

**Please return this form to:**

Wilmington College 937.382.6661  
 Pyle Center Box 1184 800.341.9318 x600  
 1870 Quaker Way wilmington.edu  
 Wilmington, OH 45177 sos@wilmington.edu  
 937.383.8564 f

**2019-2020 STUDENT ASSET VERIFICATION FORM****SECTION A: STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

Your application has been selected for Verification. We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information on this form. You are being asked to provide asset information for yourself and your spouse (if married) because it was either omitted on the FAFSA or there is a discrepancy between your FAFSA and the 2017 Federal Income Tax Return information.

**PLEASE NOTE:**

- ✓ We cannot continue processing your financial aid until all required financial aid documents have been submitted.
- ✓ All required documents must be returned to our office within two weeks.
- ✓ We will update your FAFSA, if needed, based on the information provided on this form.

**SECTION B: ASSET INFORMATION**

- THE INFORMATION YOU PROVIDE ON THIS FORM SHOULD REFLECT CIRCUMSTANCES AS OF THE DATE THE FAFSA WAS SUBMITTED TO THE FEDERAL PROCESSING CENTER. DO NOT LEAVE ANY BLANKS. INDICATE "0" IF THE AMOUNT EQUALS ZERO.

STUDENT/SPOUSE'S ASSETS:	AMOUNT:
<b>CASH, SAVINGS, &amp; CHECKING</b>	\$
<b>INVESTMENT NET WORTH</b> Do not include the primary home in which you live, retirement plans or the value of life insurance.	\$
<b>BUSINESS NET WORTH</b> Do not include a small business you (or your spouse) owns and controls more than 50% of the business and the business has 100 or fewer full-time or full-time equivalent employees.	\$
<b>INVESTMENT FARM NET WORTH</b> Do not include a family farm that you live on and operate.	\$

**SECTION C: CERTIFICATION**

*By signing this form, I certify the information on the form and any attachments are accurate and complete to the best of my knowledge and that there is no forgery of signature(s). The information supplied on this form supersedes that which was provided on the FAFSA. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_