



INSTRUCTION

- If you are using assistive technology and need assistance filling out this form, please contact the Financial Aid Office at (508) 626-4534.
- Digital signatures are not accepted. Email is not a secure method for submitting documents. Please submit this form with relevant documentation via fax (508) 626-4598, mail, or in person to Financial Aid Office.

SECTION 1: STUDENT INFORMATION

| | |
|---------------|----------|
| Student Name: | FSU ID#: |
|---------------|----------|

SECTION 2: ASSETS

Enter the value of each asset. Values reported should be the full fair market value as of the day you completed the 2023-2024 FAFSA. ***Do not leave any items blank. Use '0' if an item doesn't apply.**

| | Student/Spouse | Parent(s) |
|--|----------------|-----------|
| Cash and Savings | \$ | \$ |
| Stocks, Bonds, CD's, Investments, Trusts Funds, etc. | \$ | \$ |

SECTION 3: REAL ESTATE

Report real estate (*other than your primary residence*) you and/or your family own or partially own. If you rent part of your primary residence, report the value of the portion rented. Real estate includes rental property, land and second or summer homes

| PROPERTY ADDRESS | WHO OWNS THE PROPERTY? STUDENT/SPOUSE OR PARENT | TOTAL VALUE | TOTAL DEBT |
|------------------|---|-------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Continue to Sections 4 & 5

SECTION 4: BUSINESS

Report any business you and/or your family own or partially own. **IMPORTANT** - If you and/or your family have ownership of more than 1 business, please attach a separate sheet listing the names of the businesses, percent ownership of each business, and number of employees for each business.

1. Are you self-employed or does your family hold an interest in any business?
(e.g. Sole Proprietorship, Partnership, C-Corporation, S-Corporation)

| | | | |
|---------------------|--------------------------|----|--------------------------|
| Student/Spouse: Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Parent(s): Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

2. If "Yes", what is your family's percent of ownership for your primary business? %
3. List the total Net Value of the business. \$
(net Value is the total value of the business minus the total debt owed to the business.)

SECTION 5: CERTIFICATION

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a fine, a prison sentence, or both, according to Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance.

Student Signature: Date:

Spouse Signature: Date:

Parent Signature: Date: