



INDEPENDENT

2024-2025 Asset Form

Office of Financial Aid | 900 SE Baker Street | Unit A484 | McMinnville, OR 97128
Phone 503.883.2225 | Fax 503.883.2486 | Email finaid@linfield.edu

The Office of Financial Aid at Linfield must receive this completed Asset Form to resolve either a reject or conflicting information of the asset figures you reported on your 2024-2025 Free Application for Federal Student Aid (FAFSA®).

A: STUDENT INFORMATION

Student Name _____ Linfield ID _____

Student Phone Number _____

B: ASSETS

Complete the chart below, sign, and return this form to the Office of Financial Aid at Linfield. Figures reported must reflect a “snap shot” of the *original* date you completed your 2024-2025 FAFSA®. If you had no assets as of this date enter a zero (\$0). Refer to the 2024-2025 FAFSA® pdf, page 21, for expanded instructions on what figures to include and what not to include in your answers below at www.fafsa.gov.

Asset Questions	Student Total of Assets	Parent(s) Total of Assets
What was your total current balance of cash, savings, and checking accounts? (Do not include student financial aid.)	\$ _____	\$ _____
What was the net worth of your investments, including real estate, education benefits or savings accounts? <i>Note: Do not include the value of the home in which you currently live, the value of life insurance, retirement plans (401[K] plans, pension funds, annuities, non-education IRA’s, Keogh plans, etc.) or cash, savings and checking accounts already reported above. Net worth means current balance or market value minus debt.</i>	\$ _____	\$ _____
What was the net worth of your current businesses and/or investment farms?	\$ _____	\$ _____

C: REQUIRED SIGNATURES:

This form must be **ink signed** by the student & parent certifying all information is complete and correct as reported. Electronic signatures are not accepted. Forms with digital/electronic/typed signatures will be returned. Once form is signed, please submit it to the Office of Financial Aid.

Student Signature (Required) _____ Date _____

Spouse Signature (Required) _____ Date _____

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison or both.