

STUDENT NAME \_\_\_\_\_

ID NUMBER \_\_\_\_\_

After evaluating the information on your FAFSA and 2021 Tax Return Transcripts, additional information is needed to complete your application. Please complete all sections below in both student and parent columns.

**DO NOT LEAVE ANY LINE BLANK. USE ZEROS IF YOU ARE REPORTING NO VALUE.**

ASSET VALUE AS OF FAFSA FILING DATE	STUDENT	PARENT
CASH, SAVINGS, AND CHECKING	\$ _____	\$ _____

**DO NOT LEAVE ANY LINE BLANK. USE ZEROS IF YOU ARE REPORTING NO VALUE.**

INVESTMENT VALUE AS OF FAFSA FILING DATE	STUDENT	PARENT
REAL ESTATE VALUE TOTAL (VALUE MINUS DEBT) (DO NOT INCLUDE THE HOME YOU LIVE IN)	\$ _____	\$ _____
CDs, STOCKS, TRUST FUNDS, BONDS, UGMA AND UTMA ACCOUNTS, SECURITIES, MUTUAL FUNDS, COMMODITIES	\$ _____	\$ _____
529 COLLEGE SAVINGS PLANS AND COVERDELL SAVINGS ACCOUNTS	\$ _____	\$ _____
OTHER INVESTMENTS (DO NOT INCLUDE LIFE INSURANCE, PENSIONS, ANNUITIES, NON-EDUCATION IRA, KEOGH PLAN, 401K, 403B)	\$ _____	\$ _____
<b>INVESTMENT VALUE TOTAL</b>	\$ _____	\$ _____

**DO NOT LEAVE ANY LINE BLANK. USE ZEROS IF YOU ARE REPORTING NO VALUE.**

BUSINESS VALUE AS OF FAFSA FILING DATE	STUDENT	PARENT
BUSINESS NET WORTH (VALUE MINUS DEBT)	\$ _____	\$ _____
DO YOU OR YOUR FAMILY OWN OR CONTROL MORE THAN 50% OF THE BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE BUSINESS HAVE 100 OR MORE FULL TIME EMPLOYEES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**CERTIFICATION:** I certify that all the information on this form is true and complete to the best of my knowledge. If asked by the Office of Undergraduate Financial Aid, I agree to provide proof of the information that I have given on this form. I realize that purposely giving false or misleading information on this form may result in reduced or loss of eligibility, repayment of aid, referral to the Chapman University Conduct Board, and/or a referral to the federal Office of the Inspector General.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_