MINIMAL INCOME STATEMENT
DEPENDENT STUDENT
2015-2016

SECTION A — STUDENT INFORMATION

Student Name: _________________________________________________________________     ID # __________________________

siblings at Calvin___________________________________________________________
(List name and ID number of sibling(s) that will be attending Calvin in 2015-16 to which this information is also to be applied.)

1. Did your parents 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 your parents live with a relative or someone else who provided them with free room and board in 2014?
   ☐ NO
   ☐ YES — NAME: ________________________     RELATIONSHIP: ________________________

3. Did your parents live in another country in 2014?
   ☐ NO
   ☐ YES — What country? __________________________

4. Did your parents earn income in their 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

Your parents must list their monthly expenses, their monthly amount of support, and their source of support that they received in the 2014 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 2014 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 2014, they must explain how and list their total anticipated income (taxable and nontaxable income) for 2014. 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.

<table>
<thead>
<tr>
<th>PARENTS LIVING EXPENSES</th>
<th>EXPENSES</th>
<th>SUPPORT</th>
<th>WHO PAID THIS EXPENSE?</th>
</tr>
</thead>
<tbody>
<tr>
<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>
<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. TOTAL MONTHLY EXPENSES/SUPPORT</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>9. TOTAL YEARLY EXPENSES/SUPPORT</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>(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, WE CERTIFY THAT ALL THE INFORMATION REPORTED IS TRUE AND ACCURATE. WE UNDERSTAND THAT 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 ______________

Office of Admissions and Financial Aid   3201 Burton St SE   Grand Rapids, MI  49546
616-526-6134   800-688-0122   Fax  616-526-6883   finaid@calvin.edu