



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

It is our understanding that your parent was recently widowed. To determine your 2017-18 eligibility for financial assistance, we need financial information of your surviving parent.

Student Name: _____

Hope College ID Number: _____

Your parent is to complete the following items using **only his/her information**, even if a joint tax return was filed.

Date you were widowed: ____/____/____ **Parent email:** _____

A. Submit a signed copy of parents' 2015 Federal Income Tax Return and copies of all W-2 forms.

B. Complete the following information:

1. HOUSEHOLD INFORMATION:

- a. Current number in household: _____
- b. Current number of household members attending college in 2017-18 _____

2. UNTAXED INCOME & BENEFITS received during 2016 *

- a. Welfare benefits (including TANF). Don't include food stamps or subsidized housing \$ _____
- b. Social Security benefits received for all household members \$ _____
- c. SSI disability benefits \$ _____
- d. Survivor benefits (e.g. life insurance, pensions, VA benefits, etc.) \$ _____
- e. Worker's compensation \$ _____
- f. Any other untaxed income or benefits. List source(s): _____ \$ _____

***DO NOT INCLUDE THE FOLLOWING UNTAXED INCOME TYPES ON THIS WORKSHEET:**

Workforce Investment Act Educational benefits, benefits from flexible spending arrangements (e.g. cafeteria plans), or combat pay if you are not a tax filer.

3. ASSET INFORMATION for Surviving Parent:

What was it worth at date you were widowed?

What was owed?

- a. Cash, savings, & checking accounts: \$ _____
- b. Investments (excluding retirement plans): \$ _____
- c. Other real estate (excluding home): \$ _____
- d. Business: Name _____ \$ _____
 - Is the business more than 50% family-owned and controlled? YES NO
 - Does the business have 100 or fewer full-time equivalent employees? YES NO
- e. Investment farm: \$ _____
 - Does your parent "materially participate in the farm's operation"? YES NO

Return this completed form to the address listed below.

Parent Signature: _____

Date Signed: _____