Rafik Hariri University
جامعة رفيق الحريري

SELF-EMPLOYED INCOME STATEMENT

Name of Applicant: ..... RHU ID #: .....

Name of Self-Employed family Member: .....

Relation to Applicant: .....

Type of Business: [ ] Sole Ownership
[ ] Partnership: No. of Partners: ..... Percent share: .....
[ ] Other (specify): .....
[ ] Freelance

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

Registration No. ..... Date of Registration: .....

Company / Owner's Nature of Work (Detailed):

.....

.....

.....

.....

Address:.....

.....

Email:..... Telephone: .....

Number of Employees/Workers: .....

Monthly Gross Income (US$): .....

Monthly Net Income (US$) (Gross Income Less Institution's Expenses): .....

Signature & Seal: ..... Date: .....