



FLORIDA STATE UNIVERSITY  
Office of Financial Aid

Name: \_\_\_\_\_

EMPLID: \_\_\_\_\_

Date: \_\_\_\_\_

## 2021–2022 Statement—Verification of Assets—Parents for Dependent Students

Dear Parent(s):

Your asset information must be correct as of the date you signed your original 2021–2022 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, the parent(s) own any Qualified Educational 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. Parents must report all accounts owned by the parent for any member of the household. They must also include accounts owned by the student. ....* \$ \_\_\_\_\_
- 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 the family farm.*

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.**

\_\_\_\_\_  
*Parent 1 Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent 2 Signature* \_\_\_\_\_  
*Date*

### NOTARY'S CERTIFICATE OF ACKNOWLEDGMENT

State of \_\_\_\_\_ City/County of \_\_\_\_\_ The forgoing instrument was  
acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
*Printed name of signer*  
providing satisfactory evidence of identification \_\_\_\_\_  
*Type of government-issued photo ID*

### 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/undergraduate/information/university\\_notices/](http://registrar.fsu.edu/bulletin/undergraduate/information/university_notices/)  
282 Champions Way | P.O. Box 3062430 | University Center A4400 | Tallahassee, FL 32306  
Phone: 850-644-0539 | Fax: 850-644-6404 | Email: OFACS@fsu.edu  
[www.financialaid.fsu.edu](http://www.financialaid.fsu.edu)