



**VALENCIA COMMUNITY COLLEGE - FINANCIAL AID SERVICES
ASSET VERIFICATION FORM
2008-2009**

<u>STUDENT LAST NAME</u>	<u>STUDENT FIRST NAME</u>	<u>MI</u>	<u>PHONE NUMBER</u>	<u>SOCIAL SECURITY NUMBER</u>
<u>ADDRESS</u>			<u>CITY</u>	<u>STATE</u> <u>ZIP CODE</u>

1. Please provide the information below **as of the date you signed** your Free Application for Federal Student Aid (FAFSA).
2. If you were required to provide parental information on your FAFSA, complete both student and parent sections below.
3. If you were married when you filed the FAFSA, include you and your spouse's information below.
4. Additional information or documentation may be requested, if necessary, to complete your file.
5. Please **DO NOT** leave any boxes blank; write "0" if the asset type does not apply. If any items are missing or left blank, this form will be returned to you.

Asset Type	Student and/or Spouse Assets	Parent Assets
1. Cash, Savings and Checking accounts	\$	\$
2. Investments Net Worth (value minus debt) <ul style="list-style-type: none"> • Real Estate (do not include the home you live in) • Trust funds, money market funds and mutual funds • Certificates of deposit, stocks, stock options, bonds, other securities, education IRAs, 529 college savings plans, and refund value of 529 prepaid tuition plans • Installment and land sale contracts (including mortgages held) • DO NOT INCLUDE life insurance, retirement plans (pension funds, annuities, or noneducation IRAs) 	\$	\$
3. Business and Investment Farm Net Worth (value minus debt) <ul style="list-style-type: none"> • Market value of land, buildings, machinery, equipment, and inventory • DO NOT INCLUDE the value of a family farm that you (your spouse and/or your parents) live on and operate • DO NOT INCLUDE the value of a small business that you (your spouse and/or your parents) own and control and that has 100 or fewer full-time or full-time equivalent employees 	\$	\$

CERTIFICATION STATEMENT

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked, I agree to provide proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines, and/or imprisonment in this and/or future years.

STUDENT SIGNATURE	DATE
PARENT SIGNATURE (ONLY IF PARENT INFORMATION WAS REQUIRED ON THE FAFSA)	DATE

**Return completed and signed form to the Answer Center on your campus or mail to:
Financial Aid Services
Valencia Community College
1800 S. Kirkman Road
Orlando, FL 32811**