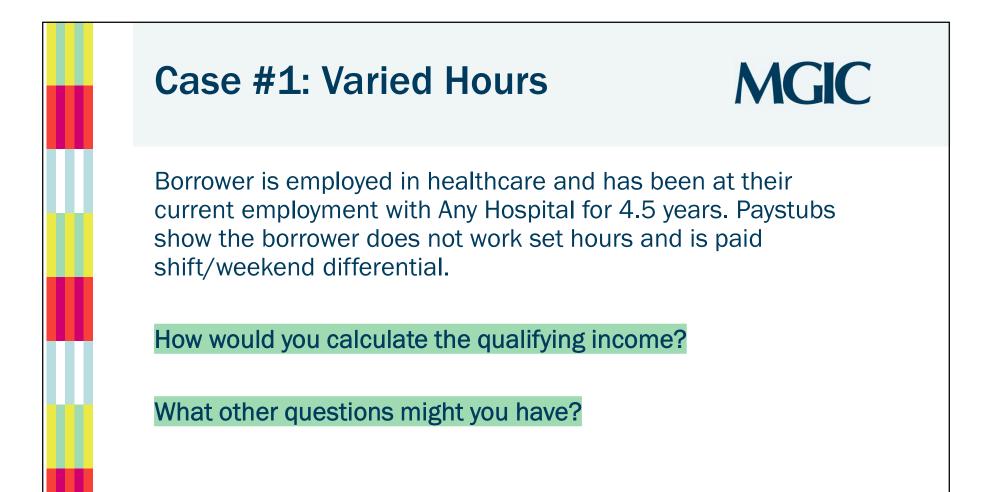


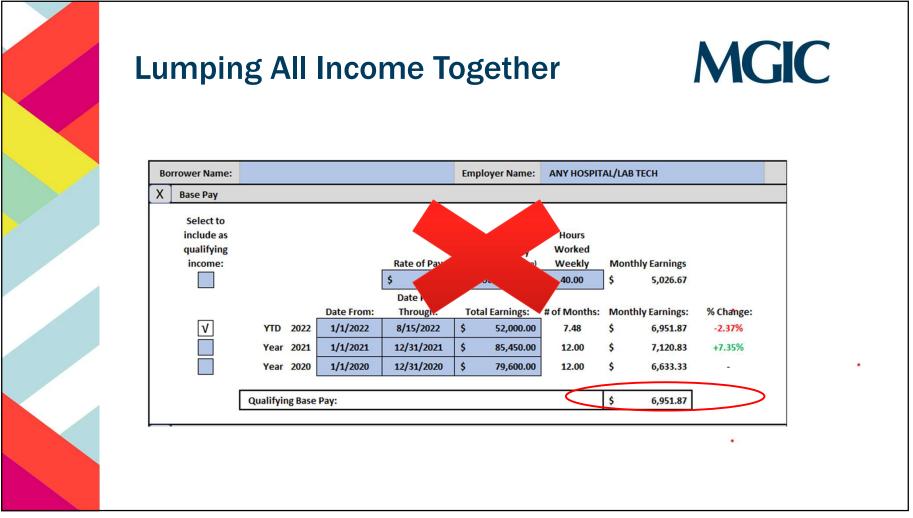


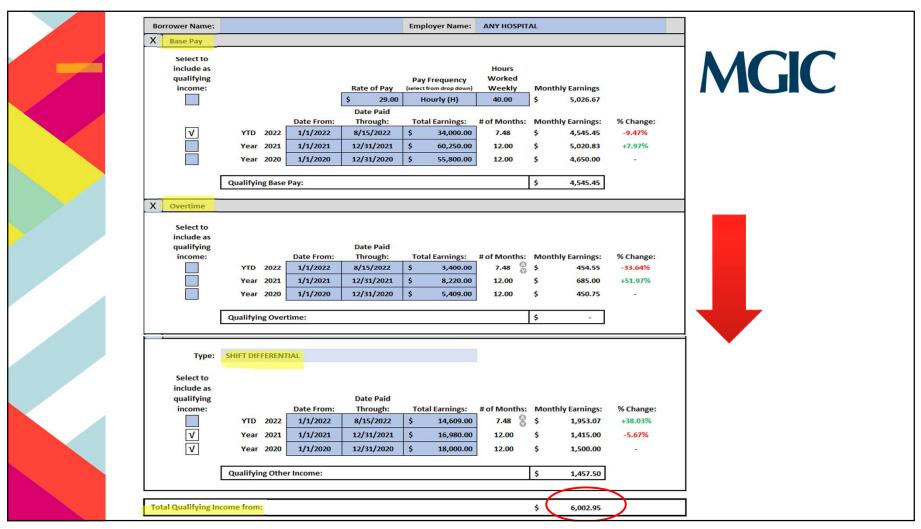














Case #2: Commissions

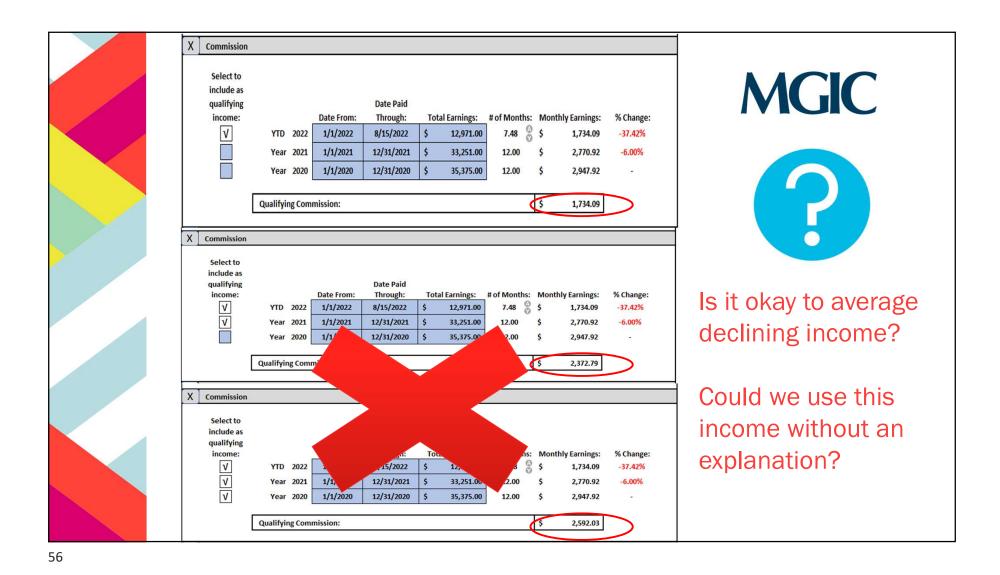
MGIC

