STUDENT ASSET VERIFICATION FORM

_______________________________________________    _____________________________
STUDENT’S NAME    STUDENT ID#

Report information as of the date initial FAFSA or CA Dream Act Application was filed. If you are divorced or separated and have jointly-owned assets, give only the portion of the assets for yourself. If assets, such as a business, are owned jointly with someone else, give only your portion of the assets.

REAL ESTATE
Do not include the home you live in. Only include rental property, vacation home, second home on property containing main home.

☐ None  ☐ I/We do own the following additional real estate:

Property #1: Address ________________________________________________________________________________
Street   City  State
Current market value: $___________________     Outstanding mortgage: $__________________

Property #2: Address ________________________________________________________________________________
Street   City  State
Current market value: $___________________     Outstanding mortgage: $__________________

NOTE: Please attach information for additional property, if needed. If your tax return reflects rental income and there is a low/zero value above, please give a brief explanation regarding the low value of your real estate. If the property was sold, please attach an explanation, indicating date of sale and disposition of proceeds. If proceeds were used to purchase new real estate, the value of this property should be reported.

____________________________________________________________________________________________________________

INVESTMENTS
Check one box below. Include information regarding stocks, bonds, trust funds, money market funds, mutual funds, etc.

☐ None
☐ Investment(s) sold on: ___________________
☐ I/We do have investments valued at: $________________

NOTE: If your tax return reflects income from investments and there is a low/zero value above, please give a brief explanation regarding the low value of your investment(s).
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California Lutheran University

Financial Aid

Student’s Last Name: ___________________________ Student ID: ___________________________

BUSINESS
Please check one box below, use the note space to clarify any information regarding business assets.

☐ None
☐ Business is considered a small business that has 100 or fewer full-time equivalent employees.
☐ Business is not considered a small business and provide the value if you were to sell minus any current outstanding debt: $___________

NOTE: If you are reporting a low/zero value, please give a brief explanation regarding the low value of your business. Remember, value should include tangible assets, such as land, buildings, equipment, inventory, etc., and the value of your customer base. If the business was sold or closed, please give details.

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

CASH, SAVINGS, AND CHECKING
Include account balances of checking/savings accounts and cash as of the date the FAFSA was filed.

Cash: $ __________
Checking Accounts: $ __________
Savings Accounts: $ __________

NOTE: If your tax return reflects interest income and there is a low/zero value above, please give a brief explanation.

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

SIGNATURE
The person signing this form certifies that all the information reported on it is complete and correct, and authorized the financial aid administrator to make any necessary FAFSA/CADAA corrections to match the information provided

WARNING: If you purposely give false or misleading information on this worksheet you may be fined, be sentenced to jail, or both.

___________________________________________ __________________________________
STUDENT SIGNATURE DATE

___________________________________________ __________________________________
SPOUSE’S SIGNATURE (OPTIONAL) DATE

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