



Please return this form to:	
Wilmington College	937.382.6661
Pyle Center Box 1184	800.341.9318 x600
1870 Quaker Way	wilmington.edu
Wilmington, OH 45177	sos@wilmington.edu
	937.383.8564 f

2020-2021 STUDENT ASSET VERIFICATION FORM

SECTION A: STUDENT INFORMATION

STUDENT NAME: _____ STUDENT ID: _____

Your application has been selected for Verification. We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information on this form. You are being asked to provide asset information for yourself and your spouse (if married) because it was either omitted on the FAFSA or there is a discrepancy.

PLEASE NOTE:

- ✓ We cannot continue processing your financial aid until all required financial aid documents have been submitted.
- ✓ All required documents must be returned to our office within two weeks.
- ✓ We will update your FAFSA, if needed, based on the information provided on this form.

SECTION B: ASSET INFORMATION

- THE INFORMATION YOU PROVIDE ON THIS FORM SHOULD REFLECT CIRCUMSTANCES AS OF THE DATE THE FAFSA WAS SUBMITTED TO THE FEDERAL PROCESSING CENTER. DO NOT LEAVE ANY BLANKS. INDICATE "0" IF THE AMOUNT EQUALS ZERO.

STUDENT/SPOUSE'S ASSETS:	AMOUNT:
CASH, SAVINGS, & CHECKING	\$
INVESTMENT NET WORTH Do not include the home in which you live, retirement plans or the value of life insurance, ABLE accounts, pension funds, annuities, non-education IRAs, Keough plans, UGMA or UTMA accounts for which you are the custodian, but not the owner.	\$
BUSINESS NET WORTH Do not include a small business you (or your spouse) owns and controls more than 50% of the business and the business has 100 or fewer full-time or full-time equivalent employees.	\$
INVESTMENT FARM NET WORTH Do not include a family farm that you live on and operate.	\$

SECTION C: CERTIFICATION

By signing this form, I certify the information on the form and any attachments are accurate and complete to the best of my knowledge and that there is no forgery of signature(s). The information supplied on this form supersedes that which was provided on the FAFSA. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

STUDENT'S SIGNATURE: _____ DATE: _____