



STUDENT NAME

ID NUMBER

After evaluating the information on your FAFSA and 2016 federal tax return transcript(s), additional information is needed in order to complete your application. Please complete all sections below.

DO NOT LEAVE ANY LINE BLANK. USE ZEROS IF YOU ARE REPORTING NO VALUE

ASSET VALUE (AS OF FAFSA FILING DATE):

STUDENT & SPOUSE

PARENT (IF YOU ARE A
DEPENDENT STUDENT)

CASH, SAVINGS, AND CHECKING	\$	\$
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DO NOT LEAVE ANY LINE BLANK. USE ZEROS IF YOU ARE REPORTING NO VALUE

INVESTMENT VALUE:

STUDENT & SPOUSE

PARENT (IF YOU ARE A
DEPENDENT STUDENT)

REAL ESTATE VALUE TOTAL (VALUE MINUS DEBT) (DO NOT INCLUDE THE HOME YOU LIVE IN)	\$	\$
CDs, STOCKS, TRUST FUNDS, BONDS, UGMA AND UTMA ACCOUNTS, SECURITIES, MUTUAL FUNDS, COMMODITIES	\$	\$
529 COLLEGE SAVINGS PLANS AND COVERDELL SAVINGS ACCOUNTS	\$	\$
OTHER INVESTMENTS (DO NOT INCLUDE LIFE INSURANCE, PENSIONS, ANNUITIES, NON-EDUCATION IRA, KEOGH PLAN, 401K, 403B)	\$	\$
INVESTMENT VALUE TOTAL	\$	\$

DO NOT LEAVE ANY LINE BLANK. USE ZEROS IF YOU ARE REPORTING NO VALUE

BUSINESS VALUE (AS OF FAFSA FILING DATE):

STUDENT & SPOUSE

PARENT (IF YOU ARE A
DEPENDENT STUDENT)

BUSINESS VALUE	\$	\$
BUSINESS DEBT	\$	\$
BUSINESS NET WORTH (VALUE MINUS DEBT)	\$	\$
DO YOU OR YOUR FAMILY OWN OR CONTROL MORE THAN 50% OF THE BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE BUSINESS HAVE 100 OR FEWER FULL TIME EMPLOYEES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by the Office of Undergraduate Financial Aid, I agree to provide documentation of the information that I have given on this form. I realize that purposely giving false or misleading information on this form may result in reduced eligibility and/or repayment of aid.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE (FOR DEPENDENT STUDENTS)

DATE