



It is our understanding you were widowed after filing the 2021-22 FAFSA. To determine your 2021-22 eligibility for financial assistance, we need further clarification regarding your financial information.

**Student Name:** \_\_\_\_\_

**Hope College ID Number:** \_\_\_\_\_

Complete the following items using **only your information, excluding any of your spouse's information** (even if a joint tax return was filed).

Date you were widowed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**A. Submit a signed copy of your 2019 Federal Income Tax Return and copies of all W-2 forms.**

**B. Complete the following information**

**1. HOUSEHOLD INFORMATION:**

- a. Current number in household (excluding your deceased spouse): \_\_\_\_\_
- b. Current number of your household members attending college in 2021-22 \_\_\_\_\_

**2. UNTAXED INCOME & BENEFITS expected to be received during 2020 \***

- 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. Child support you will receive during the upcoming year for all children  
Do not include foster care or adoption payments. \$ \_\_\_\_\_
- e. Survivor benefits (e.g. life insurance, pensions, VA benefits, etc.) \$ \_\_\_\_\_
- f. Worker's compensation \$ \_\_\_\_\_
- g. Any other untaxed income or benefits. List source(s): \_\_\_\_\_ \$ \_\_\_\_\_

**\*DO NOT INCLUDE THE FOLLOWING UNTAXED INCOME TYPES:**

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:**

**What is it worth today?**

**What is owed on it?**

- 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: \$ \_\_\_\_\_

Do you "materially participate in the farm's operation"?  YES  NO

**Student Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_