

**Financial Aid Office** 

711 E Boldt Way Appleton, WI 54911

Phone: (920) 832-6583 | Fax: (920) 832-6582

financial.aid@lawrence.edu

## 2023-2024 PARENT ASSET VERIFICATION FORM

STUDENT NAME		Lawrence ID or D.O.B
Based on our review of your FAFSA and/c eported on the <u>initial</u> 2023-2024 FAFSA igned your initial FAFSA.	or the CSS Profile, please us a. Asset amounts reported c	se the fields below to verify the net value of your asset on the FAFSA should reflect amounts as of the date you
Date of initial FAFSA: (the values below are based on this date)		
If the value is zero, enter "0". If	not applicable, enter "NA	Α".
PARENT ASSET		NET VALUE AS OF
Primary Residence^		\$
Parent 1 Retirement Amount^		\$
Parent 2 Retirement Amount^		\$
Cash, Savings & Checking		\$
College Savings Plan (529, Coverdell, etc.)		\$
Stocks/Bonds/Mutual Funds		\$
Investment property		\$
Secondary Residence		\$
Business Value (Do not report if: family owned more than 50% and less than 100 employees)		\$
Farm Value (Do not report if: you live on the farm)		\$
Other:		
^ This asset should <b>NOT</b> be reported	on the FAFSA and may be the	e reason for submitting this form.
By signing below, I certify that all in Please reach out to our office if you are not able	nformation on this applicati e to provide a handwritten signatu	ion is correct to the best of my knowledge. Ire. We will provide details on an alternative way to sign this form.
PARENT NAME (PRINTED)		
PARENT SI GNATURE	<u> </u>	DATE
Return comple	eted form to the Lawren	ce University Financial Aid Office.

Secure Upload	Email	Fax	Mail
lawrence.leapfile.net	financial.aid@lawrence.edu	(920) 832-6582	Financial Aid Office Lawrence University 711 E Boldt Way Appleton, WI 54911