



Office of Financial Aid • 100 East 8th Street • PO Box 9000 • Holland, MI 49422-9000

P: 616-395-7765 • F: 616-395-7160 • finaid@hope.edu • hope.edu/financialaid

The information on this form is required to process your financial aid application. Complete and return this form to the Hope College Office of Financial Aid. **Use zero to indicate you do not have any dollar amount to report.**

Student Name: _____

Hope College ID Number: _____

Household Information

List the people in your household, including:

- **yourself** and
- **your spouse** (if applicable) and
- your **children** (if applicable) **if you will provide more than half of their support** from July 1, 2017 through June 30 and
- **other household members** only if they now live with and receive more than half of their support from you **and** they will continue to receive this support through June 30, 2018.

Full names of ALL household members as defined above:	Age:	Relationship to student:	Will he/she be enrolled in a degree program at a college/university at least half-time in 2017-2018?	If enrolled in college/university, what type of program?			Name of college/university:
				Under-graduate	Graduate	Medical/ Law/ Dental	
YOU		SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOPE COLLEGE
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2015 Income Tax Information

List below your employer(s) and any income received in 2015 even if you do not receive a W-2. Enter N/A if you did not work or earn income. **Do not leave blank.** Provide copies of all W-2 statements.

Student:

Source of Income	Amount	W-2 provided
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Spouse (if applicable):

Source of Income	Amount	W-2 provided
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student/Spouse – Please select one:

I/We have filed a 2015 Federal income tax return and will provide a 2015 IRS Tax Return Transcript or a signed copy of the 2015 Federal income tax return.

I/We will not file and are not required to file a 2015 Federal income tax return

A **2015 IRS Tax Return Transcript** may be obtained through:

- Get Transcript by MAIL – Go to www.irs.gov, under the Tools heading, click "Get a tax transcript." Click "Get Transcript by MAIL." Make sure to request the "IRS Tax Return Transcript" and **NOT** the "IRS Tax Account Transcript."
- Get Transcript ONLINE – Go to www.irs.gov, under the Tools heading, click "Get a tax transcript." Click "Get Transcript ONLINE." Make sure to request the "IRS Tax Return Transcript" and **NOT** the "IRS Tax Account Transcript."
- Automated Telephone Request – 1-800-908-9946
- Paper Request Form – IRS Form 4506T-EZ or IRS Form 4506-T

2015 Untaxed Income Information

Use zero to indicate you do not have any dollar amount to report

Student/Spouse	
\$	Untaxed Social Security benefits received for all household members (including the untaxed portion of Social Security benefits reported on parents' IRS Form 1040-line 20a or 1040A-line 14a).
\$	Untaxed SSI disability benefits received for ALL household members.
\$	Welfare benefits (including TANF). Do not include food stamps or subsidized housing.
\$	Child support received for all children. Do not include foster care or adoption payments.
\$	Foreign income exclusion (IRS Form 2555-line 45; or Form 2555EZ-line 18).
\$	Housing, food and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or a military BAH.
\$	Veterans' non-education benefits such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC), &/or VA Educational Work Study allowances.
\$	Worker's compensation.
\$	Any other untaxed income or benefits. Describe source(s): _____
\$	Cash received or any money paid on your behalf and not reported elsewhere on this form (include support from family members not listed in your household, as well as distributions from 529 plans not owned by you or your custodial parents).

Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both. Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student Signature: _____

Date Signed: _____