2015–2016 Student/Spouse Asset Verification

Directions: Further clarification is needed to complete the verification of your 2015-2016 financial assistance application and/or submitted federal tax forms. Please complete the following request with information as of the date you signed the Free Application for Federal Student Aid (FAFSA). Indicate N/A if an item does not apply.

Cash, savings and checking accounts $ ____________

Investment(s) value $ ____________
Include 529 college savings plans (e.g. Bright Start), refund value of 529 prepaid tuition plans (e.g. College Illinois), stocks, bonds, trust funds, money market funds, mutual funds, certificates of deposit, stock options, education IRAs, and corporations and partnerships in which you have ownership. Do not include your primary residence, life insurance, pension funds, non-education IRAs, or retirement plans (401k, etc.).

Investment(s) debt $ ____________
Do not include the mortgage for your primary residence.

Other real estate value $ ____________
Include rental property, summer homes, and installment and land sale contracts. Do not include your primary residence, but do include rental portions (if the residence is an apartment building or two-flat, etc., provide the value of the rental portion).

Other real estate debt $ ____________
Do not include the mortgage for your primary residence.

Business/farm value $ ____________
If your business is not controlled 100% by you, or has more than 100 employees, include the value of the land, buildings, machinery, equipment, inventories, etc. related to the business or farm reported on your 2014 Federal 1040 form. Do not include the farm if it is your primary residence.

Business/farm debt $ ____________
Include only the debts for which the business or farm was used as collateral.

If there has been a large decrease in the value of your assets within the last year, or you are reporting an amount of debt that exceeds the value of the asset, please explain.

Certification Statement:
All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Failure to provide the requested information will result in the loss of financial aid eligibility.

Student’s Signature __________________________ Date ____________

Spouse’s Signature (if applicable) ______________ Date ____________