



Office of Financial Aid and Scholarships ▪ Indiana University South Bend ▪ P.O. Box 7111 ▪ South Bend, IN 46634-7111
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Print Student Name _____

University ID Number _____

Directions – Answer the questions as of the date you completed the FAFSA.

Definitions:

***Net Worth:** The value minus the debt. **If net worth is zero (0) or less than zero, provide an explanation of the debt on a separate sheet of paper.**

Farm Value and Farm Debt: Refers only to an investment farm. Do not include the value of a farm on which you live and materially participate/operate.

Each section must be completed, even if the answer is N/A or \$0.	STUDENT/SPOUSE	PARENT(S)
Cash, savings, and checking accounts total	\$ _____	\$ _____
Investments Value: Include real estate (exclude your home), trust funds, money market funds, mutual funds, CDs, stocks, bonds, other securities (exclude if part of your retirement plan), installment and land sale contracts (including mortgages held), UGMA and UTMA accounts, educational savings accounts, 529 plans.	Net Worth* \$ _____	Net Worth* \$ _____
Business/Farm: Is this a family owned/controlled business (more than 50% of the business is owned by persons who are directly related or are or were related by marriage)?	Yes _____ No _____	Yes _____ No _____
Does the business employ 100 or fewer full time/full time equivalent employees?	Yes _____ No _____	Yes _____ No _____
Business Value *Include the market value of land, buildings, machinery, equipment, inventory, etc. Business and/or investment farm debt means only those debts for which the business or farm was used as collateral.	Net Worth* \$ _____	Net Worth* \$ _____

PARENT(S)- REQUIRED INFORMATION

Parent’s marital status: (circle one) Single Married Separated Divorced Widowed Unmarried/living together

Marital status date _____ Your **parent(s)** state of legal residence: _____ Date established: _____

Parent 1 Full Name: _____

Parent 1 Date of Birth: _____ **Parent 1 Social Security Number:** _____

Parent 2 Full Name: _____

Parent 2 Date of Birth: _____ **Parent 2 Social Security Number:** _____

Section III: Certification

Everyone who provides information on this worksheet must sign below to certify that the information they have provided is accurate as of the date signed. Anyone purposely giving false or misleading information on this form may be fined, sentenced to jail, or both. **Only one parent/stepparent signature is required for this form.**

Student Signature

Date

Spouse or
Parent 1 or Parent 2 Signature

Date