



Fairfield University
Office of Financial Aid

Please email completed form to: finaid@fairfield.edu
 Or mail to: Office of Financial Aid
 1073 North Benson Road
 Fairfield, CT 06824
 Fax: 203-254-4008

Dependent Student Asset Clarification Form

Student Name: _____

Fairfield ID: _____

The financial aid application you submitted contains **conflicting asset information**. The Department of Education requires the resolution of conflicting information prior to awarding federal aid. Please complete this form to help clarify. **The information provided on this form will be used to update your financial aid application(s).**

Instructions:

1. Please provide the information below **as of the date you signed** your FAFSA. **The Date You Filed The FAFSA Was:** _____.
2. If an asset is owned by multiple parties outside of your household, only include the value of your portion.
3. Please do not leave any boxes blank. Write a “0” if the asset type does not apply.
4. Incomplete forms and/or forms without the proper documentation will cause a delay in the processing of your son/daughter’s financial aid application.
5. Within 30 days of the receipt of this request, please submit this completed form with all supporting documentation.
 - a. Supporting documentation can include: Schedule B of your Federal Tax Return used to complete the application.

PARENT ASSET INFORMATION REQUIRED	Value
<p>Parent’s total balance of cash, savings, and checking accounts as of the date you completed the FAFSA?</p> <p>(Submit copies of all bank statements, with balances, to support your claim.)</p>	\$ _____
<p>Investment – Other INCLUDE: Money Market Funds, Mutual Funds, Certificates of Deposit, Stocks, Stock Options, Bonds, Educational IRA and College Saving Plans, Other Securities, and Trust Funds</p> <p>(Submit copies of all investment account(s), with balances, to support your claim.)</p> <p>DO NOT INCLUDE: Life Insurance Policies or Retirement Plans</p>	\$ _____

Dependent Student Asset Clarification Form *(continued)*

STUDENT ASSET INFORMATION REQUIRED	Value
Your total balance of cash, savings, and checking accounts as of the date you completed the FAFSA? <small>(Submit copies of all bank statements, with balances, to support your claim.)</small>	\$ _____
Investment – Other INCLUDE: Money Market Funds, Mutual Funds, Certificates of Deposit, Stocks, Stock Options, Bonds, Educational IRA and College Saving Plans, Other Securities, and Trust Funds <small>(Submit copies of all investment account(s), with balances, to support your claim.)</small> DO NOT INCLUDE: Life Insurance Policies or Retirement Plans	\$ _____

Certifications and Signatures

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.

Student's Name (print) and Signature

Date

Parent's Name (print) and Signature

Date