

## 2017-18 Investment Information

This information is needed to determine the accuracy of your financial aid application. If there are differences between your application information and your documentation, we may need to make corrections on your Institutional Student Information Record (ISIR) and have a new ISIR processed. Please complete all sections. **Do not leave blanks.**

### A. Student Information

\_\_\_\_\_

Last Name	First Name	M.I.	Social Security Number
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### B. Investment Information

Please list the net worth of you and/or your family's investments in the appropriate section(s). Investment value includes the market value of these investments as of \_\_\_\_\_. Net worth is the investment value minus the investment debt.

Commercial and rental real estate (do not include the home you live in):

Student \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_

Trust funds and unified gift to minor act accounts:

Student \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_

Money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities:

Student \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_

Coverdell savings accounts, 529 college savings plans, refund value of 529 state prepaid tuition plans:

Student \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_

Installment, land sale contracts (including mortgages held), commodities:

Student \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_

**Note:** If investment value is \$0, please write a short explanation on reverse side.

### C. Sign this Worksheet - signatures required by investment owner(s).

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct.

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

\_\_\_\_\_  
 Student Signature Date

\_\_\_\_\_  
 Spouse (if applicable) Date

\_\_\_\_\_  
 Parent (if applicable) Parent (if applicable) Date

**D. Complete and return** this form within three weeks of receipt of this notice so that we can continue processing the student file. Failure to do so will delay processing of your financial aid application.

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
 Date Received Initials