



Office of Financial Aid • 100 East 8<sup>th</sup> Street • PO Box 9000 • Holland, MI 49422-9000  
P: 616-395-7765 • F: 616-395-7160 • finaid@hope.edu • hope.edu/financialaid

Your eligibility for financial aid is based on the Free Application for Federal Student Aid (FAFSA). We use the FAFSA process to provide an equitable and consistent review for all students. The 2022-23 FAFSA calculation considers your 2020 income as a good indicator of the financial strength of your family.

We understand that families may experience financial changes that are not reflected on the FAFSA. If your parent(s) 2022 income is expected to be significantly less than that of 2020 please complete the information listed below and provide all noted supporting documentation.

Student Name: \_\_\_\_\_ Hope College ID Number: \_\_\_\_\_

- Attach a detailed letter explaining** the circumstances affecting your family's income
- Provide** a signed copy of parents' **2020 and 2021 (when available) federal tax return with all schedules & W-2 forms**
- Provide documentation of parental income estimates**

<b>Expected 2022 Income</b>	<b>Father/Stepfather</b>	<b>Mother/Stepmother</b>	<b>Required Document(s)</b>
Gross Income from Work (include YTD and anticipated)	\$	\$	Current/Final Pay Statement
Severance Pay	\$	\$	Letter from Employer
Unemployment Benefits	\$	\$	Documentation from Agency
Pension Distributions	\$	\$	1099R or Pension Statement
Business Income	\$	\$	Quarterly Statement
Workman's Comp Benefits	\$	\$	Documentation from Agency
Taxable Social Security Benefits	\$	\$	Documentation from Agency
Untaxed Social Security Benefits (including SSI)	\$	\$	Documentation from Agency
Welfare Benefits (including TANF)	\$	\$	Documentation from Agency
Child Support Received	\$	\$	Letter from Court
Alimony	\$	\$	Letter from Court
Early Withdrawal from Retirement Funds	\$	\$	Letter outlining how funds were used
Housing/Living Allowances (paid to members of military/clergy)	\$	\$	Documentation from Agency
Non-Education Veterans Benefits	\$	\$	Documentation from Agency
Other Untaxed Income:	\$	\$	Documentation from Source

*Please notify our office if your circumstances improve. If through a later review of your documentation we find that you significantly underestimated your income, the student's aid eligibility will be adjusted the following year.*

Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_