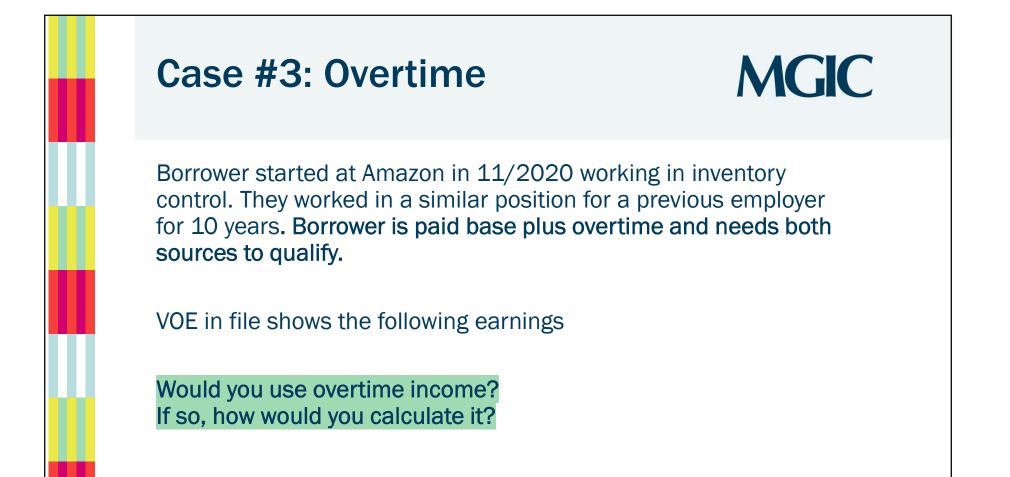
Borrower has been employed in the same position with the same employer for 15+ years. He receives a monthly base income of \$5,500 that is supported by an electronic VOE.

