Housing/Food Assistance Letter

This document details income received in the form of free rent and groceries in the \_\_\_\_\_\_\_\_\_ tax year. To complete this form, please provide the source of the financial gift, the amount received in US 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 housing/food assistance:**
2. **Calculate Housing Assistance**

|  |  |
| --- | --- |
| Enter the total number of months that free rent was received |  |
| Enter the amount of money you would have paid monthly for rent | $ |
| Calculate Total Housing Assistance | (total number of months) x (money you would have paid) =  $ |

1. **Calculate Food Assistance**

|  |  |
| --- | --- |
| Enter the total number of months that free food/groceries was received |  |
| Enter the amount of money you would have paid monthly for food/groceries | $ |
| Calculate Total Food Assistance | (total number of months) x (money you would have paid) =  $ |

1. **Calculate total Housing/Food Assistance**

|  |  |  |
| --- | --- | --- |
| (Total Housing Assistance) + | (Total Food Assistance) = | $ |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_