

## 2015-2016 PARENT ASSET WORKSHEET

Student UCM ID

Student Full Name

First Name

Last Name

M.I.

Please complete only those sections that have been requested. Use the value of your parent(s) assets as of the date you filed your original FAFSA.

**Section A - Cash, Savings and Checking:** List cash, savings & checking as of the date you filed your FAFSA.

Total Amount of Cash, Savings & Checking:

**Section B - Investments:** Include trust funds, UTMA/UGMA accounts, money market funds, mutual funds, certificates of deposit, stocks, bonds, commodities, royalties from your Schedule E, and other securities. Include the value of all qualified education accounts such as Coverdell savings accounts, 529 college savings plans and refund value of 529 prepaid tuition plans. Do not include value of life insurance and retirement plans (pension funds, annuities, non-education IRA's, etc).

Total Amount of Investments:

**Section C - Real Estate Investments:** Please list complete information for all of the real estate your parent(s) own such as (mobile homes, condos, duplexes, rental property, land, summer homes, etc.). **Do not include the home you live in.** Include an additional page if needed.

Property Address #1:

Address	City	State	Zip Code
Market Value:		Amount Owed:	

Property Address #2:

Address	City	State	Zip Code
Market Value:		Amount Owed:	

Property Address #3:

Address	City	State	Zip Code
Market Value:		Amount Owed:	

**Section D - Business/Self-Employment and/or Investment Farm:** Please state the nature of each business (product or service) and the value of each business as of the date your 2015-2016 FAFSA was completed. Include the value of the land, buildings, machinery, **equipment**, inventories, etc. Also indicate the debt on each business. Include only the percent of mortgage and related debts for which the business(es) was used as collateral. Please use an additional sheet of paper if necessary.

**Name of Business/Self-Employment and/or Investment Farm**

Address of Business/Self-Employment and/or Investment Farm:

\_\_\_\_\_

\_\_\_\_\_

Business Market Value:

\_\_\_\_\_

Business Debt (what is owed):

\_\_\_\_\_

Percentage of Ownership:

\_\_\_\_\_

Number of full-time employees (including yourself this cannot be "0"):

\_\_\_\_\_

FINANCIAL AID AND  
SCHOLARSHIPS

Student UCM ID

Student Full Name \_\_\_\_\_  
First Name Last Name M.I.

**Section E - Partnership:** Federal Schedule E of the 2014 federal tax transcript submitted to our office indicates an interest in a partnership. Please provide the following information and include a copy of the 2014 Form 1065 U.S. Partnership Return including the Schedule K-1 for each Partnership/Sub Chapter S Corporation listed on the Schedule E. If more than one partnership is listed on the income tax transcript, list additional partnership(s) on a separate page indicating all requested information.

Partnership Name: \_\_\_\_\_  
 Percentage of Ownership: \_\_\_\_\_ Number of full-time employees: \_\_\_\_\_  
 Total Market Value: \_\_\_\_\_ Total debt value: \_\_\_\_\_

If the partnership debt is greater than the values, please explain:

**Section F - S Corporation:** Federal Schedule E of the 2014 federal tax transcript submitted to our office indicates an interest in a Subchapter S Corporation. Please provide the following information and include a copy of the 2014 Form 1120 U.S. Income Tax Return for an S Corporation including the Schedules A to M and all K-1 schedules for each Corporation listed on the Schedule E.

List additional Corporation(s) on a separate page indicating all required information.

S Corporation Name: \_\_\_\_\_  
 Percentage of Ownership: \_\_\_\_\_ Number of full-time employees: \_\_\_\_\_  
 Total market value: \_\_\_\_\_ Total debt value: \_\_\_\_\_

If the S corporation debt is greater than the values, please explain:

**STUDENT & PARENT CERTIFICATION**

I hereby declare that all information reported on this document is true, complete, and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid and referral to the appropriate authorities. This document must be postmarked by June 1, 2015 to be considered for maximum eligibility of aid.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent E-mail Address \_\_\_\_\_ Parent Daytime Phone

**OFFICE USE ONLY**

Section A Value: \_\_\_\_\_ Section B Value: \_\_\_\_\_ Section C Value: \_\_\_\_\_  
 Section D Value: \_\_\_\_\_ Section E Value: \_\_\_\_\_ Section F Value: \_\_\_\_\_