

# SETON HALL UNIVERSITY

## 2009-2010 Parent/Student Asset Verification Worksheet

You have been asked to complete this form because the asset information reported on your FAFSA is inconsistent with the certain line items on the 2008 Federal income tax return submitted to our office. Please complete the sections that have been **checked** below or indicated for your review on correspondence received under separate cover.

Student Name: \_\_\_\_\_ SHUID: \_\_\_\_\_ SS# \_\_\_\_\_  
(Please print) Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cellular Phone: (\_\_\_\_) \_\_\_\_\_

**Savings**

Your 2008 Federal tax return indicates interest income. Please clarify the total amount of cash and savings balances as of your original FAFSA filing date.

Student (and Spouse) Savings Amount: \$ \_\_\_\_\_ Parent Savings Amount: \$ \_\_\_\_\_

**Investments**

List the total market value of investments as of the FAFSA filing date. Investments 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 prepaid tuition plans, commodities, etc.

Student (and Spouse) Investment Amount: \$ \_\_\_\_\_ Parent Investment Amount: \$ \_\_\_\_\_

**Real Estate**

Is your permanent home a multi-family dwelling?  YES  NO

If yes, how many units make up the home? \_\_\_\_\_

How many units does your family occupy? \_\_\_\_\_

List the Market Value (value if sold) of your home as of the original FAFSA filing date. **Do not** use the assessed, insured or tax value. In addition, please provide the current Mortgage owed on your home.

Student (and Spouse) Market Value: \$ \_\_\_\_\_ Parent Market Value: \$ \_\_\_\_\_

Student (and Spouse) Amount Owed: \$ \_\_\_\_\_ Parent Amount Owed: \$ \_\_\_\_\_

<b>For SHU Financial Services Use Only</b>	MV (minus) AO (divided by) # total Units (times) #Units (not occupied by family) = <b>Asset Value</b> \$ _____
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**Other Real Estate**

In addition to your primary residence, your 2007 Federal income tax return reflects income or loss from other real estate or investment(s). Please provide the following information based on this property:

Student (and Spouse) Market Value: \$ \_\_\_\_\_ Parent Market Value: \$ \_\_\_\_\_

Student (and Spouse) Amount Owed: \$ \_\_\_\_\_ Parent Amount Owed: \$ \_\_\_\_\_

<b>For SHU Financial Services Use Only</b>	MV (minus) AO = <b>Asset Value</b> \$ _____
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**Business**

Do you own and control a small business that has 100 or fewer full-time or full-time equivalent employees?  **YES**  **NO**

If yes, **do not** include the value of your business.

If no, please provide the value of your business in the space below.

Please provide the total business value (fair market value if sold) and debt (amount owed) as of the original FAFSA filing date. The total business value includes equipment, inventories, machinery, building, land, etc. (items not found on the tax return).

Student (and Spouse) Business Value: \$ \_\_\_\_\_ Parent Business Value: \$ \_\_\_\_\_

Student (and Spouse) Amount Owed: \$ \_\_\_\_\_ Parent Amount Owed: \$ \_\_\_\_\_

Additionally, do you own the property and/or land associated with your business?  **YES**  **NO**

If yes, please use the "Other Real Estate" portion of this form to indicate the value of such property.

**Farm**

Please provide the total farm value and debt as of the original FAFSA filing date. **Do not** include the value of a family farm that you (your spouse and/or your parents) live on and operate.

Student (and Spouse) Farm Value: \$ \_\_\_\_\_ Parent Farm Value: \$ \_\_\_\_\_

Student (and Spouse) Amount Owed: \$ \_\_\_\_\_ Parent Amount Owed: \$ \_\_\_\_\_

**CERTIFICATION AND SIGNATURES**

I give permission to the Office of Financial Aid to verify any additional information I provide on this form. I certify that all of the information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_