



**NORTH CENTRAL
COLLEGE 1861**

North Central College
Office of Financial Aid
 30 North Brainard Street
 Naperville, IL 60540
 Phone: (630) 637-5600
 FAX: (630) 637-5608

2020-21 ASSET VERIFICATION

Student's Name: _____ SID#: _____

A review of your financial aid application has determined we must request your asset information and/or your parent(s)' asset information. **Respond only to the items which have been checked and/or highlighted; do not leave the questions blank. To provide additional explanations, use the back side of this form if necessary.** Your response is necessary to proceed with our review and decision. If you have questions regarding this request, please call our office.

Comment:

✓ **Please report the items checked below as of date FAFSA was originally filed.**

<u>Type of Asset</u>	<u>Student (and Spouse)</u>	<u>Parent(s)</u>
Cash, savings and checking accounts	<input type="checkbox"/> \$ _____ .00	<input type="checkbox"/> \$ _____ .00
Other real estate and investment net worth <i>(Do not report home value in this item)</i>	<input type="checkbox"/> \$ _____ .00	<input type="checkbox"/> \$ _____ .00
Business Net Worth <i>(Please refer to the FAFSA instructions)</i>	<input type="checkbox"/> \$ _____ .00	<input type="checkbox"/> \$ _____ .00
Farm Net Worth	<input type="checkbox"/> \$ _____ .00	<input type="checkbox"/> \$ _____ .00
If a farm is reported, do you reside on this farm?	<input type="checkbox"/> Yes ___ No ___	<input type="checkbox"/> Yes ___ No ___

I / WE CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT.

Student's Signature	Date	Father's (Stepfather's) Signature	Date
Spouse's Signature	Date	Mother's (Stepmother's) Signature	Date