



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@iusb.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. 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 and checking account totals	\$ _____	\$ _____
Investments Value: Include real estate (exclude your home), 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), UGMA and UTMA accounts, educational savings accounts, 529 plans.	Net Worth* \$ _____	Net Worth* \$ _____
Is this a family owned/controlled business (more than 50% of the business is owned by persons who are directly related or are or were related by marriage)?	Yes ____ No ____	Yes ____ No ____
Does the business employ 100 or fewer full time/full time equivalent employees?	Yes ____ No ____	Yes ____ No ____
If business sold, list date: _____	Net Worth* \$ _____	Net Worth* \$ _____
Business/Farm Name: _____ Type: _____		

*** 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: Refers only to an investment farm. Do not include the value of a farm on which you live and materially participate/operate.

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

Parents' marital status: (circle one) Single Married Separated Divorced Widowed Unmarried/living together

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

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