

## 2022-2023 INDEPENDENT ASSET INFORMATION FORM

|   | Name   | Name WNCC Student ID#                                    |   |
|---|--|--|---|
|   | Mailing Address  | please print)  |   |
|   |  |  |   |
|   | DOB or Last 4 SSN di   | igits Phone  | e   |
|   |  |  |   |
| worth information<br>Federal student ai |  | ue minus debt. We are una<br>ncluded in your application | able to calculate your eligibility for n. Please complete the information |
| \$1.                                    | As of today, what is your and/or your spouse's (if applicable) total current balance in cash, savings, and checking accounts?  |  |   |
| \$ 2.                                   | As of today, what is the net worth of your and/or your spouse's (if applicable) <b>investments</b> , including real estate? ( <b>Do not include the home in which you live in, value of life insurance or retirement plans</b> ).  Investments Include: Real estate, rental property, trust funds, UGMA and UTMA accounts, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, installment and land sale contracts (including mortgages held), commodities, qualified educational benefits or education savings accounts (e.g., Coverdell savings accounts, 529 college savings plans, and refund value of 529 prepaid tuition plans). Investment value means the current balance or market value of these investments as of today. Investment debt means only those debts that are related to the investments. |  |   |
| \$ 3.                                   | As of today, what is the net worth of your and/or your spouse's (if applicable) current business and/or investment farms?  Include the market value of land, buildings, machinery, equipment, inventory, etc. Business and/or investment farm debt means only those debts for which the business or investment farm was used as collateral. Do not include the value of a small business that you and your spouse own and control that has 100 or fewer full-time or full-time equivalent employees.  Do not include a farm that you and/or your spouse live on and operate.   |  |   |
| understand that                         | , I/we certify that all the informa<br>additional verifying documents a<br>onic signatures are not accepted.*  | may be required by West                                  |   |
| C                                       | •  |  | WARNING: Purposely  |
| Student signatur                        |  | Date   | providing false or misleading information                                 |
| Spouse signature                        | (optional)   | Date   | can result in fines, imprisonment, or both.                               |

Return completed form to:
WNCC Financial Aid Office • 1601 E. 27<sup>th</sup> Street • Scottsbluff, NE 69361
(308) 635-6011 • fax (308) 635-6732
Secure filedrop: <a href="https://docsafe.wncc.edu/filedrop/FINAID">https://docsafe.wncc.edu/filedrop/FINAID</a>