

2021-2022

MINIMAL INCOME STATEMENT
INDEPENDENT STUDENT

SECTION A — STUDENT INFORMATION

Name Last First MI. ID #

1. Did you (or your spouse, if married) receive AFDC/TANF (welfare), SSI (disability), or Social Security benefits in 2019?

- No
YES — List the name(s) of the benefit:

How much was received per month in 2019?
Number of months you received assistance in 2019:

2. Did you (and your spouse, if married) live with a relative or someone else who provided you with free room and board in 2019?

- No
YES — NAME: RELATIONSHIP:

3. Did you (and your spouse, if married) live in another country in 2019?

- No
YES — What country?

4. Did you (and your spouse, if married) earn income in your home country in 2019?

- No
YES — How much? \$

(Total amount for 2019 in U.S. dollars)

Student Name _____ ID# _____

SECTION B — LIST OF EXPENSES AND SUPPORT FOR 2019

You (and your spouse if married) must list your monthly expenses, your monthly amount of support, and your source of support you (and your spouse if married) received in the 2019 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 2019 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 2019 please explain how and list your total anticipated income (taxable and nontaxable income) for 2019. 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.

STUDENT LIVING EXPENSES	EXPENSES List the amount per month from Jan. 1, 2019 to Dec. 31, 2019.	SUPPORT List the amount per month from Jan. 1, 2019 to Dec. 31, 2019.	WHO PAID THIS EXPENSE?
1. Housing (rent/mortgage)	\$	\$	
2. Child Care	\$	\$	
3. Utilities	\$	\$	
4. Credit Card(s)	\$	\$	
5. Medical/Dental	\$	\$	
6. Auto (car payments, insurance, maintenance)	\$	\$	
7. Other Personal Expenses	\$	\$	
8. TOTAL MONTHLY EXPENSES/SUPPORT	\$	\$	
9. TOTAL YEARLY EXPENSES/SUPPORT (Line 8 x 12 months)	\$	\$	

SECTION C — ADDITIONAL COMMENTS (ATTACH A SEPARATE SHEET IF NECESSARY)

BY SIGNING THIS WORKSHEET, I CERTIFY ALL INFORMATION REPORTED IS TRUE AND ACCURATE. I UNDERSTAND 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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