SECTION A — STUDENT INFORMATION

Name: _____________________________________________________ ID #_________________  
Last         First        MI.

1. Did you (or your spouse, if married) 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 you (and your spouse, if married) live with a relative or someone else who provided you with free room and board in 2016?  
   ❑ No  
   ❑ Yes — NAME: _______________________________ RELATIONSHIP: __________________________

3. Did you (and your spouse, if married) live in another country in 2016?  
   ❑ No  
   ❑ Yes — What country? ________________________________

4. Did you (and your spouse, if married) earn income in your home country in 2016?  
   ❑ No  
   ❑ Yes — How much? $__________________  
     (Total amount for 2016 in U.S. dollars)

COMPLETE PAGE 2
SECTION B — LIST OF EXPENSES AND SUPPORT FOR 2016

You (and your spouse if married) must list your monthly expenses, your monthly amount of support, and your source of support that you (and your spouse if married) received in the 2016 calendar year. While it may be difficult to determine some of these figures, it is necessary to provide us with the most accurate information.

PLEASE NOTE: If your (and your spouse’s if married) monthly expenses are more than the 2016 income listed on the Free Application for Federal Student Aid (FAFSA), you (and your spouse if married) must provide an explanation in SECTION C — ADDITIONAL COMMENTS. In addition, if your income has increased in 2016 please explain how and list your total anticipated income (taxable and nontaxable income) for 2016. Attach a separate sheet if necessary. This form will be considered incomplete and returned to you for completion if the explanation is missing or does not provide enough detail.

<table>
<thead>
<tr>
<th>STUDENT LIVING EXPENSES</th>
<th>EXPENSES List the amount per month from Jan. 1, 2016 to Dec. 31, 2016</th>
<th>SUPPORT List the amount per month from Jan. 1, 2016 to Dec. 31, 2016</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, I CERTIFY THAT ALL THE INFORMATION REPORTED IS TRUE AND ACCURATE. I UNDERSTAND THAT IF THIS FORM IS INCOMPLETE OR RETURNED LATE, MY FINANCIAL AID WILL BE DELAYED AND A REDUCTION IN AID COULD OCCUR.

Student Signature ____________________________ Date ______________

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