



Date: _____ Student ID: _____
 Last Name: _____ First Name: _____
 Phone Number: _____ Email Address: _____

Enter the value of each asset. Values reported should be the full fair market value as of the day you completed the FAFSA. **Do not leave any items blank, use '0' if an item doesn't apply.**

A. ASSETS

	STUDENT	PARENT(s) (Student Spouse)
Value of Cash, Checking and/or Savings accounts	\$ _____	\$ _____
Value of Investments (Stocks, Bonds, CD's, Investments, Trust Funds, etc.)	\$ _____	\$ _____

B. REAL ESTATE: Report any real estate you and your family own or partially own (**do not include your primary residence**)
 If you rent a part of your primary residence, report the value of the rented portion.

1 st Property Address	Total Value	Total Debt	Multi-Family?	Who is the Owner?
	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Student <input type="checkbox"/> Parent/Spouse
If this is a multi-family, list percentage that is a rental property: _____%				
2 nd Property Address	Total Value	Total Debt	Multi-Family?	Who is the Owner?
	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Student <input type="checkbox"/> Parent/Spouse
If this is a multi-family, list percentage that is a rental property: _____%				

C. BUSINESS

	STUDENT	PARENT(s) (Student Spouse)
Are you self-employed or does your family hold an interest in any business? (e.g. Sole Proprietorship, Partnership, C-Corporation, S-Corporation)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", what is your family's percent of ownership for your primary business?		
How many full time employees does your family's primary business have?		
List the total Net Value of the business. (Net Value is the total value of the business minus the total debt owed on the business.)	\$ _____	\$ _____

***IMPORTANT** - If you and/or your family have ownership of more than 1 business, please attach a separate sheet listing the names of the businesses, percent ownership of each business, and number of employees for each business.

CERTIFICATION

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a fine, a prison sentence, or both, according to Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance.

Student Signature

Date

Parent Signature (Required for Dependent Students)

Date