2020-2021
MINIMAL INCOME STATEMENT
DEPENDENT STUDENT

SECTION A — STUDENT INFORMATION

Student Name ___________________________________________ ID # ________________

Siblings at Calvin
__________________________________________________________
(List name and ID number of sibling(s) attending Calvin in 2020-2021 to which this information is also to be applied.)

1. Did your parents receive AFDC/TANF (welfare), SSI (disability), or Social Security benefits in 2018?
   ❑ NO
   ❑ YES — List the name(s) of the benefit:
       __________________________________________________________
       How much was received per month in 2018? _________________
       Number of months you received assistance in 2018: ____________

2. Did your parents live with a relative or someone else who provided them with free room and board in 2018?
   ❑ NO
   ❑ YES — NAME: ___________________ RELATIONSHIP: ___________________

3. Did your parents live in another country in 2018?
   ❑ NO
   ❑ YES — What country? ________________________________

4. Did your parents earn income in their home country in 2018?
   ❑ NO
   ❑ YES — How much? $________________________
       (Total amount for 2018 in U.S. dollars)
SECTION B — LIST OF EXPENSES AND SUPPORT FOR 2018

Your parents must list their monthly expenses, their monthly amount of support, and their source of the support they received in the 2018 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 2018 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 2018, they must explain how and list their total anticipated income (taxable and nontaxable income) for 2018. 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, 2018 to Dec. 31, 2018</td>
<td>List the amount per month from Jan. 1, 2018 to Dec. 31, 2018</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)

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

BY SIGNING THIS WORKSHEET, WE CERTIFY ALL INFORMATION REPORTED IS TRUE AND ACCURATE. WE UNDERSTAND 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 ____________

Financial Aid Office 3201 Burton St SE Grand Rapids, MI 49546
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