



FLORIDA STATE UNIVERSITY
Office of Financial Aid

Name: _____

EMPLID: _____

Date: _____

2023-2024 Statement—Verification of Assets—Students/Independent Spouse

Dear Student:

Your asset information must be correct as of the date you signed your original 2023-2024 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 spouse 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. 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.
- New 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.
Net worth is the current value minus current debt. (Investment value is the current balance/market value of investment, and 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 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/
282 Champions Way | P.O. Box 3062430 | University Center A4400 | Tallahassee, FL 32306
Phone: 850-644-0539 | Fax: 850-644-6404 | Email: financialaid@fsu.edu
www.financialaid.fsu.edu