2018-2019
Verification of Assets

UNC CHARLOTTE

Complete Form & Return via:
Mail: Office of Financial Aid
9201 University City Blvd., Charlotte, NC 28223
Fax: (704) 687-1461
On Campus: Niner Central, 380 Cone Center
Reminder: No SSN can be accepted via email

Please provide the information as of the date you filed your Free Application for Federal Student Aid (FAFSA). If you were required to provide parental information on your FAFSA, you must complete both the parent and student sections. If you were married when you filed the FAFSA include you and your spouse's information. Complete and return to the UNC Charlotte Office of Financial Aid as soon as possible. Additional information or documentation may be requested.

Student Name: _____ Student ID: _____
Last First

Do NOT leave any section blank. If the answer is zero, enter "0" or "N/A". If a section is left blank, the form will not be processed and financial aid will be delayed.

Student/Spouse* Asset Amount *if married	**Asset Type**	**Parent(s) Asset Amount** (dependent students)
$	**Cash, Savings and Checking Accounts**	$
$	**Investment value, including real estate :** • Trust funds, money market funds, mutual funds • Certificates of deposit • Stocks, stock options, bonds and other securities • Qualified educational benefits or education savings accounts **(529 college savings plans and the refund value of 529 prepaid tuition)** **Note**: Do NOT include the home you live in, retirement 401(k) plans, pension funds, annuities, or non-education IRAs)	$
$	**Net Worth** of Business and/or Investment Farm Value** • Market value of land, buildings, machinery, equipment, inventory **Note:** Do NOT include the value of a small business if it has 100 or fewer full-time employees. Do NOT include the value of a family farm that you, your spouse and/or your parents live on and operate.	$

**Net worth means current value minus debt. Enter the value as of the date you completed the FAFSA.

I certify that the information I have reported for federal student aid is complete and accurate. I authorize the UNC Charlotte Financial Aid Office to correct my Free Application for Federal Student Aid (FAFSA) based on the documentation submitted. I understand that additional information may be required if this form is incomplete, if documentation is missing, unclear, or insufficient, or if additional questions arise based on the information provided. **Warning: According to the U.S. Department of Education, if you purposely give false or misleading information you may be subject to a fine of up to $20,000, face imprisonment, or both.**

_____ _____
Student signature (required) Date

_____ _____
Parent signature (required for dependent students only) Date