

University of Massachusetts Medical School 2016-2017 Asset Verification Form

Student's Name: _____ SSN: _____ Phone: _____

INSTRUCTIONS: In reviewing your application(s) for financial aid we have identified some information that needs clarification. Please complete **ONLY** the section(s) marked below. Use information accurate **as of the date you filed the Free Application for Federal Student Aid (FAFSA)**. Incomplete or illegible forms will be returned to applicant unprocessed.

CASH, SAVINGS, AND CHECKING:

- Parent(s)** Value of cash, savings, checking account(s) \$ _____
- Student/Spouse** Value of cash, savings, checking account(s) \$ _____

(Please attach documentation of the value of these assets as of the day your FAFSA was filed ex. account statements)

INVESTMENTS:

- Parent(s)** Value of investment(s) \$ _____
- Student/Spouse** Value of investment(s) \$ _____

(Please attach documentation of the value of these assets **as of the day your FAFSA was filed** ex. account statements). Investments do not include the home you live in, the value of life insurance, nor retirement plans.

INTEREST AND/OR DIVIDEND INCOME:

- Parent(s)** The interest and/or dividend income reported on your most recent tax return in the amount of \$ _____ is not consistent with the current rate of return on the corresponding value of assets reported on the FAFSA and or CSS Profile.

- Student/Spouse** The interest and/or dividend income reported on your most recent tax return in the amount of \$ _____ is not consistent with the current rate of return on the corresponding value of assets reported on the FAFSA and or CSS Profile.

(Please provide a written explanation and attach it to this form).

I certify that the information included on this form is true and accurate, and I am willing to provide additional documentation if requested.

Student's Signature

Date

Parent's Signature

Date

