



2025-2026 ASSET INFORMATION FORM

STUDENT INFORMATION

Student Name: _____ Student ID: _____

Email: _____ Phone Number: _____

IMPORTANT: This form requests information from the student, spouse, and/or parent. **You may not be required to complete all fields on this form.** Dependent students should complete both the student and parent section.

Independent students should only complete the student section.

STUDENT ASSET INFORMATION

Question	Amount
As of the date you filed the FAFSA, what is your total current balance of cash, savings, and checking accounts? Don't include student financial aid.	\$ _____
As of the date you filed the FAFSA, what was the net worth of your investments, including real estate? Don't include the home you live in. Net worth means current value minus debt.	\$ _____
As of the date you filed the FAFSA, what was the net worth of your current businesses and/or investment farms? Don't include a family farm or family business with 100 or fewer full-time or full-time equivalent employees.	\$ _____

PARENT ASSET INFORMATION

Question	Amount
As of the date you filed the FAFSA, what was your parent's total current balance of cash, savings and checking accounts? Don't include student financial aid.	\$ _____
As of the date you filed the FAFSA, what was the net worth of your parent's investments, including real estate? Don't include the home you live in. Net worth means current value minus debt.	\$ _____
As of the date you filed the FAFSA, what was the net worth of your parent's current businesses and/or investment farms? Don't include a family farm or family business with 100 or fewer full-time or full-time equivalent employees.	\$ _____

SIGN AND DATE THIS FORM

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct. If you are a dependent student, **at least one parent must sign**. Typed signatures are not valid for the purpose of submitting this form. Signatures must be handwritten.

Student Signature

Date

Parent Signature (**required** for dependent students)

Date

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