

PHONE: 630-637-5600 EMAIL: FINAID@NOCTRL.EDU

## 2025-26 ASSET VERIFICATION

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

Student ID:\_\_\_\_\_

A review of your financial aid application has determined we must request your asset information and/or your parent(s)' asset information. **Respond only to the items that have been checked and/or highlighted; do not leave the questions blank. To provide additional explanations, use the backside of this form if necessary.** Your response is necessary to proceed with our review and decision. If you have questions regarding this request, please call our office.

Comment

## Please report the items <u>checked</u> below as of the date your FAFSA was originally filed.

Type of Asset	S	tudent (and Spouse)	Parent(s)
Cash, savings and checking accounts		\$00	\$00
Other real estate and investment net worth (Do not report home value in this item)		\$00	\$00
Business Net Worth (Please refer to the FAFSA instructions)		\$00	\$00
Farm Net Worth		\$00	\$00

I/We certify that the above information to be true and correct.

Student Signature

Date

Parent Signature

Date