

2019-2020

Independent Student Asset Verification Form

STUDENT LAST NAME STUDENT FIRST NAME MI HOME PHONE (include area code) VALENCIA ID #

ADDRESS CITY STATE ZIP CODE

1. Please provide the information below **as of the date you signed** your Free Application for Federal Student Aid (FAFSA).
2. If you were married when you filed the FAFSA, include you and your spouse's asset information below.
3. Additional information or documentation may be requested, if necessary, to complete your file.
4. Please **DO NOT** leave any boxes blank; write "0" if the asset type does not apply. The form will not be considered complete if any items are missing or left blank.

| Asset Type | Student Assets | Spouse Assets |
|--|----------------|---------------|
| 1. Cash, Savings and Checking accounts as of the date you signed the FAFSA. | \$ | \$ |
| 2. Investments Net Worth (value minus debt) as of the date you signed the FAFSA. <ul style="list-style-type: none"> • Real Estate (do not include the home you live in) • Trust funds, money market funds and mutual funds • Certificates of deposit, stocks, stock options, bonds, other securities, education IRAs, 529 college savings plans, and refund value of 529 prepaid tuition plans • Installment and land sale contracts (including mortgages held) • DO NOT INCLUDE life insurance, retirement plans (pension funds, annuities, or non-education IRAs) | \$ | \$ |
| 3. Business and Investment Farm Net Worth (value minus debt) as of the date you signed the FAFSA. <ul style="list-style-type: none"> • Market value of land, buildings, machinery, equipment, and inventory • DO NOT INCLUDE the value of a family farm that you (your spouse and/or your parents) live on and operate • DO NOT INCLUDE the value of a small business that you (your spouse and/or your parents) own and control and that has 100 or fewer full-time or full-time equivalent employees | \$ | \$ |

CERTIFICATION STATEMENT

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked, I agree to provide proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines, and/or imprisonment in this and/or future years.

STUDENT SIGNATURE

DATE

Return completed and signed form to the Answer Center on your campus or mail to:
Office of Financial Aid Services, Valencia College, 1800 S. Kirkman Road, Orlando, FL 32811

For Staff Use Only
ASSETS