

Office of Financial Aid

SUNY Sullivan

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Loch Sheldrake, NY 12759
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SULLIVAN
COUNTY COMMUNITY COLLEGE
S · U · N · Y

ASSET REQUEST FORM

On your 2018-2019 FAFSA the asset questions were left blank. Before we can determine your eligibility for Financial Aid, please provide the information requested below. Please complete and return this form within **TWO WEEKS OF REQUESTED DATE.**

Print Student's Name _____

Student's Date of Birth _____ Sullivan ID# _____

I certify that the information provided on this form is true and correct to the best of my/our knowledge.

As of the date you completed the FAFSA:

1. What was the total balance of your (student) cash/savings/checking accounts? \$ _____
2. What was the net worth* of your (student) other real estate/investments? (Do not include the home in which you live.) \$ _____
3. What was the net worth* of your (student) businesses/ investment farms? (Do not include a farm that your parents live on and operate or a self-owned business with less than 100 full-time employees.)
\$ _____

As of the date you completed the FAFSA:

4. What was the total balance of your parents' cash/savings/checking accounts? \$ _____
5. What was the net worth* of your parents' other real estate/investments? (Do not include the home in which you live.) \$ _____
6. What was the net worth* of your parents' businesses/ investment farms? (Do not include a farm that your parents live on and operate or a self-owned business with less than 100 full-time employees.)
\$ _____

*Net worth = current value minus debt.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____