



Employee Income Statement

FORM A should be completed by the employer for every earning member of the family and for each position held. Photocopy this form as needed.

Name of applicant for financial aid: _____

Name of employee: _____

Position and title: _____

Relationship to applicant: _____

Amount LL (if none, enter "0")

Basic annual salary	
Family annual allowance	
Annual transportation	
Annual accommodation	
Annual profit sharing amount from employer	
Annual bonus	
Annual commission	
Any other annual benefit, specify: _____	
Educational Benefit (each child separately including child name)	
1.	
2.	
3.	
4.	
5.	

No. of months payable: _____

Years of Service: _____

To be completed by employer:

Employer's name, title and seal: _____

Name of institution: _____ Telephone: _____

E-mail: _____

Type of institution, nature of work: _____

Employer's Name: _____ Date: _____

I certify that the amounts and information above are accurate and have been verified by me.

Employer's signature: _____ Date: _____



Self-Employed Income Statement

FORM B should be completed below and submitted with the Business Registration (سجل تجاري) and income tax statements (ضريبة الدخل). It should be completed for each self-employed member of the family.

Photocopy this form as needed.

Name of applicant for financial aid: _____

Name of Self-Employed family member: _____

Relationship to Applicant: _____

Sole Owner Partner: No. of partners: _____ Percent Share: _____

Free-Lance Other, _____
Specify

Name of Institution if applicable: _____

Registration number: _____ Date: _____

Nature of Company's/Owner's Work/Business in detail: _____

Address: _____ / _____ / _____
Area Street Bldg.

City _____ / _____ Telephone: _____
Country

E-mail: _____

Number of employees/workers: _____

Annual gross income LL: The gross income is the total revenue of the institution.

Annual net income LL: The net income is the total personal income of the self-employed family member and partners, if any, after deduction of all institution's expenses.

Name and seal: _____

Signature: _____ Date: _____