

Fairfield University Office of Financial Aid 2025–2026 Independent Student Asset Clarification Form

Instructions: The financial aid applications you submitted contain conflicting asset information. The Department of Education requires the resolution of conflicting information prior to awarding aid. Please complete this form in its entirety. <u>Do not leave sections blank</u>. Instead, please write a "0" or "N/A" if an asset type does not apply to you. If an asset is owned by multiple parties outside of your household, only include the value and debt of your portion. Complete the following information about your family's assets as of the date you filed the Free Application for Federal Student Aid (FAFSA).

Student Name:				
Fairfield ID Number:	Date FAFSA Completed:			
Family Assets D	Do not leave blanks. Enter "N/A" or zeros where appropriate.			
	Student	Spouse (if applicable)		
Cash, Checking, and Savings \$		\$		
Trusts \$	<u>.</u>	\$		
Investments, which include stocks, CDs, mutual funds, money market accounts, bonds, 529 plans etc. Do not include retirement funds. Include other real estate properties separately below.	<u>.</u>	\$		
	o not leave blanks. Enter "N/A" or zeros where appro	ppriate.		
Housing Status: Own Rent Live With Others Primary Residence Address:	Fair Market Value of Primary Residence:	Debt of Primary Residence: \$ (include all mortgage balances and home		
	Year Purchased: *Complete only if you own your primary residence	equity line of credits) *Complete only if you own your primary residence		
Other Real Estate Properties *Include only the student's and/or student's spouse percentage of ownership	Total Market Value of <u>ALL</u> Other Real Estate Properties \$ *Please add up all of the values of other real estate properties to get the total value	Total Debt of <u>ALL</u> Other Real Estate Properties \$ *Please add up all debts of other real estate properties to get the total debt		

To calculate the current value of your real estate, we subtract the debt owed on the other real estate properties form the market value of the properties as of the date of the FAFSA. To calculate the market value we use the College Board Housing Multiplier Table or <u>www.zillow.com</u>.

Business/Farm Value	Do not leave blanks. Enter "N/A" or zeros where appropriate.		
	Student and Student Spouse, if applicable	1	
Business/Farm – please check all that apply			
Schedule C	Total Market Value of <u>ALL</u> Businesses	Total Debt of <u>ALL</u> Businesses	
Partnership	ć	ć	
S Corporation	ې	(include all debt owed on any property	
C Corporation	*Please add up all of the values of each business to get the total value	*Please add up all of the debts of each business to get the total debt	
Farm	*Any size business must be included	*Any size business must be included	
*Include only the family's percentage of ownership			

To calculate the current value of your business(es), we subtract the debt owed on the business as of the date of the FAFSA form the market value of the business as of the date of the FAFSA. Please include ALL businesses, *regardless of size*. All businesses MUST be included on the FAFSA and CSS Profile.

Child Support Received/Paid

Do not leave blanks. Enter "N/A" or zeros where appropriate.

The FAFSA asks for the child support received/paid amount for the prior completed tax year at the time of the FAFSA completion (example: if you complete the FAFSA in 2025, you would indicate 2024 child support amounts). The CSS Profile asks for the child support received or paid in 2023.

Check here if the student and/or student spouse <u>RECEIVED</u> child support in the tax year 2023 or 2024 (proceed to **PART ONE**)

Check here if the student and/or student spouse <u>PAID</u> child support in the tax year 2023 or 2024 (proceed to <u>PART TWO</u>)

Check here if the student and/or student spouse both received and paid child support in 2023 or 2024. Please complete **BOTH PARTS**.

PART ONE – IF THE STUDENT AND/OR STUDENT SPOUSE RECEIVED CHILD SUPPORT:

List below the names of the persons who received child support, the names of the persons who paid child support, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2023 and 2024 for each child. Please list all children on separate lines.

Name of person who received child support	Name of person who <u>paid</u> child support	Name of child for whom support was <u>paid</u>	Amount of child support received for this child in 2023	Amount of child support received for this child in 2024

PART TWO – IF THE STUDENT AND/OR STUDENT SPOUSE PAID CHILD SUPPORT:

List below the names of the persons who **paid child support**, the names of the persons **who received child support**, the names of the children for whom the child support was **paid**, and the total annual amount of child support that was **paid** in 2023 and 2024 for each child. Please list all children on separate lines.

Name of person who paid child support	Name of person who <u>received</u> child support	Name of child for whom support was <u>paid</u>	Amount of child support paid for this child in 2023	Amount of child support paid for this child in 2024

NOTE: If we have reason to believe that the information regarding child support received or paid is not accurate, we may require additional information.

If more space is needed for either section, please provide a separate page that includes the student's name and ID number at the top.

Certifications

By signing this form, you certify the information reported is true, correct, and complete. The student and one parent whose information was reported on the FAFSA must sign and date. WARNING: Per Federal regulation, if false or misleading information is purposely provided on this worksheet, you may be fined, sentenced to prison, or both. PLEASE DO NOT SIGN THIS FORM ELECTRONICALLY/DIGITALLY

Fairfield University reserves the right to ask for any supporting documentation, such as bank and/or investment statements, if needed, to substantiate your claims.

Student's Signature:	Date:

Spouse's Signature: ____

____ Date: ___

Please upload this form to the student's Net Partner account, or email this form to <u>finaid@fairfield.edu</u>. Alternatively, you may send this to our fax number: 203-254-4008, or by mail: Office of Financial Aid, 1073 North Benson Rd, Fairfield, CT, 06824