

2023–2024

REQUEST CLARIFICATION OF PARENTS FINANCIAL INFORMATION

Student Name _____ ID # _____

Siblings at Calvin _____

(List name and ID number of sibling(s) attending Calvin in 2023–2024 to which this information is also to be applied.)

Please complete only the section(s) indicated in the correspondence you received:

PARENTS ASSET INFORMATION	
As of the day you filed the FAFSA, what was your parents' total current balance of cash, savings and checking accounts?	\$
As of the day you filed the FAFSA, what was the net worth (current value minus debt) of your parents' investments? Don't include the home you/they live in or retirement plans and pension funds.	\$
As of the day you filed the FAFSA, what was the net worth of your parents' current business and/or investment farms?	\$

PARENTS INCOME INFORMATION (CALENDAR YEAR 2021)	
Adjusted gross income from IRS form 1040 - line 11	\$
U.S. income tax paid from IRS form 1040 - line 22 minus Schedule 2, line 2. If negative, enter a zero here.	\$
Father's income from work (wages, salaries, tips, etc. in 2021)	\$
Mother's income from work (wages, salaries, tips, etc. in 2021)	\$

PARENTS ADDITIONAL FINANCIAL INFORMATION (CALENDAR YEAR 2021)	
a. Education credits (American Opportunity and Lifetime Learning tax credit) from IRS Form 1040 schedule 3 - line 3.	\$
b. Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household, as reported in question 69 of the FAFSA.	\$
c. Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
d. Grant and scholarship aid reported to the IRS in your adjusted gross income . Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
e. Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Don't include untaxed combat pay.	\$
f. Earnings from work under a cooperative education program offered by a college.	\$

Student Name _____ ID # _____

PARENTS UNTAXED INCOME INFORMATION (CALENDAR YEAR 2021)	
a. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S. Don't include amounts reported in code DD (employer contributions towards employee health benefits).	\$
b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS form 1040 schedule 1, total of lines 16 + 20.	\$
c. Child support received for all children. Don't include foster or adoption payments.	\$
d. Tax exempt interest income from IRS Form 1040-line 2a.	\$
e. Untaxed portions of IRA distributions and pensions from IRS Form 1040-lines (4a + 5a) minus lines (4b +5b). Exclude rollovers. If negative, enter a zero here.	\$
f. Housing, food and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$
g. Veterans noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
h. Other untaxed income not reported, such as worker's compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 schedule 1 – line 13. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$

BY SIGNING THIS WORKSHEET, WE CERTIFY ALL THE INFORMATION REPORTED IS TRUE AND ACCURATE. WE UNDERSTAND IF THIS FORM IS INCOMPLETE OR RETURNED LATE, THE STUDENT'S AID WILL BE DELAYED AND A REDUCTION IN AID COULD OCCUR. (ONE PARENT MUST SIGN THIS FORM.)

Student Signature _____ Date _____

Parent Signature _____ Date _____

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