CHAPMAN UNIVERSITY

2025-2026 INVESTMENT/ BUSINESS VALUE SUPPLEMENT

OFFICE OF UNDERGRADUATE FINANCIAL AID

STUDENT NAME _____ ID NUMBER _____

After evaluating the information on your FAFSA and 2023 Tax Return Transcripts, additional information is needed to complete your application. Please complete all sections below in both student and parent columns.

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

ASSET VALUE AS OF FAFSA FILING DATE	STUDENT	PARENT
CASH, SAVINGS, AND CHECKING	$	$
CHILD SUPPORT RECEIVED (for the prior calendar year) **ex. FAFSA completed between Jan-Dec 2025 list child support received in 2024.	$	$

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

INVESTMENT VALUE AS OF FAFSA FILING DATE	STUDENT	PARENT
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	PARENT
BUSINESS NET WORTH (VALUE MINUS DEBT)	$	$
DO YOU OR YOUR FAMILY OWN OR CONTROL MORE THAN 50% OF THE BUSINESS?	☐ YES ☐ NO	☐ YES ☐ NO

CERTIFICATION: I certify that all 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 proof 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 or loss of eligibility, repayment of aid, referral to the Chapman University Conduct Board, and/or a referral to the federal Office of the Inspector General.

STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____