



The American University of Rome
Financial Aid Office

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 monthly 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)	_____	_____

Income Source	Last year <u>monthly</u> average	This year <u>monthly</u> average
Net Wages		
Net Rental/Business Income		
Unemployment Benefits		
Disability		
Child Support		