Commission earnings need to be included and shown on the worksheet from his job as an Account Executive for the largest liquor vendor for restaurants in his city.

What concerns would you have based on the following?

	rrower Name:			Employer Name:	Beverage AE			
X	Base Pay							
	Select to							MGIC
	include as				Hours			
	qualifying			Pay Frequency	Worked			
	income:		Rate of Pay	(select from drop down)	Weekly	Monthly Earnings		
	V		\$ 5,500.00	Monthly (12)	4	\$ 5,500.00		
			Date Paid					
		Date From:	Through:			Monthly Earnings:	% Change:	D
		YTD 2022 1/1/2022	8/15/2022	\$ 42,000.00	7.48	\$ 5,614.97	+20.43%	е
		Year 2021 1/1/2021	12/31/2021	\$ 55,950.00	12.00	\$ 4,662.50	+7.60%	
		Year 2020 1/1/2020	12/31/2020	\$ 52,000.00	12.00	\$ 4,333.33		C
								r
		Qualifying Base Pay:				\$ 5,500.00		
								e
0	Overtime							
0	Bonus							a
X	Commission							S
	Select to							
	include as							
	qualifying		Date Paid				0/ 01	n
	income:	Date From:	Through:			Monthly Earnings:	% Change:	g
		YTD 2022 1/1/2022	8/15/2022	\$ 12,971.00	7.48	\$ 1,734.09	-37.42%	5
		Year 2021 1/1/2021	12/31/2021	\$ 33,251.00	12.00	\$ 2,770.92	-6.00%	
		Year 2020 1/1/2020	12/31/2020	\$ 35,375.00	12.00	\$ 2,947.92	-	
		Qualifying Commission:				\$ -		





X Overtime history of variable Select to include as pate Paid income: Date From: Total Earnings: # of Months: Monthly Earnings: % Change: YTD 2022 1/1/2022 6/30/2022 \$ 16,511.00 6.00 \$ 2,751.83 +156.98%	Borrower Name:	Employer Name: AMAZON	
Select to include as qualifying income: Rate of Pay Hours (wetkit mon drop down) Worked Weekly Monthly Earnings V \$ 18.79 Hourly (H) 40.00 \$ 3,256.93 Date Paid Date From: Through: Total Earnings: # of Months: Monthly Earnings: % Change: V \$ 11/1/2022 \$ 13/542.00 6.00 \$ 3,256.92 +0.00% Vear 2021 11/1/2020 12/31/2021 \$ 39,083.00 12.00 \$ 3,256.92 +0.21% Vear 2020 11/1/2020 12/31/2020 \$ 6,500.00 2.00 \$ 3,256.93 Do you have 24-mon history of variable income? Qualifying Base Pay: \$ 3,256.93 \$ 3,256.93 Do you have 24-mon history of variable income? YTD 2022 1/1/2022 6/30/2022 \$ 100 honths: Monthly Earnings: % Change: Select to include as qualifying income: Date From: Through: Total Earnings: # of Months: Monthly Earnings: % Change: WTD 2022 1/1/2022 6/30/2022 \$ 16,511.00 6.00 \$ 2,751.83 +156.98%	X Base Pay		
X Overtime history of variable Select to include as pate Paid income: Date From: Total Earnings: # of Months: Monthly Earnings: % Change: YTD 2022 1/1/2022 6/30/2022 \$ 16,511.00 6.00 \$ 2,751.83 +156.98%	include as qualifying income:	Pay Frequency (select from drop down) Worked Weekly Monthly Earnings \$ 18.79 Hourly (H) 40.00 \$ 3,256.93 Date Paid Date Paid 5 3,256.93 VTD 2022 1/1/2022 6/30/2022 \$ 19,542.00 6.00 \$ 3,257.00 +0.00% Year 2021 1/1/2021 \$ 39,083.00 12.00 \$ 3,256.92 +0.21%	
Select to include as qualifying Date Paid income: Date From: Through: Total Earnings: # of Months: Monthly Earnings: % Change: YTD 2022 1/1/2022 \$ /30/2022 \$ 16,511.00 6.00 \$ \$ 2,751.83 +156.98% Is the overtime income	(Overtime	Qualifying Base Pay: \$ 3,256.93	Do you have 24-mont history of variable
YTD 2022 1/1/2022 6/30/2022 \$ 16,511.00 6.00 \$ 2,751.83 +156.98%	include as	Date Paid	income?
	income:	YTD 2022 1/1/2022 6/30/2022 \$ 16,511.00 6.00 0 \$ 2,751.83 +156.98%	Is the overtime incom consistent/stable?

