

2021-2022 Asset Verification Worksheet

A. Student Information

First Name	M.I.	Last Name	Student ID # (DO NOT INCLUDE SSN)
Phone Number (include area code) or Email			Date of Birth

B. Asset Information

STUDENT SECTION:

Cash, Savings, and Checking Accounts:

(Do NOT include personal or consumer loans, the value of retirement plans, or financial aid)

<u>VALUE</u>	<u>DEBT</u>
\$ _____	N/A

MARKET VALUE

Real Estate and Investments:

Such as land, rental property, second and summer homes, current investments.

(Do NOT include your primary residence.)

\$ _____	\$ _____
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Farm/Business Investment:

What is the value of your (and spouse's) current business or investment farm.

Do not include a farm that you live on, own and operate. Do not include the value of a small business that you (and spouse) own and control and that has 100 or fewer full-time or full time equivalent employees

\$ _____	\$ _____
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PARENT SECTION:

Cash, Savings, and Checking Accounts:

(Do NOT include personal or consumer loans, the value of retirement plans, or financial aid)

<u>VALUE</u>	<u>DEBT</u>
\$ _____	N/A

MARKET VALUE

Real Estate and Investments:

Such as land, rental property, second and summer homes, current investments.

(Do NOT include your primary residence.)

\$ _____	\$ _____
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Farm/Business Investment:

What is the value of your (and spouse's) current business or investment farm.

Do not include a farm that you live on, own and operate. Do not include the value of a small business that you (and spouse) own and control and that has 100 or fewer full-time or full time equivalent employees

\$ _____	\$ _____
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C. Certification and Signature

I understand that this information will be reviewed and I may be asked to provide additional documentation or clarification pertaining to my situation stated above. By signing this form I certify under penalty of perjury, that all the information reported to qualify for federal student assistance is complete and accurate. If I give false or misleading information on this worksheet, I may be fined, be sentenced to jail, or both.

_____ Student's Signature	_____ Date
_____ Parent's Signature (Dependent Student)	_____ Date

Please contact the office of Financial Aid with any questions:

Office Hours: Monday – Thursday 8 a.m. – 6 p.m. and Friday 8 a.m. – 3 p.m.

FinancialAid@iwcc.edu | 800.432.5852 or 712.325.3277 | Fax 712.388.6803 | iwcc.edu