

2016-2017 ASSET VERIFICATION WORKSHEET

OFFICE USE ONLY
Collection date _____
In-person (initial) _____
Fax/Email (initial) _____
Mail (initial) _____

Last name _____ First name _____ M.I. _____ CUNYfirst ID # _____

☐ **A. REAL ESTATE INVESTMENT** Your (or your parent's) 2015 taxes reflect income or loss from real estate investment(s). Complete the below information and provide a copy of your Schedule E Form AND a copy of the mortgage statement for each property listed. If you own more than 3 properties, complete an additional form. Note: If the property is located in the NYC area, utilize the following website for current market value: www.nycprop.nyc.gov

	Property A	Property B	Property C
Property address			
Type of residence	<input type="checkbox"/> One-family <input type="checkbox"/> Two-family <input type="checkbox"/> Three-family <input type="checkbox"/> Four-family <input type="checkbox"/> _____ Other	<input type="checkbox"/> One-family <input type="checkbox"/> Two-family <input type="checkbox"/> Three-family <input type="checkbox"/> Four-family <input type="checkbox"/> _____ Other	<input type="checkbox"/> One-family <input type="checkbox"/> Two-family <input type="checkbox"/> Three-family <input type="checkbox"/> Four-family <input type="checkbox"/> _____ Other
Do you or a member of your family live at this property?	<input type="checkbox"/> Yes, this is my permanent residence <input type="checkbox"/> Yes, a relative occupies one or more units at this property <input type="checkbox"/> No, we do not live at this property	<input type="checkbox"/> Yes, this is my permanent residence <input type="checkbox"/> Yes, a relative occupies one or more units at this property <input type="checkbox"/> No, we do not live at this property	<input type="checkbox"/> Yes, this is my permanent residence <input type="checkbox"/> Yes, a relative occupies one or more units at this property <input type="checkbox"/> No, we do not live at this property
If so, how many units do you and/or your family occupy?	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> _____ Other	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> _____ Other	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> _____ Other
Market Value of property	\$ _____	\$ _____	\$ _____
Property Debt (remaining mortgage owed)	\$ _____	\$ _____	\$ _____

☐ **B. PARTNERSHIP INVESTMENT** Your (or your parent's) 2015 taxes reflect income or loss from partnership investment(s). Complete the below information regarding your partnership.

Name of partnership: _____

\$ _____	—	\$ _____	=	\$ _____
Your value in the partnership		Your debt in the partnership		Net value (value minus debt)

☐ **C. SAVINGS** Your (and/or parent's) 2015 tax return transcript indicates interest income. Please indicate the total amount of cash and savings and checking accounts as of the day you submitted your FAFSA. \$ _____

☐ **D. INVESTMENTS (OTHER)** Indicate the total net worth of all other investments. Investments include trust funds, UGMA and UTNA accounts, money market funds, mutual funds, certificates of deposit, stocks, stock option, bonds other securities, installment and land sale contracts, qualified educational benefits or education savings accounts. \$ _____

☐ **E. BUSINESS AND/OR INVESTMENT FARM VALUE** If your family farm or family business employs 100 or more full-time employees, indicate the total net worth of this business/farm investment. \$ _____

CERTIFICATION & SIGNATURE I certify that all of the information reported on this worksheet is complete and correct. We understand that if we purposely give false or misleading information, we could be fined, jailed, or both.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____