							MGIC	
X Overtime								
Select to include as qualifying income:	Date Fro YTD 2022 1/1/20 Year 2021 1/1/20 Year 2020 11/1/20 Qualifying Overtime: 1000000000000000000000000000000000000	22 6/30/2022 21 12/31/2021	Similar Total Earnings: \$ 16,511.00 \$ 12,850.00 \$ 3,900.00	# of Months: 6.00 0 12.00 2.00	Monthly Earnings: \$ 2,751.83 \$ 1,070.83 \$ 1,950.00 \$ 1,070.83	% Change: +156.98% -45.09%		
X Overtime								
Select to include as qualifying income: \overline{V} \overline{V}	Date Fro YTD 2022 1/1/20 Year 2021 1/1/20 Year 2020 11/1/20 Qualifying Overtime:	2 6/30/2022 1 12/31/2021	Similar Total Earnings: \$ 16,511.00 \$ 12,850.00 \$ 3,900.00	0	Monthly Earnings: \$ 1,375.92 \$ 1,070.83 \$ 1,950.00 \$ 1,223.38	% Change: +28.49% -45.09% -	Annualizing option	
	quanting overtime.				1,223.30			









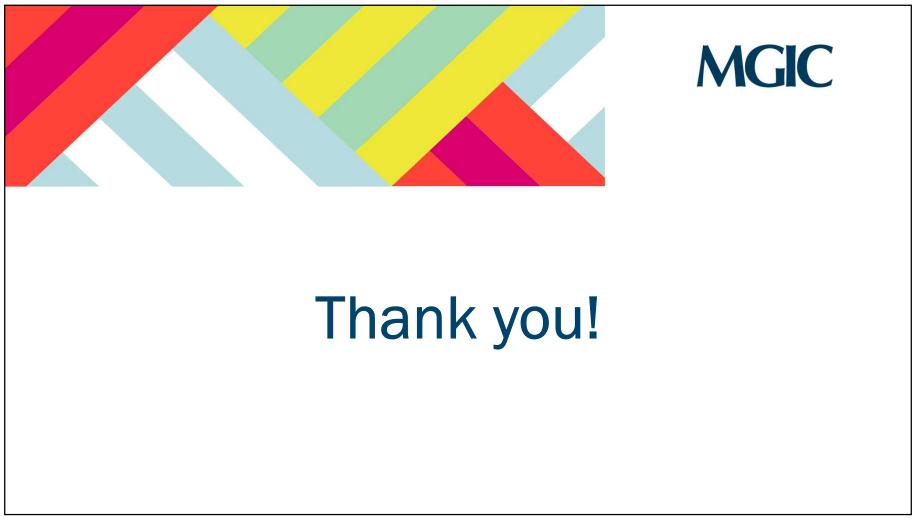
Summary



- Discussed different income types
- Reviewed documentation requirements
- Learned how to review income documentation to determine what income can be considered for underwriting purposes







Answer – Elizabeth's income (Slide 23)	MG	C
Monthly income: \$2,308 x 26 / 12	\$5,001	
YTD income: \$27,692 / 5.63 months	\$4,919	
Period decimal calculation = days in period / days in mon For this example: 19 days into June / 30 days in June = .6		
	15 Jayday	

Monthly income: \$1,854 x 24 / 12	\$3,708
YTD income: \$20,396 / 5.50 months	\$3,708
Most recent year's W-2:	\$
Prior year's W-2:	\$