2019-2020
MINIMAL INCOME STATEMENT
DEPENDENT STUDENT

SECTION A — STUDENT INFORMATION

Student Name: _____________________________________________  ID # ________________

Siblings at Calvin___________________________________________
(List name and ID number of sibling(s) that will be attending Calvin in 2019-2020 to which this information is also to be applied.)

1. Did your parents receive AFDC/TANF (welfare), SSI (disability), or Social Security benefits in 2017?
   ❑ NO
   ❑ YES — List the name(s) of the benefit:
         __________________________________________________________
         How much was received per month in 2017? ________________
         Number of months you received assistance in 2017: __________

2. Did your parents live with a relative or someone else who provided them with free room and board in 2017?
   ❑ NO
   ❑ YES — NAME: ___________________________ RELATIONSHIP: ______________________

3. Did your parents live in another country in 2017?
   ❑ No
   ❑ YES — What country? ______________________________

4. Did your parents earn income in their home country in 2017?
   ❑ No
   ❑ YES — How much? $__________________
SECTION B — LIST OF EXPENSES AND SUPPORT FOR 2017

Your parents must list their monthly expenses, their monthly amount of support, and their source of the support they received in the 2017 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 2017 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 2017, they must explain how and list their total anticipated income (taxable and nontaxable income) for 2017. 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></td>
<td>List the amount per month from Jan. 1, 2017 to Dec. 31, 2017</td>
<td>List the amount per month from Jan. 1, 2017 to Dec. 31, 2017</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 (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)

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____________________________________________________________________________________________________________

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 ______________

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