# 2018-19 ASSET CLARIFICATION FORM

**Student Name __________________________  Student ID __________________________**

**Instructions:** You are receiving this form because the Financial Aid Office needs to clarify the difference between the Interest/Dividend Income reported on your 2016 tax return OR because you did not report any asset information on your Free Application for Federal Student Aid (FAFSA) and are required to do so.

If you are an **Independent Student**, complete Column A below for yourself (and spouse, if applicable) - ignore Column B. If you are a **Dependent Student**, complete Columns A & B for yourself and your parent(s).

If the question does not apply to you, indicate ‘0’ - do not leave any lines blank. This form will be returned to you if it is incomplete and this will delay the processing of your financial aid.

<table>
<thead>
<tr>
<th></th>
<th>A. Student (and Spouse) &amp;/or B. Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Report the balance of cash and all savings and checking accounts as of the date student’s FAFSA was submitted.</td>
</tr>
<tr>
<td>2.</td>
<td>Report the market value of investments (including stocks, bonds, trusts, securities, uncollected portion of installment sales, certificates of deposit, money market funds, commodities, precious and strategic metals, and other investments) as of the date you initially submitted your FAFSA. Include the value of education savings accounts and prepaid tuition plans. <strong>Do not include the home value. Do not include the value of pensions or retirement plans.</strong></td>
</tr>
<tr>
<td>3.</td>
<td>Indicate the market value of rental property and other real estate (if any) and the related indebtedness on the real estate. <strong>Do not include the value of your primary residence home.</strong></td>
</tr>
<tr>
<td>4.</td>
<td>Indicate the value of any Business or Investment Farm. <strong>Do not include a family business or family farm (family controls more than 50% of the business/farm) with fewer than 100 full-time or full-time equivalent employees.</strong></td>
</tr>
</tbody>
</table>

5. **Sign Below.** I/We certify that the above information is true and correct to the best of my/our knowledge:

   **Student Signature __________________________ Date ________________**

   **If Dependent, Parent Signature __________________________ Date ________________**

   **Student Daytime Phone Number __________________________**

   **If Dependent, Parent Daytime Phone Number __________________________**

6. **Return this form** in person, by mail, fax, or email to Enrollment Services, Office of Financial Aid.