2006-07 STUDENT ASSET VERIFICATION FORM

PLEASE PRINT OR TYPE IN BLACK INK!

STUDENT’S NAME

Last Name ________________________________________________  First Name _______________________________________

Soc. Sec.#

Because you, the student, changed or left some or all of the asset information blank, please complete the following asset information \textit{as of the date you applied for aid}. \textit{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, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, Coverdell savings accounts, college savings plans, installment and land sale contracts (including mortgages held), commodities, etc. \textit{Investment value} includes the market value of these investments as of the time of filing the FASFA.

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

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

\textbf{LEAVE NOTHING BLANK}

\textbf{Round amounts to the nearest dollar}

Total balance of cash, savings, and checking accounts

$________________

Net \textit{worth} of current investments (\textit{investment value} minus \textit{investment debt})

$________________

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

$________________

STUDENT’S SIGNATURE: ___________________________________________ Date: ____________________

SPOUSE’S SIGNATURE: ___________________________________________ Date: ____________________

\textit{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.

BLS