



STUDENT NAME _____

ID NUMBER _____

After evaluating the information on your FAFSA and 2017 Tax Return Transcripts, additional information is needed 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	\$	\$

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

INVESTMENT VALUE AS OF FAFSA FILING DATE	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 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: 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 _____