NORTHWEST CHRISTIAN UNIVERSITY

Wisdom · Faith · Service

2015-16 ASSET INFORMATION

The purpose of this form is to gather the following information that was left blank on your FAFSA. Without this information your FAFSA is incomplete and your aid cannot be disbursed. Please list the amounts that were valid on the date you filed the FAFSA. Do not leave anything blank, if the amount is $0, put $0.

Student Name: _____ SSN:_____

Address:_____
Street City State Zip Code

Phone/Cell: _____ Email:_____

As of the date you filed the FAFSA:	**Student**	**Parent**
What is your (and your spouse's) total current balance in cash, savings, and checking accounts?	$_____	$_____
What is the net worth of your (and your spouse's) investments, including real estate? **Include:** trust funds, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, Coverdell savings accounts, 529 college savings plans, the refund value of 529 state prepaid tuition plans, commodities, rental property, second or summer homes, installment and land sale contracts (including mortgages held). **Do Not Include:** the home you live in, the value of life insurance, retirement plans (pension funds, annuities, non-education IRAs, Keogh plans, etc.) or cash, savings, and checking accounts already reported above.	$_____	$_____
What is the net worth of your (and your spouse's) current business and/or investment farms? **Include:** the market value of land, buildings, machinery, equipment, inventory, livestock, etc. **Do not include:** the value of a small business that you own and control and that has 100 or fewer full-time or full-time equivalent employees. The value of a family farm that you live on and operate.	$_____	$_____

By signing this form, I affirm that all information on this form is complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

_____ _____ _____ _____
Student Signature Date Parent Signature (if applicable) Date

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