

Financial Aid Office 1555 S Raisinville Rd Monroe, MI 48161 Tel: (734) 384-4135

2025-2026 ASSET FORM

Last Name	First Name			St	Student ID # Zip Code	
Address (include apt.	#) City State			Zi		
Phone Number		E-mail Addres	SS	Da	ate of Birth	
As part of t	he verification pro	ocess, please complete	e and submit this form re	garding you	r assets.	
Student (and Spouse) Asset Information	The purpose of collecting asset information is to determine whether your family's assets are substantial enough to support a contribution toward your cost of attendance.				Parent Asset Information (for Dependent students ONLY)	
\$	As of the date you filed the 2025-2026 FAFSA, what was your total balance of cash, savings, and checking accounts?			\$		
	As of the date you filed the 2025-2026 FAFSA, what is the net worth of your (and spouse's) investments?					
\$	trust funds, UGN certificates of dep 529 college saving	1A and UTMA accounts posit, stocks, bonds, othe gs plans. Do not include	clude the family home), rent, money market funds, mur securities, Coverdell saving the value of life insurance, ational IRAs, Keogh plans.	stual funds,	\$	
	spouse's) current	business and/or investm				
\$	machinery, equipoinclude the net v	ment, inventory, etc. Do worth of a family farm	rrent market value of land not include your primary ho or family owned and conti ll-time equivalent employee	me. Do not olled small	\$	
Each person signing th	nis form certifies th	nat all the information	reported on it is complet	e and corre	ct.	
Student's Signature			Date			
Parent's Signature (FOR DEPENDENT STUDENTS ONLY)				Date		