

2021-2022

MINIMAL INCOME STATEMENT
DEPENDENT STUDENT

SECTION A — STUDENT INFORMATION

Student Name _____ ID # _____

Siblings at Calvin _____

(List name and ID number of sibling(s) attending Calvin in 2021-2022 to which this information is also to be applied.)

1. Did your parents 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 your parents live with a relative or someone else who provided them with free room and board in 2019?

- No
YES — NAME: _____ RELATIONSHIP: _____

3. Did your parents live in another country in 2019?

- No
YES — What country? _____

4. Did your parents earn income in their 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

Your parents must list their monthly expenses, their monthly amount of support, and their source of the support they received in the 2019 calendar year. While it may be difficult for them to determine some of these figures, it is necessary to provide us with the most accurate information.

PLEASE NOTE: If your parents' monthly expenses are more than the 2019 income listed on the Free Application for Federal Student Aid (FAFSA), they must provide an explanation in SECTION C — ADDITIONAL COMMENTS. In addition, if their income has increased in 2019, they must explain how and list their total anticipated income (taxable and nontaxable income) for 2019. Attach a separate sheet if necessary. This form will be considered incomplete and returned for completion if the explanation is missing or does not provide enough detail.

PARENTS 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, WE CERTIFY ALL 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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