MINIMAL INCOME STATEMENT

INDEPENDENT STUDENT

2015-2016

SECTION A — STUDENT INFORMATION

Name: ____________________________________________________________ ID # __________________________

Last         First         MI.

1. Did you (or your spouse, if married) receive AFDC/TANF (welfare), SSI (disability), or Social Security benefits in 2014?
   ☐ NO
   ☐ YES — List the name(s) of the benefit: ________________________________________________________________
         How much was received per month in 2014? __________________
         Number of months you received assistance in 2014: _______________

2. Did you (and your spouse, if married) live with a relative or someone else who provided you with free room and board in 2014?
   ☐ NO
   ☐ YES — NAME: ___________________________   RELATIONSHIP: ___________________________

3. Did you (and your spouse, if married) live in another country in 2014?
   ☐ NO
   ☐ YES — What country? ___________________________

4. Did you (and your spouse, if married) earn income in your home country in 2014?
   ☐ NO
   ☐ YES — How much? $__________________
      (Total amount for 2014 in U.S. dollars)

COMPLETE PAGE 2  ☚
**Section B — List of Expenses and Support for 2014**

You (and your spouse if married) must list your monthly expenses, your monthly amount of support, and your source of support that you (and your spouse if married) received in the 2014 calendar year. While it may be difficult to determine some of these figures, it is necessary to provide us with the most accurate information.

**PLEASE NOTE:** If your (and your spouse’s if married) monthly expenses are more than the 2014 income listed on the Free Application for Federal Student Aid (FAFSA), you (and your spouse if married) must provide an explanation in **Section C — Additional Comments.** In addition, if your income has increased in 2014 please explain how and list your total anticipated income (taxable and nontaxable income) for 2014. Attach a separate sheet if necessary. This form will be considered incomplete and returned to you for completion if the explanation is missing or does not provide enough detail.

<table>
<thead>
<tr>
<th><strong>Student Living Expenses</strong></th>
<th><strong>Expenses</strong></th>
<th><strong>Support</strong></th>
<th><strong>Who Paid This Expense?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>List the amount per month from January 1, 2014 to December 31, 2014.</td>
<td>List the amount per month from January 1, 2014 to December 31, 2014.</td>
<td></td>
</tr>
<tr>
<td>1. Housing (rent/mortgage)</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2. Child Care</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3. Utilities</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>4. Credit Card(s)</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>5. Medical/Dental</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>6. Auto (car payments, insurance, maintenance)</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>7. Other Personal Expenses</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>8. <strong>Total Monthly Expenses/Support</strong></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>9. <strong>Total Yearly Expenses/Support</strong> (Line 8 x 12 months)</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Section C — Additional Comments** *(Attach a separate sheet if necessary)*

____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

**By signing this worksheet, I certify that all the information reported is true and accurate. I understand that if this form is incomplete or returned late, my financial aid will be delayed and a reduction in aid could occur.**

Student Signature _________________________________ Date ____________

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