

OFFICE OF FINANCIAL SERVICES

1401 Charlestown Road Phoenixville, PA 19460 2023-2024 Interest Dividend Verification (V-IDIV)

Student Name:	Student's ID Number:
	for financial assistance for the 2023-2024 academic year. In order to essary for you to provide clarification for the following discrepancies:
Interest/Dividend Income Verification	
a net worth of investments of	\$ and/or \$ was reported on
If the amounts you reported on the FAFSA were in	ncorrect, please list the corrected totals as of the date you filed the FAFSA.
AS OF THE DATE YOU ORIGINALLY FILED FAFSA, AMOUNT IN CASH/CHECKING/SAV	
	SA/Tax Return were correct, please explain the discrepancy below: r application for financial assistance until you submit this information.
By signing this form, I affirm that all information on thi knowledge. If requested, I agree to provide documentation	is form and any attachments are complete and accurate to the best of my on to support the information I have provided on this form. I understand use for denial, reduction, withdrawal, and/or repayment of financial aid,
Student Signature	Date
Parent Signature (If Dependent)	 Date