



Student Income Statement

(for 2006 calendar year)

SI

2007-2008

Please complete all sections using BLACK INK.

APU ID # _____ - _____ - _____ Social Security Number _____ - _____ - _____

Student Name _____
Last First Middle Initial

The income you reported to us appears to be insufficient to meet basic living expenses (housing, food, etc.). Please itemize your annual expenses and resources for 2006 below. Every line should be filled in. **Report any money paid on your behalf. For example if someone pays your car payments car insurance, health insurance, rent, school expenses, etc., you must include those specific amounts below.**

<u>Expenses for Calander Year 2006</u>	<u>Total for 2006</u>	<u>Explanation of any '0's'</u>
Rent/Mortgage (add home insurance) *	\$ _____	_____
Utilities *	_____	_____
Tuition and Fees	_____	_____
Books and Supplies	_____	_____
Food (include dining out)	_____	_____
Clothing	_____	_____
Transportation (gas, repairs)	_____	_____
Car Payments (include car insurance)	_____	_____
Medical/Dental (not covered by insurance)	_____	_____
Recreation/Entertainment	_____	_____
Other (specify) _____	_____	_____

* If you lived with Parents put a zero

TOTAL EXPENSES FOR 2006	\$ _____
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<u>Resources for Calander Year 2006</u>	<u>Total for 2006</u>
Student Wages (GROSS)	\$ _____
Spouse's Wages (GROSS)	_____
Money Received or Paid on Your Behalf (from parents or others)	_____
Interest & Dividend Income	_____
AFDC / TANF	_____
Veterans' Benefits	_____
Child Support (received for all children)	_____
Social Security	_____
Disability / Worker's Compensation	_____
Unemployment Benefits	_____
Housing Allowance (clergy/military)	_____
Financial Aid	_____
Other Income (specify source)	_____

If your TOTAL EXPENSES are more than your TOTAL RESOURCES, you will need to give a detailed explanation of how you met your expenses on the back of this form.

TOTAL RESOURCES FOR 2006	\$ _____
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By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature

_____/_____/_____
Date

MAILING ADDRESS

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