



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-Spouse

Student's Name: _____ AAU ID: _____

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.

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.

Spouse Name	Signature	Date