Because you, the student, changed or left some or all of the asset information blank, please complete the following asset information as of the date you applied for aid. Failure to complete this form will delay the processing of your aid.

Net Worth means current value minus debt. If net worth is one million or more, enter $999,999. If net worth is negative, enter 0.

Investments include real estate (do not include the home you live in), trust funds, UGMA and UTMA accounts, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, Coverdell savings accounts, 529 college savings plans, the refund value of 529 state prepaid tuition plans, installment and land sale contracts (including mortgages held), commodities, etc. Investment value includes the current balance or market value of these investments at the time of filing the FASFA.

Investments do not include the home you live in, the value of life insurance, retirement plans (pension funds, annuities, non-education IRAs, Keogh plans, etc.) or cash, savings, and checking accounts.

Business and/or investment farm value includes the market value of land, buildings, machinery, equipment, and inventory, etc. Business and/or investment farm debt means only those debts for which the business or investment farm (not residential) was used as collateral.

Do not include the value of a family farm that you and/or your spouse live on or operate. Do not include the value of a small business that you and/or your spouse own and that has 100 or fewer full-time or full-time equivalent employees.

LEAVE NOTHING BLANK

Round amounts to the nearest dollar

Total balance of cash, savings, and checking accounts

$________________

Net worth of current investments (investment value minus investment debt)

$________________

Net worth of current business and/or investment farms (farm value minus farm debt)

$________________

STUDENT’S SIGNATURE: __________________________ Date: ________________

SPOUSE’S SIGNATURE: __________________________ Date: ________________

IF MARRIED, SPOUSE MUST SIGN. MAIL THIS FORM TO EASTERN ILLINOIS UNIVERSITY, OFFICE OF FINANCIAL AID, 600 LINCOLN AVE, CHARLESTON, IL 61920-3099. FAX 217-581-6422.