



The College of New Rochelle

2018–2019 FA Asset Verification Form

Please provide the information as of the date you filed your 2018-2019 Free Application for Federal Student Aid (FAFSA). If you were required to provide parental information on your FAFSA you must complete both the parent and student sections. If you were married when you filed the FAFSA include you and your spouse's information. Complete and return to The College of New Rochelle Office of Student Financial Aid as soon as possible. Additional information or documentation may be requested.

NAME _____ BannerID Number _____

ADDRESS _____

HOME PHONE NUMBER _____ ALTERNATE/CELL PHONE NUMBER _____
(Including area code) (Including area code)

Net worth means current value minus debt. Enter the value as of the date you completed the FAFSA.

Student/Spouse (if married) Asset Amount <small>If the answer is zero enter "0" or "N/A"</small>	Asset Type	Parent(s) Asset Amount (dependent students) <small>If the answer is zero enter "0" or "N/A"</small>
\$	Cash, Savings and Checking Accounts <small>(Do NOT include student financial aid)</small>	\$
\$	Net worth of investment value, including real estate Trust funds, money market funds, mutual funds Certificates of deposit Stocks, stock options, bonds and other securities Qualified educational benefits or education savings accounts (529 college savings plans and the refund value of 529 prepaid tuition) Note: Do NOT include the home you live in, retirement 401(k) plans, pension funds, annuities, or non-education IRAs.	\$
\$	Net Worth of Business and/or Investment Farm Value Market value of land, buildings, machinery, equipment, inventory Note: Do NOT include the value of a small business if it has 100 or fewer full-time employees. Do NOT include the value of a family farm that you, your spouse and/or your parents live on and operate.	\$

Certification Statement and Signature

By signing below, I/we certify that the information provided is true and accurate. I/we understand that any false statement or misrepresentation may be cause for reduction and/or repayment of federal, state, or institutional financial aid. I/we agree to provide additional proof of information provided on this form if needed.

Student Signature _____ Date _____
(Required)

Parent Signature _____ Date _____
(Required for dependent students only)