

NAME

OFFICE OF FINANCIAL AID

100 Saint Anselm Drive, Manchester, New Hampshire 03102-1310 • www.anselm.edu Phone: 603-641-7110 • Fax: 603-656-6015 • Financial_Aid@anselm.edu

Student ID Number

2018-2019 Asset Verification Form

Please provide the information as of the date you filed your Free Application for Federal Student Aid (FAFSA). If you were required to provide parental information on your FAFSA you must complete both the parent and student sections. If you were married when you filed the FAFSA include your and your spouse's information. Complete and return to the Office of Financial Aid as soon as possible. Additional information or documentation may be requested.

ADDRESSStreet Address	Apt.#	City	State	
	Apt.# EMAIL AD	,		Zip Code
DATE OF BIRTH	EMAIL AD	DKE22		
HOME PHONE NUMBER	_CELL PHO	NE NUMBER		
(Including area code)	(Including area code)			
Net worth means current value mi	nus debt. Enter the values as of the date yo	u completed the FAFSA	<u>:</u>	
Student/Spouse (if married) Asset Amount If the answer is zero enter "0" or "N/A."	Asset Type		Parent(s) Asset Amount (dependen students)	t
	Balance of cash, savings and checking acco	ounts		
	Net worth of investment value, including r Investments do not include the home in which your checking accounts; the value of life insurance and pension funds, annuities, noneducation IRAs, Keog multifamily property list the value of the units you do not li	r parents live; cash, savings and retirement plans (401[k] plans, gh plans, etc. If you live in a		
	Net Worth of Business and/or Investment I Market value of land, buildings, machinery, equipment, invote: Do NOT include the value of a small family-own full-time employees. Do NOT include the value of a family farm that you, your and operate.	ventory ed business if it has 100 or fewer		
Certification Statement and Signat by signing below, I/we certify that the info	ure ormation provided is true and accurate. I/we understan	d that any false statement or mi	srepresentation may be cat	ıse
or reduction and/or repayment of federal,	state, or institutional financial aid. I/we agree to provi	de additional proof of information	on provided on this form.	
tudent Signature		Date		
	(Required)			
Parent Signature		Date		
	(Required for dependent students only)			