

## Asset Verification Worksheet 2026/2027

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University of Central Missouri Student Financial Services P.O. Box 800 Warrensburg, MO 64093-5178

Phone 660-543-8266 FAX 660-543-8080

Webpage: www.ucmo.edu/sfs

ASET25

Student's Name (please print)	UCM ID Number		
Additional information is <b>required</b> concerning your assets (and as a <b>dependent student</b> on the FAFSA) in order to finalize to any of the following questions is zero, enter \$0. <b>Do not leav</b>	your federal finan		
Total amount in <b>cash</b> , <b>checking</b> accounts or <b>savings</b> accounts (bank	, Student/Spo	use \$	
credit union, etc.) as of the date the FAFSA was filed. <b>Do not include</b> IRA, 401(k) or other retirement funds.	Parent(s)	\$	
Net worth of all <b>investments</b> (stocks, mutual funds, bonds, trust fund market funds, CDs, vacation home, rental property, 529 college	s, money Student/Sp	pouse \$	
savings plan, etc.) as of the date the FAFSA was filed. However, done enter the value of the home you/your parent(s) live in (primary res		nt(s) \$	
Net worth of a <b>business</b> (value of the building(s), land, equipment, machinery nventory, etc., <b>minus</b> the amount owed on the business) as of the date the FAFSA was filed. However, <b>do not include the value of a business with fewer than 100 employees</b> , nor a family-run commercial fishing business.		ouse \$	
		nt(s) \$	
Net worth of an <b>investment farm</b> (value of buildings, land, equipment, machinery, livestock etc. <b>minus</b> the amount owed on the farm) <u>as of the date the FAFSA was filed</u> . However, <b>do not include the value of a family farm on which the family resides or the value of crops grown solely for consumption by the student and their family.</b>		pouse \$	
		nt(s) \$	
Amount of <b>Child Support Received</b> during the last complete calend year.  Independent Students: Enter the amount you and your spouse (if man received for all of your and your spouse's children.	student & s		
<u>Dependent Students:</u> Enter the amount your parent and spouse (if remarried) received for all children (parent and spouse).	Depende student's Pa		
*NOTE: Your Asset Information should be as of the date the origina	l FAFSA was filed,	not as of the current date	
Student's Signature	Date	Date	
Parent's Signature	Date	_ Date	
Complete and submit this document to the UCM Office of (1100 Ward Edwards Bldg.) or by mail to the address a financialaiddocuments@uci	bove, by fax (660		

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