

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

2019-2020 Asset Verification Form

Please provide the following information. 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.

NAME				
Last	First MI Student ID.		lumber	
ADDRESSStreet Address	Apt. # City		State	
	EMAIL ADDRESS			Zip Code
DATE OF BIKTH	ENITE NOVESS			
HOME PHONE NUMBER	CELL PHONE NUMBER			
NT / 1 / 1				4 4•
	inus debt. <u>Domestic students-enter the values as of the date</u> the date you completed the CSS Profile.	you com	pieted the FAFSA. II	<u>iternation</u>
			5	
Student/Spouse (if married) Asset Amount If the answer is zero enter "0" or "N/A."	Asset Type		Parent(s) Asset Amount (dependent	
			students) If the answer is zero enter "0" or "N/A."	
	Balance of cash, savings and checking accounts			
\$			\$	
	Net worth of investment value, including real estate Investments include rental property (includes a unit within your primary	ry		
	residence that is rented), trust funds, UGMA and UTMA accounts, 529 F			
	estate other than your primary residence, money market funds, mutual fu certificates of deposit, stocks, stock options, bonds, other securities, insta			
\$	and land sale contracts, commodities, etc. and land sale contracts,		\$	
	Net Worth of Business and/or Investment Farm Value			
	Market value of land, buildings, machinery, equipment, inventory			
	Circle YES or No below:			
	Do you own a family far YES NO			
\$	Do you own a small, family owned business with less than 100 employees?		\$	
	YES NO		•	
L				
Certification Statement and Signa	ture			
	formation provided is true and accurate. I/we understand that any false statem			e
for reduction and/or repayment of federal	, state, or institutional financial aid. I/we agree to provide additional proof of i	information	provided on this form.	
Student Signature		Date		
	(Actual Signature Required)			
Parent Signature		Date		
1 archi bigliature	(Actual Signature Required-Dependent Students Only)	Date		