Foreign Income Letter

This document details income received while residing in a country outside of the United States. This income could come from working in the foreign country, or other sources such as family or support from foreign state or charitable organizations. To complete this form, please provide the country of residence, the income received converted into U.S. dollars, and your signature certifying the information you entered. You may enter additional details if you feel they are pertinent:

1. **Name of person who received foreign income:**
2. **Country of Residence:**
3. **Foreign income converted into U.S. Dollars: $**

**Additional Details (optional):**

By signing below, I certify that the information being submitted is complete and accurate, to the best of my knowledge. I understand that submitting false information or omitting required or material information could result in an Investigation, which may impact my eligibility for Fee Assistance. I understand that the AAMC may require additional documentation in order to process my application. I authorize the AAMC to retain copies of my submitted documents for a period of 90 days beyond the date when an award decision has been made.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_