



ASSET VERIFICATION FORM

Student Name: _____ Stonehill ID: _____

While reviewing your financial aid applications we found that either you/your parent(s) did not supply their 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/CSS Profile. Please do not leave any item blank. Enter zeros or "N/A" where appropriate.

Please provide all data for the parent(s) whose information was provided on the FAFSA/CSS Profile.

1. Family Assets

	Student	Parent(s)	Sibling(s)
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 here.			
Educational Savings Plans (<i>indicate whether this is a UTMA or 529 Savings Plan</i>)			

2. Custodial Parent Property Information

Housing Status (primary home in which you live) Own ____ Rent ____ Single Family Yes ____ No ____ If no, indicate # of units ____ Address: _____	Resale Value \$ _____ Purchase Price \$ _____ Year of Purchase _____	Primary Mortgage Loan Balance \$ _____ Secondary Mortgage Loan Balance \$ _____
Other Real Estate (<i>business real estate should be listed in section 3 below</i>) Address: _____	Resale Value \$ _____ Purchase Price \$ _____ Year of Purchase _____	Primary Mortgage Loan Balance \$ _____ Secondary Mortgage Loan Balance \$ _____

If additional property is owned, please provide all of the above information on a separate sheet.

3. Business/Farm

Business/farm value includes the market value of land, buildings, machinery, equipment, inventory etc. If debt is higher than value, please provide an explanation. If more than one business is owned, please provide the information below on a separate sheet.

Name of Business	Type of tax business return (Schedule C, 1120S, 1065, 1120)	Name of Owners	Relationship of each owner to yourself	% of ownership of business for this owner

Value of Business \$ _____ Debt of business \$ _____

Student Signature _____ Parent Signature _____ Date _____

Please return within 10 days of request in PDF format to finaid@stonehill.edu (enter Stonehill ID and Student ID in subject line) or mail to Student Financial Assistance, Stonehill College, 320 Washington Street, Easton, MA 02357.