



Office of Financial Aid  
601 South Church Street  
Winston-Salem, North Carolina 27101  
336/721-2808 Fax: 336/917-5584

**2019-2020 CLARIFICATION OF ASSET VALUE – DEPENDENT STUDENT**

Student Name \_\_\_\_\_  
Last First MI  
Student ID \_\_\_\_\_ Student SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

The information you submitted on your FAFSA regarding assets was either incomplete or potentially incorrect. We need the following asset information for the student and parents. This must be completed and submitted even if the answer is zero. Asset information should be reported to our office in the amounts that were correct *as of the day the original FAFSA was completed.*

**STUDENT INFORMATION**

Cash, Savings and Checking \$ \_\_\_\_\_  
NET Worth of Investments \$ \_\_\_\_\_  
NET Worth of Business/Farm \$ \_\_\_\_\_

**PARENT INFORMATION**

Cash, Savings and Checking \$ \_\_\_\_\_  
NET Worth of Investments \$ \_\_\_\_\_  
NET Worth of Business/Farm \$ \_\_\_\_\_

**By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. At least one parent must sign.**

\_\_\_\_\_  
Student Signature Date  
\_\_\_\_\_  
Parent Signature Date