

***For Official Used Only******ASSET Status:******2021-2022 Asset Independent Verification Form*****Student Name:** _____ **Stonehill ID:** _____

While reviewing your financial aid applications we found that either you or your spouse did not supply asset information or additional clarification is needed. Please complete this form in its entirety using information as of the initial filing date of your FAFSA. Please do not leave any item blank. Enter zeros or "N/A" where appropriate.

1. Assets

| | Student | Spouse |
|--|---------|--------|
| Cash and Savings | \$ | \$ |
| Trusts | \$ | \$ |
| Investments, including Stocks, Bonds, CDs, etc. (Do not include retirement savings plans such as pension plans, 401K, 403B, etc.) Do not include property | \$ | \$ |
| Educational Savings Plans (<i>indicate whether this is a UTMA or 529 Savings Plan</i>) | \$ | \$ |

2. Property Information

| Property Description | Principal Residence | Other 1* | Other 2* |
|-----------------------------|--|-----------------|-----------------|
| | <input type="checkbox"/> Rent <input type="checkbox"/> Own (check one) | | |
| Address | | | |
| Current resale value | | | |
| Balance of mortgage(s) | | | |
| Year of purchase | | | |
| Purchase price | | | |

*Other 1, 2 includes investment properties, vacation homes, time shares, land, and/or commercial properties. Please attach a separate sheet of paper to list additional properties. Business property reported on a business tax return should not be included on this grid, but should be reported in the section below.

3. Business/Farm

If there is more than 1 business, please include these details on a separate page. Include student name and ID on page.

| Name of all owners | % owned by this owner | Relationship to you | Your share of Value of Business | Your share of Debt of Business | # of FTE Employees |
|--------------------|-----------------------|---------------------|---------------------------------|--------------------------------|--------------------|
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |

Student Signature: _____ Spouse Signature: _____ Date: _____

Please return within 10 days of request in PDF format to finaid@stonehill.edu (enter Student name and Stonehill ID in subject line) or mail to Student Financial Assistance, Stonehill College, 320 Washington Street, Easton, MA 02357. Photographed documents sent via email will not be accepted. Please note that a scanner is available for use in the Stonehill College library.