

**REQUEST CLARIFICATION OF STUDENT FINANCIAL INFORMATION**

**2010-2011**

Student Name \_\_\_\_\_ ID # \_\_\_\_\_

Please complete only the section(s) indicated in the correspondence you received:

<b>Student Asset Information</b>	
As of the day you filed the FAFSA, what was your (and spouse's) total current balance of cash, savings and checking accounts?	\$
As of the day you filed the FAFSA, what was the net worth of your (and spouse's) investments? <b>Don't include</b> the home you live in. Net worth means current value minus debt.	\$
As of the day you filed the FAFSA, what was the net worth of your (and spouse's) current businesses and/or investment farms?	\$

<b>Calendar Year 2009</b>	
<b>Student Income Information</b>	
Adjusted gross income from IRS form 1040-line 37; or 1040A-line 21; or 1040EZ-line 4	\$
U.S. income tax paid from IRS form 1040-line 56; or 1040A-line 35; or 1040EZ-line 11	\$
Student income from work (wages, salaries, tips, etc. in 2009)	\$
Spouse's income from work (wages, salaries, tips, etc. in 2009)	\$

<b>Calendar Year 2009</b>	
<b>Student Additional Financial Information</b>	
a. Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040-line 49 or 1040A-line 31.	\$
b. Child support paid because of divorce or separation or as a result of a legal requirement. <b>Don't include</b> support for children in your household, as reported in question 94 of the FAFSA.	\$
c. Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
d. Student grant and scholarships aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
e. Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Combat pay is reported on the W-2 in Box 12, Code Q.	\$
f. Earnings from work under a cooperative education program offered by a college.	\$

**COMPLETE PAGE 2**

Student Name \_\_\_\_\_ ID # \_\_\_\_\_

**Calendar Year 2009**

**Student Untaxed Income Information**

a. Payments to tax-deferred pensions and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d codes D, E, F, G, H, and S.	\$
b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS form 1040-line 28 + line 32 or 1040A-line 17.	\$
c. Child support received for all children. <b>Don't include</b> foster or adoption payments.	\$
d. Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b.	\$
e. Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$
f. Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$
g. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). <b>Don't include</b> the value of on-base military housing or the value of basic military allowance for housing.	\$
h. Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
i. Other untaxed income not reported, such as worker's compensation, disability, etc. <b>Don't include</b> student aid, earned income credit, child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
j. Money received, or paid on your behalf (e.g., bills) not reported elsewhere on this form.	\$

*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 [finaid@calvin.edu](mailto:finaid@calvin.edu)