

HAIGAZIAN UNIVERSITY
FINANCIAL AID OFFICE

Form FA2
Income Statement for the Self Employed

Note: This should be completed by **each self employed member** of the family. **You may photocopy as needed.** Please attach income tax statement if applicable.

Name of financial aid applicant: -----

Name of self employed family member: -----

Relationship to applicant: -----

Sole owner Partner: No. of partners: ----- Partner Share: -----

Free- lance Other (Specify): -----

Name of Institution (if applicable): -----

Registration Number (if any): ----- Date: -----

Nature of Work /Business in detail: -----

Address: -----/-----

Area City

/----- Telephone: -----

Country

Number of employees: -----

Annual gross Income in LBP: -----

Annual expenses in LBP: -----

Annual net income in LBP: -----

Name and seal: -----

Signature: ----- Date: -----