



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):

<b>Benefit</b>	<b>Current Monthly Amount</b>
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)

<b>Expense</b>	<b>Last year <u>monthly</u> average</b>	<b>This year <u>monthly</u> average</b>
Mortgage/Rent	_____	_____
Mortgage/Rent (other real estate combined)	_____	_____
Mortgage/Rent (Business/Farm)	_____	_____

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