

STUDENT NAME _____

BRANDMAN ID NUMBER _____

After evaluating the information on your FAFSA and 2010 federal tax return(s), additional information is needed in order to complete your application. Please complete all sections below.

DO NOT LEAVE ANY LINE BLANK. USE ZEROS IF YOU ARE REPORTING NO VALUE or N/A IF IT IS NOT APPLICABLE.

ASSET VALUE (AS OF FAFSA FILING DATE):

	STUDENT & SPOUSE	PARENT (IF YOU ARE A DEPENDENT STUDENT)
CASH, SAVINGS AND CHECKING	\$	\$

INVESTMENT VALUE

	STUDENT & SPOUSE	PARENT (IF YOU ARE A DEPENDENT STUDENT)
REAL ESTATE (DO NOT INCLUDE THE HOME YOU LIVE IN)	\$	\$
CDs, STOCKS, TRUST FUNDS, BONDS, UGMA AND UTMA ACCOUNTS, SECURITIES, MUTUAL FUNDS, COMMODITIES	\$	\$
529 COLLEGE SAVINGS PLANS, COVERDELL SAVINGS ACCOUNTS, INSTALLMENT AND LAND SALE CONTRACTS	\$	\$
OTHER INVESTMENTS (DO NOT INCLUDE LIFE INSURANCE, PENSIONS, ANNUITIES, NON-EDUCATION IRA, KEOGH PLAN, 401K, 403B)	\$	\$
INVESTMENT VALUE TOTAL	\$	\$

BUSINESS VALUE (AS OF FAFSA FILING DATE):

	STUDENT & SPOUSE	PARENT (IF YOU ARE A DEPENDENT STUDENT)
BUSINESS VALUE	\$	\$
BUSINESS DEBT	\$	\$
BUSINESS NET WORTH (VALUE MINUS DEBT)	\$	\$
DO YOU OR YOUR FAMILY OWN OR CONTROL MORE THAN 50% OF THE BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE BUSINESS HAVE 100 OR FEWER FULL TIME EMPLOYEES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by the Financial Aid Office, I agree to give proof of the information that I have given on this form. I also realize that purposely giving false or misleading information on this form may result in reduced eligibility and/or repayment of aid.

STUDENT SIGNATURE _____

DATE _____