

Student's Parent 2 Printed Name, optional

Confirmation of 2019 Assets – Parent

Office Use Only ASSTPO

Office of Financial Aid and Scholarships

P.O. Box 3011 Commerce, Texas 75429 Phone: 903.886.5096 Fax: 903.886.5098 FAO.Verification@tamuc.edu

STUDENT'S NAME:	CWID:	
	ecause a correction to the FAFSA is needed or due to the tease complete the information below about you	
Important Reminders		
 Report current balance or mathematical aside from the home of trust funds, Uniform Gifts to Miron money market funds, certificates of depositions, coverdell savings across 29 college savings presented 	t, , bonds, other securities,	Minors Act (UTMA) accounts,
 Commodities, etc. Do not include the value of li If you live on a farm that is li not be reported. 	ife insurance or retirement plans. Eved on and operated by yourself, it is not consult business, it should not be reported unless yo	
As of today, what is your (and your spouse accounts? Do not include student financial	e's) total balance of cash, savings, and checking l aid.	\$
As of today, what is the net worth of your	(and your spouse's) investments?	\$
As of today, what is the net worth of your business?	(and your spouse's) investment of farm and/or	\$
1.All of the information provided is true and complete to a 2.All federal and/or state financial aid received as a recommerce 3.Will notify the Office of Financial Aid & Scholarships i 4.Agree to provide information requested by the Office information on file. 5.Acknowledge that the Office of Financial Aid & Scholarships i 4.Agree to provide information requested by the Office information on file. 5.Acknowledge that the Office of Financial Aid & Scholarships i 4.Agree to provide information requested by the Office information on file.	sult of the information on this form will be used solely for p	this completed form and/or clear conflicting such information may include IRS Tax Returnion provided
Student's Parent 1 Printed Name	Parent 1 Signature	 Date

Parent 2 Signature, optional

Date