

## **Asset Request Form Dependent Student**

Student's Name:	Student ID#	
For FAFSA verification, the student and parent(s) must compassets <b>as of the date the student completed the their FAFS</b> but is required because the student does not qualify for simple. This form must be completed in full in order for our office to	<b>SA.</b> Asset information was least ified needs analysis.	eft blank on the FAFSA
have any dollar amount to report, please enter zero. Blank o		
	STUDENT	PARENT(S)
As of the date the FAFSA was completed, what was your balance for cash, savings, and checking accounts?	total \$	\$
As of the date the FAFSA was completed, what was the nof your investments, including real estate? Net worth meaninus debt. <b>DO NOT include the home you live in.</b>		\$
As of the date the FAFSA was completed, what was the nof your business and/or investment farms? DO NOT incl family farm or family business with 100 or fewer full-full-time equivalent employers.	lude a	\$
Student Signature:	Date:	
Parent Signature:	Date:	
You may submit this form in person to the Financial Aid	d office or one of the other sub	mission options below:
Dothan CampusMail:1141 Wallace DriveDothan, AL 36303Email:finaid@wallace.eduFax:334-556-2523	Eufaula Camp Mail: Email: Fax:	P.O. Drawer 580 Eufaula, AL 36072 finaid@wallace.edu 334-687-3128