

University of Massachusetts Medical School 2019-2020 Asset Verification Form

Student's Name: _____ SSN: _____ Phone: _____

INSTRUCTIONS: In reviewing your application(s) for financial aid we have identified some information that needs clarification. Use information accurate **as of the date you filed the Free Application for Federal Student Aid (FAFSA)**. Incomplete or illegible forms will be returned to applicant unprocessed.

CASH, SAVINGS, AND CHECKING:

- Parent(s)** Value of cash, savings, checking account(s) \$ _____
- Student/Spouse** Value of cash, savings, checking account(s) \$ _____

***Attach documentation of the value of these assets as of the day your FAFSA was filed. (ex. account statements).**

INVESTMENTS:

- Parent(s)** Value of investment(s) \$ _____
- Student/Spouse** Value of investment(s) \$ _____

***Attach documentation of the value of these assets as of the day your FAFSA was filed ex. account statements). Investments do not include the home you live in, the value of life insurance, nor retirement plans.**

INTEREST AND/OR DIVIDEND INCOME:

- Parent(s)** The interest and/or dividend income reported on your most recent tax return in the amount of \$ _____ is not consistent with the current rate of return on the corresponding value of assets reported on the FAFSA and or CSS Profile.
- Student/Spouse** The interest and/or dividend income reported on your most recent tax return in the amount of \$ _____ is not consistent with the current rate of return on the corresponding value of assets reported on the FAFSA and or CSS Profile.

***Provide a written explanation and attach it to this form.**

I certify that the information included on this form is true and accurate, and I am willing to provide additional documentation if requested.

Student's Signature

Date

Parent's Signature

Date