Asset Worksheet
2019–2020 Academic Year

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Print Student Name

Student ID Number

Directions—Answer the questions as of the date you completed the FAFSA. Only provide parental information if you are considered dependent for financial aid purposes.

Definitions:
*Net Worth: The value minus the debt. Include the market value of land, buildings, machinery, equipment, inventory, etc. Debt means only those debts for which the business or farm was used as collateral.
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

<table>
<thead>
<tr>
<th>STUDENT/SPOUSE</th>
<th>PARENT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash, savings and checking account totals</td>
<td>$__________</td>
</tr>
<tr>
<td>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.</td>
<td>Net Worth*</td>
</tr>
<tr>
<td>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)?</td>
<td>Yes _____ No _____</td>
</tr>
<tr>
<td>Does the business employ 100 or fewer full time/full time equivalent employees?</td>
<td>Yes _____ No _____</td>
</tr>
<tr>
<td>Business/Farm Name: ___________________________ Type: __________________</td>
<td>Net Worth*</td>
</tr>
</tbody>
</table>

PARENT(S) INFORMATION - See directions before completing this section

Parents’ 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 - Must be signed

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 Date

Parent Signature - only if parental information was required