

FINANCIAL AID & SCHOLARSHIPS OFFICE

2024-2025 ASSET INFORMATION FORM

Use the Secure Document Uploader in Pathway to submit your forms quickly and securely! Use Document Type: Asset Information Form

STUDENT INFORMATION

Student Name: Student ID:

Email: _____ Phone Number: _____

IMPORTANT: This form requests information from the student, spouse, and/or parent. You may not be required to complete all fields on this form. Please refer to your To Do Items in Pathway to identify which portion of this form is required.

STUDENT ASSET INFORMATION

Question	Amount
As of the date you filed the FAFSA, what is your total current balance of cash, savings, and checking accounts? Don't include student financial aid.	\$
As of the date you filed the FAFSA, what was the net worth of your investments, including real estate? Don't include the home you live in. Net worth means current value minus debt.	\$ <mark></mark>
As of the date you filed the FAFSA, what was the net worth of your current businesses and/or investment farms? Don't include a family farm or family business with 100 or fewer full-time or full-time equivalent employees.	\$

PARENT ASSET INFORMATION

Question	Amount
As of the date you filed the FAFSA, what was your <u>parent</u>'s total current balance of cash, savings and checking accounts? Don't include student financial aid.	\$
As of the date you filed the FAFSA, what was the net worth of your <u>parent</u>'s investments, including real estate? Don't include the home you live in. Net worth means current value minus debt.	\$
As of the date you filed the FAFSA, what was the net worth of your <u>parent</u>'s current businesses and/or investment farms? Don't include a family farm or family business with 100 or fewer full-time or full-time equivalent employees.	\$

SIGN AND DATE THIS FORM

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct. If you are a dependent student, at least one parent must sign. Typed signatures are not valid for the purpose of submitting this form. Signatures must be handwritten.

Student Signature	Date	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
Parent Signature (required for dependent students)	Date	
5100 Rockhill Road 101 AC	Phone: 816-235-1154	E-Mail: <u>finaid@umkc.edu</u>

Kansas City, MO 64110-2499

Toll Free: 1-800-775-UMKC

Those with speech or hearing impairments may use Relay Missouri, 1-800-735-2966 (TT) or 1-800-735-2466 (Voice) UMKC is an equal opportunity/affirmative action institution