



East Georgia State College
 Office of Financial Aid
 131 College Circle
 Swainsboro, Georgia 30401-2699
 Phone: (478) 289-2009 /Fax: (478) 289-2140
 Website:
http://www.ega.edu/index.php/offices/student_affairs/financial_aid

STUDENT ASSET Verification Form (ASSETS)

Aid Year: * -- Please Select --

Instructions:

1. Please provide the information below **as of the date you signed** your Free Application for Federal Student Aid (FAFSA) application.
2. If you were married when you filed your FAFSA, include you and your spouse's information below.
3. Additional information or documentation may be requested, if necessary, to complete your file.
4. Please **DO NOT** leave any boxes blank, write "0" (zero) if the asset type does not apply. If any items are missing or left blank, this form will be returned to you.

Student Information:

Last Name: * First Name: * MI:
 Social Security Number: * EGSC - Student ID: * Date of Birth: *
 ex. XXX-XX-XXXX ex. MM/DD/YYYY

Asset Type	Student and/or Spouse Assets (\$)
1. Cash, Savings and Checking Accounts	<input type="text"/>
2. Investments Net Worth (Value minus Debt) <ul style="list-style-type: none"> • Real Estate (do not include the Home you live in) • Trust Funds, Money Market Funds, and Mutual Funds • Certificates of Deposit, Stocks, Stock Options, Bonds, Other Securities, Education IRAs, 529 College Savings Plans, and Refund Value of 529 Prepaid Tuition Plans • Installment and Land Sale Contracts (Including Mortgages Held) • DO NOT INCLUDE: Life Insurance, Retirement Plans (pension funds, annuities, or non-education IRAs) 	<input type="text"/>
3. Business and Investment Farm Net Worth (Value minus Debt) <ul style="list-style-type: none"> • Market Value of Land, Buildings, Machinery, Equipment, and Inventory • DO NOT INCLUDE: the value of a family farm that you (your spouse and/or your parents) live on and operate • DO NOT INCLUDE: the value of a small business that you (your spouse and/or your parents) own and control and that has less than 100 or fewer full-time or full-time equivalent employees. 	<input type="text"/>

Certification Statement

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked, I agree to provide proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines, and/or imprisonment in this and/or future years.

Student Signature: _____ 11/22/2013

(Signature lines above provided for use if electronic signature not possible. Please download and print form and return to East Georgia State College for processing.)

(Financial Aid Office Use Only)

KEY_AIDYEAR: * KEY_BAND: * Processed By: *