BLUEFIELD COLLEGE

Student ID number

2017-2018 Financial Aid Asset- Verification Form

Please provide the information as of the date you filed your Free Application for Federal Student Aid (FAFSA). If you were required to provide parental information on your FAFSA you must complete both the parent and student sections. If you were married when you filed the FAFSA, include you and your spouse's information. Complete and return to the Bluefield College BC Central Office as soon as possible. Additional information or documentation may be requested.

Name_____
Last First Middle

Address_____
Street Address Apt. # City State Zip Code

Date of Birth _____ Email Address_____

Primary Phone Number _____ Alternate Phone Number _____

Net worth means current value minus debt. Enter the value as of the date your completed the FAFSA.

Student/Spouse (if married) Asset Amount If the answer is zero enter "0" or "N/A."	**Asset Type**	**Parent(s) Asset Amount (dependent students) If the answer is zero enter "0" or "N/A."**
$	**Cash, Savings and Checking Accounts**	$
$	**Net worth of investment value, including real estate** Trust funds, money market funds, mutual funds Certificates of deposit Stocks, stock options, bonds and other securities Qualified educational benefits or education savings accounts (529 college savings plans and the refund value of 529 prepaid tuition) **Note:** Do NOT include the home you live in, retirement 401(k) plans, pension funds, annuities, or non-education IRAs.	$
$	**Net Worth of Business and/or Investment Farm Value** Market value of land, buildings, machinery, equipment, inventory **Note:** Do NOT include the value of a small business if it has 100 or fewer full-time employees. Do NOT include the value of a family farm that you, your spouse and/or your parents live on and operate.	$

Certification Statement and Signature

By signing below, I/we certify that the information provided is true and accurate. I/we understand that any false statement or misrepresentation may be cause for reduction and/or repayment of federal, state, or institutional financial aid. I/we agree to provide additional proof of information on this form.

Student Signature _____ Date _____

Spouse/Parent Signature _____ Date _____

Bluefield College Financial Aid Office, 3000 College Avenue, Bluefield, VA 24605
Phone: (276) 326-4215
Fax: (276) 326-4356