ACADEMY of ART UNIVERSITY

Mail to: Financial Aid Department * 79 New Montgomery Street * San Francisco, CA 94105 * (415) 618-6190* Financialaid@academyart.edu

Income Statement-Parent

Student's Name: _____ **AAU ID:** _____

The instructions on this form apply to the parent whose information was reported on the FAFSA application. Please explain how your household expenses were met during the entire year of **2017** with limited or no income. **Check ALL applicable boxes regarding your sources of support below.**

☐ If you received support other than money, list the names of the person(s) or groups who provided in-kind support in 2017. *In-kind support is non-cash contributions provided to you. For example, friends or relatives allowing you to live with them rent-free and shared food.*	
Name(s):	
Relationship:	

☐ If you received cash support or someone paid *your rent, mortgage, household utilities, groceries, transportation expenses, and miscellaneous expenses* (*cell phone, clothing, child care, or other expenses not listed*), list the names of the person(s) and the combined annual amount of support you received in 2017.	
Name(s):	
Relationship:	
Total Annual Amount:	

☐ If you received untaxed income in 2017, provide the annual amounts received for each source. Sources of untaxed income include but are not limited to SNAP, MEDICAID/SSI, School Lunch, TANF, WIC, Veteran's Non-educational benefits, Disability, Worker's Compensation, Child Support Received, Subsidized Housing, etc.	
Recipient Name(s):	
Source:	
Total Annual Amount:	

Additional Information: If you have other resources/benefits or if none of the items above apply, please explain how your household expenses were met in 2017.

_____

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If more space is needed, provide a separate page with the student's name and ID number at the top.

Certification:

I certify that the above information is true and is a complete representation of my financial status during the year 2017. I agree to provide supporting documentation if requested by the Financial Aid Office.

Parent Name	**Signature**	**Date**