2018-2019
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 2018-2019 to which this information is also to be applied.)

1. Did your parents receive AFDC/TANF (welfare), SSI (disability), or Social Security benefits in 2016?
   □ No
   □ Yes — List the name(s) of the benefit:
   ________________________________________________________________________________
   How much was received per month in 2016? ______________
   Number of months you received assistance in 2016: _____________

2. Did your parents live with a relative or someone else who provided them with free room and board in 2016?
   □ No
   □ Yes — NAME: _________________________ RELATIONSHIP: __________________________

3. Did your parents live in another country in 2016?
   □ No
   □ Yes — What country? ______________________________

4. Did your parents earn income in their home country in 2016?
   □ No
   □ Yes — How much? $__________________
   (Total amount for 2016 in U.S. dollars)
SECTION B — LIST OF EXPENSES AND SUPPORT FOR 2016

Your parents must list their monthly expenses, their monthly amount of support, and their source of support that they received in the 2016 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 2016 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 2016, they must explain how and list their total anticipated income (taxable and nontaxable income) for 2016. 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, 2016 to Dec. 31, 2016</td>
<td>List the amount per month from Jan. 1, 2016 to Dec. 31, 2016</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. <strong>TOTAL MONTHLY EXPENSES/SUPPORT</strong></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>9. <strong>TOTAL YEARLY EXPENSES/SUPPORT</strong> (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 _____________ _