



Name \_\_\_\_\_

Empl ID \_\_\_\_\_

Date \_\_\_\_\_

**2017-2018 Statement of Student Assets (FASSAE) – for Independent Students**

Dear Student:

Your asset information must be correct as of the date you signed your original 2017-2018 Free Application for Federal Student Aid (FAFSA).

Complete all the items below. If any value or debt is zero, please write “0” in the space provided. Give an exact amount, not a range.

**As of the date** the FAFSA application was completed, my/our total assets were:

• Cash, savings and checking accounts: \$ \_\_\_\_\_  
*Do not include financial aid*

• Do you, or the spouse, own any Qualified Education Benefit plans such as Prepaid Tuition or a 529 plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES – What is the cash out (refund) value of all Qualified Education Benefit plans owned? If you are uncertain about your Florida Prepaid amount, call 1-800-552-4723. \$ \_\_\_\_\_

**Dependent students should not report accounts in their parent’s name. Independent students must report accounts owned by themselves (or their spouse).**

• Net Worth of Real estate/Investments \$ \_\_\_\_\_  
*Do not include your family home.*

• Net Worth of Business/Investment Farms: \$ \_\_\_\_\_  
*Do not include businesses with fewer than 101 employees*  
*Do not show profit or loss. Do not include family farm.*

**Net Worth is the current value minus current debt**  
**(Investment Value is the current balance/market value of investment)**  
**(Investment Debt is the debts that are related to the investment)**

Notarize, sign, date, and return this form to the Office of Financial Aid.

All information provided on this form is true and complete to the best of my/our knowledge.

**WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Spouse Signature (if applicable)*

\_\_\_\_\_  
*Date*

**Notary’s Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County of \_\_\_\_\_

The forgoing instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_ providing satisfactory evidence of identification \_\_\_\_\_,  
*(Printed name of signer)* *(Type of government-issued photo ID provided)*

**WITNESS my hand and official seal:**

\_\_\_\_\_  
*My Commission expires on (Date)*

\_\_\_\_\_  
*(Notary signature and seal)*

Florida State University’s Use of Social Security Number policy is available at  
[http://registrar.fsu.edu/bulletin/undergrad/info/university\\_notices.htm](http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm)

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