**MINIMAL INCOME STATEMENT**

**DEPENDENT STUDENT**

**2016-2017**

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**SECTION A — STUDENT INFORMATION**

Student Name: ________________________________________________________________  ID # __________________________

Siblings at Calvin

(List name and ID number of sibling(s) that will be attending Calvin in 2016-2017 to which this information is also to be applied.)

1. Did your parents receive AFDC/TANF (welfare), SSI (disability), or Social Security benefits in 2015?
   - ☐ NO
   - ☐ YES — List the name(s) of the benefit: ____________________________________________________________
     How much was received per month in 2015? ______________
     Number of months you received assistance in 2015: _____________

2. Did your parents live with a relative or someone else who provided them with free room and board in 2015?
   - ☐ NO
   - ☐ YES — NAME: ________________________  RELATIONSHIP: ________________________

3. Did your parents live in another country in 2015?
   - ☐ NO
   - ☐ YES — What country? ________________________

4. Did your parents earn income in their home country in 2015?
   - ☐ NO
   - ☐ YES — How much? $ ______________
     (Total amount for 2015 in U.S. dollars)

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**COMPLETE PAGE 2**
**SECTION B — LIST OF EXPENSES AND SUPPORT FOR 2015**

Your parents must list their monthly expenses, their monthly amount of support, and their source of support that they received in the 2015 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 2015 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 2015, they must explain how and list their total anticipated income (taxable and nontaxable income) for 2015. 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 List the amount per month from January 1, 2015 to December 31, 2015.</th>
<th>SUPPORT List the amount per month from January 1, 2015 to December 31, 2015.</th>
<th>WHO PAID THIS EXPENSE?</th>
</tr>
</thead>
<tbody>
<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 ______________

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