
MINIMAL INCOME STATEMENT
INDEPENDENT STUDENT
2008-2009

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 2007?

NO

YES — List the name(s) of the benefit: _____

How much was received per month in 2007? _____

Number of months you received assistance in 2007: _____

2. Did you (and your spouse, if married) live with a relative or someone else who provided you with free room and board in 2007?

NO

YES — NAME: _____ RELATIONSHIP: _____

3. Did you (and your spouse, if married) live in another country in 2007?

NO

YES — What country? _____

4. Did you (and your spouse, if married) earn income in your home country in 2007?

NO

YES — How much? \$ _____

(Total amount for 2007 in U.S. dollars)

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SECTION B — LIST OF EXPENSES AND SUPPORT FOR 2007

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 2007 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 2007 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 2008 please explain how and list your total anticipated income (taxable and nontaxable income) for 2008. 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.

STUDENT LIVING EXPENSES	EXPENSES List the amount per month from January 1, 2007 to December 31, 2007.	SUPPORT List the amount per month from January 1, 2007 to December 31, 2007.	WHO PAID THIS EXPENSE?
1. Housing (rent/mortgage)	\$	\$	
2. Child Care	\$	\$	
3. Utilities	\$	\$	
4. Credit Card(s)	\$	\$	
5. Medical/Dental	\$	\$	
6. Auto (car payments, insurance, maintenance)	\$	\$	
7. Other Personal Expenses	\$	\$	
8. TOTAL MONTHLY EXPENSES/SUPPORT	\$	\$	
9. TOTAL YEARLY EXPENSES/SUPPORT (Line 8 x 12 months)	\$	\$	

SECTION C — ADDITIONAL COMMENTS *(Attach a separate sheet if necessary)*

BY SIGNING THIS WORKSHEET, I CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR STUDENT FINANCIAL AID IS TRUE AND ACCURATE. I UNDERSTAND THAT IF THIS FORM IS INCOMPLETE, MY FINANCIAL AID WILL BE DELAYED.

Student 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 fnaid@calvin.edu