



Fairfield University
Office of Financial Aid

Please email completed form to: finaid@fairfield.edu
 Or mail to: Office of Financial Aid
 1073 North Benson Road
 Fairfield, CT 06824 Fax:
 203-254-4008

Independent Student Asset Clarification Form

Student Name: _____

Fairfield ID: _____

The financial aid application you submitted contains **conflicting asset information**. The Department of Education requires the resolution of conflicting information prior to awarding federal aid. Please complete this form to help clarify. **The information provided on this form will be used to update your financial aid application(s).**

Instructions:

1. Please provide the information below **as of the date you signed** your FAFSA. **The Date You Filed The FAFSA Was:**
_____.
2. If an asset is owned by multiple parties outside of your household, only include the value of your portion.
3. Please do not leave any boxes blank. Write a "0" if the asset type does not apply.
4. Incomplete forms and/or forms without the proper documentation (if needed) will cause a delay in the processing of your financial aid application.

| STUDENT ASSET INFORMATION REQUIRED | Value |
|---|----------|
| Your total balance of cash, savings, and checking accounts as of the date you completed the FAFSA? | \$ _____ |
| Investment – Other INCLUDE: Money Market Funds, Mutual Funds, Certificates of Deposit, Stocks, Stock Options, Bonds, Educational IRA and College Saving Plans, Other Securities, and Trust Funds DO NOT INCLUDE: Life Insurance Policies or Retirement Plans | \$ _____ |

Certifications and Signatures

By signing this form, you certify the information reported is true, correct, and complete. The student and spouse, if applicable, must sign and date.

Fairfield University reserves the right to ask for any supporting documentation, such as bank and/or investment statements, if needed, to substantiate your claims.

Student Signature

Date

Spouse Signature (If Applicable)

Date