

RETURN TO
 School of Medicine
 Office of Financial Aid and Educational Financing
 106 Berk Hall, Building 802
 Irvine, CA 92697-4089
 (949) 824-6476

Name _____
UCI ID Number _____

2007-08 PARENT ASSET INFORMATION FORM

Use the value of the assets as of the day you filed your original FAFSA. Do not leave any items blank, fill in zero (0) if an item does not apply to your parent(s).

	What was it worth on the date you completed the FAFSA?	What is owed on it?
Cash, savings and checking accounts	\$ _____	\$ _____
Other real estate and investments (Don't include home)	\$ _____	\$ _____
Business	\$ _____	\$ _____
Number of full-time employees: Do you have controlling interest in the business?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Farm	\$ _____	\$ _____

Cash, savings and checking accounts: Include the value of cash, savings and checking accounts.

Investments value: Real estate includes rental property, land and second or summer homes, include the portions of multi-family dwellings that are not the family's principle residence. Investments include trust funds, money market funds, mutual funds, certificates of deposit, stocks, bonds and other securities, installment and land contracts (including mortgages held), commodities, precious and strategic metals.

Business value and debt: Business includes market value of land, buildings, machinery, equipment, and inventory, debts included should only be for those for which the business was used as collateral.

Farm value and debt: Include the market value of land, buildings, machinery, equipment, and inventory, debts included should be only for those for which the farm was used as collateral.

Parent Signature _____ Date _____

Parent Name (printed) _____