

Office of Financial Aid 500 Salisbury Street Worcester, MA 01609 Email: fa@assumption.edu

Phone: (508) 767-7158 Fax: (508) 519-1286

2021-2022 ASSET CLARIFICATION FORM - DEPENDENT STUDENT

The asset information you provided on you as of the date you filed your 2021-22 FAF		21-22	FAFSA req	uires clarification. Please c	complete this form using asset information	
PERSONAL & INVESTMENT ACCO	UNTS	5				
Value of Cash, Savings, Checking Account(s):			Investments include stocks, stock options, bonds, mutual funds, securities, certificates of deposit (CDs), money market funds, trust funds, 529 college savings plans, and Coverdell savings accounts.			
Student: \$ Parent: \$					nce the value of life insurance retirement plans	
Value of Investments:		Investments do not include primary residence, the value of life insurance, retirement plans (401K plans, pension funds, annuities, non-education IRA's, Keogh plans, etc.) or UGMA and UTMA accounts. *If you are the recipient of proceeds from a life insurance policy held by someone else, these funds need to be reported as an investment.				
Student: \$ Parent: \$						
REAL ESTATE Real estate includes a multi-family dwelling	rental	proper	ty, land, an	nd second or summer homes.	Do not include the home you live in unless it i	
Property Address:			Multi-far	nily dwelling?	Total Value: \$	
Street		_	○ Yes	○No	(minus)	
Street			O 133	O 110	Total Debt: \$	
Cha		_		ercentage that is rental	(equals)	
City State	e 2	ip	property	r:%	Net Worth: \$	
Property Address:			Multi-far	mily dwelling?	Total Value: \$	
		_	○ Yes	○No	(minus)	
Street			∪ ies	ONO	Total Debt: \$	
		_	If yes, pe	ercentage that is rental	(equals)	
City State	e Z	ip property:%		v:%	Net Worth: \$	
· · · · · · · · · · · · · · · · · · ·					equipment and inventory. The debts	
		usiness	debt include	Type:	Total Value: \$	
Name of Business/Farm:				Sole Proprietorship		
'				○ S Corporation	, ,	
Number of Employees: List the name(s) of owners/partners, relationship to				○ C Corporation	Total Debt: \$	
parent(s) and % of ownership:				Corporation	(equals)	
			_	○ Partnership		
			_	○ Farm	Net Worth: \$	
By signing this form, each person certifies	that	all the	informatio	on reported is correct and	•	
Student		Date		 Parent	Date	