The American University of Rome
Financial Aid Office

Submit this form:
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Online: financialaid@aur.edu
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Rome, Italy 00153

Income, Expense and Benefit Form

All parts of this form are _required._ If a particular question does not apply, fill in with a N/A or zero.

Student's Name: _____   AUR ID Number: _____
(leave blank if unknown)

Parent 1 Name: _____   Parent 2 Name: _____

Student's Date of Birth: _____   Today's Date: _____

Benefits:
Indicate a <u>monthly</u> dollar amount next to the benefits that your family receives (if applicable):

Benefit	Current Monthly Amount
Housing Assistance	$
Utilities Assistance	$
Other	$

Support from others:
Indicate a _monthly_ dollar amount that the family receives in support from others (friends, family, etc):
$_____

Monthly Expenses:
Indicate only the amount that family is responsible for (cost – any benefit)

Expense	Last year <u>monthly</u> average	This year <u>monthly</u> average
Mortgage/Rent		
Mortgage/Rent (other real estate combined)		
Mortgage/Rent (Business/Farm)		
Food		
Household Supplies		
Utilities(Heat, Water, Electric, Phone, etc)		
Clothing & Personal Care		
Transportation (gas, insurance, bus pass, etc)		
Out of Pocket Medical Expenses (copay, insurance)		
Education (siblings to student only)		
Miscellaneous		
Other (specify):		
Other (specify):		
Total:		

Monthly Income:

Income Source	Last year monthly average	This year monthly average
Net Wages		
Net Rental/Business Income		
Unemployment Benefits		
Disability		
Child Support		
Pension Distributions		
Other (specify):		
Other (specify):		
Total:		
Total plus support from others and benefits:		

Explanation:

If total expenses exceed your total income then provide an explanation below to indicate how you are meeting the remaining expenses.

Certification:

By signing this statement, we certify that all the information reported on this form is complete and accurate.

At least one parent must sign if you are a dependent student.

Student Signature: _____

Parent Signature: _____