



Office of Financial Aid and Scholarships ▪ Indiana University South Bend ▪ P.O. Box 7111 ▪ South Bend, IN 46634-7111
Phone: (574) 520-4357 Fax: (574) 520-5561 Email: sbfinaid@iu.edu Website: financialaid.iusb.edu
Securely upload required documents/forms: go.iu.edu/FAsecure

Print Student Name _____

Student ID Number _____

Directions—Answer ALL the questions as of the date you completed the FAFSA unless otherwise stated. Complete all sections. Only provide parental information if you are considered dependent for financial aid purposes.

<i>Each section must be completed, even if the answer is N/A or \$0</i>	STUDENT/SPOUSE	PARENT(S)
Cash, savings, checking account totals.	\$ _____	\$ _____
Child Support received in the last complete calendar year	\$ _____	\$ _____
Investments Value: Include real estate (exclude your home), rental property, trust funds, money market funds, mutual funds, CDs, stocks, bonds, other securities (exclude if part of your retirement plan), installment and land sale contracts (including mortgages held), tax shelters, accounts designated for the student’s benefit: UGMA and UTMA accounts, educational savings accounts, 529 plans.	Net Worth* \$ _____	Net Worth* \$ _____
The net worth of any business and/or farm must be included as an asset. If business and/or farm has been sold, list date: _____ Business/Farm Name: _____ Type: _____	Net Worth* \$ _____	Net Worth* \$ _____

*** Definitions:**

Net Worth: The value minus the debt. Include the market value of land, buildings, machinery, equipment, inventory, etc. **Debt** means only those debts for which the business or farm was used as collateral.

Farm Value and Farm Debt: Include the value of the land, equipment, and any livestock. Do not include the value of a **home** on the farm *if it is your primary residence*.

PARENT(S) INFORMATION - See directions before completing this section

Parents’ marital status: (check one) Single Married Separated Widowed Unmarried/living together

Divorced Marital status date _____ Your **parent(s)** state of legal _____ Date established: _____

residence: **Parent 1 Full Name:** _____

Parent 1 Date of Birth: _____ **Parent 1 Social Security Number:** _____

Parent 2 Full Name: _____

Parent 2 Date of Birth: _____ **Parent 2 Social Security Number:** _____

Section III: Certification - Must be signed

Everyone who provides information on this worksheet must sign below to certify that the information they have provided is accurate as of the date signed. Anyone purposely giving false or misleading information on this form may be fined, sentenced to jail, or both. **Only one parent/stepparent signature is required for this form. Students may securely upload documents at go.iu.edu/FAsecure.**

Student Signature _____ Date _____

Spouse or _____ Date _____
Parent Signature - only if parental information was required