

## **Dependent Asset Verification Form**

Student ID:
-------------

In order to complete your FAFSA review, we must certify your asset information. Please answer the following questions below. The date requested for both student and parent (the file date of the first FAFSA we have on file) will be provided to you in an email by your counselor.

STUDENT	
As of the date , I certify that	t my assets below were the following:
Cash, Savings, and Checking Accounts -	
Investments and Assets* -	
<b>Investment Farms and Businesses of more</b>	
than 100 employees -	
D. A. D. D. D. L. C.	
PARENT	
	t my assets below were the following:
Cash, Savings, and Checking Accounts -	
Investments and Assets* -	
Investment Farms and Businesses of more	
than 100 employees -	
*This will be the net worth of investments excluding the ho	ome vou live in, life insurance, or retirement plans. For
more information please visit: https://studentaid.gov/h	
I understand that providing false or misleading in	formation to the Office of Financial Aid can result
in the loss of financial aid, fines, jail time, or all th	ree. I certify to the best of my knowledge that this
information is accurate as submitted.	
Student Signature	Date
อเนนะกา อาฐานเนาะ	Dute
Parent Signature	Date