



Office of Financial Aid
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2019-2020 FAFSA Verification Independent Student - Verification of Assets

Student Name: _____ Student SCC ID: _____

Our office has received conflicting information concerning your assets, or the Student Asset Section on your Free Application for Federal Student Aid (FAFSA) was incomplete. **Please complete each item below. Sign, date and return this form to the Office of Financial Aid at Southeast Community College. Due to data security guidelines, all forms submitted to our office must be brought in person, faxed, or mailed through the U.S. Postal Service. We cannot accept emailed forms.**

Reminders:

1. Enter "0" when appropriate.
2. "Asset Market Value" is the value of the asset if it was sold or cashed in today, **not** the amount it was worth when you acquired it.
3. "Debt on Asset" is the amount **still owed** on the asset, or the amount of debt where the asset was **used as collateral**.
4. The home in which you reside **should not be included** on this form if it is your family's principle place of residence.

Asset Type	Market Value of Asset	Debt on Asset
Amount of total Cash, Savings, & Checking Accounts as of the day you originally filed the FAFSA.		
Investments: Include real estate (except the home you live in), trust funds, UGMA & UTMA accounts, money market funds, mutual funds, certificates of deposit (CD's), stocks, stock options, bonds, other securities, Coverdell savings accounts, 529 college savings plans, the refund value of 529 state prepaid tuition plans, installment and land sale contracts (including mortgages held), commodities, etc. Investments <i>do not include</i> the value of life insurance, retirement plans (pension funds, annuities, non-education IRAs, Keogh plans, etc.).		
Business Value: This is the "market value of land, buildings, machinery, equipment, inventory, etc." Business <i>debt</i> is "only those debts for which the business was used as collateral." Do not include the value of a small business that you or your spouse own and control and that has 100 or fewer full-time employees.		

By signing this form, I acknowledge the following:

I certify all of the information reported to qualify for Federal/State student aid is complete and correct. If asked by an authorized official, I agree to provide proof of the information I have given on the form. *Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.*

Signature is required of the student whose information has been reported on this form.

Student Signature _____ Date _____