



**RETURN TO:**

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Phone: (714) 628-4876 | FAX: (714) 639-0756

Last First Middle Initial

Student ID#: \_\_\_\_\_

Academic Year: \_\_\_\_\_

**ASSET AND INVESTMENT SUPPLEMENT (DRT)**

In evaluating the information on your FAFSA application that was provided to the Financial Aid Office, it has been determined that some additional information will be required in order to evaluate your family contribution and financial aid eligibility. This form must be completed and returned to the Financial Aid Office. **Do not leave any line blank.** Enter zero if that is the appropriate answer. \*Please note that additional documentation may be required that can include but not limited to bank statements, IRS tax transcripts, etc.

Provide the correct information as of the FAFSA application date of: \_\_\_\_\_

- Student/Spouse
- Parent or Parent's (*adoptive, step or natural parents*)

If you/spouse or your parent(s)(for dependent students) own a business, ask for the Business Supplement Form if the business is a family-owned and controlled\* small business (including farms) that have 101 or more full-time or full-time equivalent employees.

\* "Family-owned and controlled" means that more than 50% of the business is owned by persons who are directly related or are, or were related by marriage).

**1. Value of Cash, Savings and Checking Accounts**

Complete the following as of the FAFSA completion date.

**The Financial Aid office may ask you to submit bank accounting statements to verify reported amounts.**

Cash	\$	_____
Savings	\$	_____
Money Market, CD, etc.	\$	_____
Checking	\$	_____
TOTAL:	\$	_____

**2. Farm Investments**

**Do not include the farm you live on and operate.** Complete the following as of the FAFSA completion date.

What is the VALUE of the Farm Investment owned, including the market value of the land, the buildings, the machinery, equipment, livestock, inventories, etc? \$ \_\_\_\_\_

What is the total DEBT against the Farm Investment owned? \$ \_\_\_\_\_

**TOTAL NET WORTH OF FARM INVESTMENT** \$ \_\_\_\_\_

**3. Other Real Estate and Investment Value**

**DO NOT INCLUDE** your primary residence, the home you live in. **DO INCLUDE** the values of all other real estate you own or are purchasing, including rental property, land, vacation homes, second homes, timeshares, or multifamily dwellings you may own, or have an interest in, as of the FAFSA completion date.

List all properties owned: \_\_\_\_\_

WHAT IS THE MARKET VALUE OF ALL OTHER REAL ESTATE AND INVESTMENTS? \$ \_\_\_\_\_

WHAT IS THE DEBT AGAINST ALL OTHER REAL ESTATE AND INVESTMENTS? \$ \_\_\_\_\_

**TOTAL NET WORTH OF ALL OTHER REAL ESTATE AND INVESTMENT VALUE** \$ \_\_\_\_\_ (A)

**4. Investment Net Worth**

**DO NOT INCLUDE** the value of life insurance and retirement plans, pension funds, tax shelter annuities, IRA accounts, KEOGH plans, or the value of prepaid tuition plans, etc. Per the Higher Education Reconciliation Act of 2005 (HERA 2005), **DO INCLUDE** qualified tuition programs, 529 college savings plans, Coverdell savings, and prepaid tuition plans are considered an asset and are reported as an asset on the FAFSA for the owner of the plan. **If the account is owned by a dependent student, a student who must report parental information on the FAFSA, the value of the account is not reported as an asset. The distributions of these types of accounts are not considered income and will not appear as Adjusted Gross Income on an IRS tax return.**

Check the box and write the value of each investment as of the FAFSA completion date below:

- |  |          |  |          |
|--|----------|--|----------|
| <input type="checkbox"/> Bonds   | \$ _____ | <input type="checkbox"/> Certificates of Deposits    | \$ _____ |
| <input type="checkbox"/> Trust fund  | \$ _____ | <input type="checkbox"/> Money Market Accounts       | \$ _____ |
| <input type="checkbox"/> Partnerships  | \$ _____ | <input type="checkbox"/> Stocks and other securities | \$ _____ |
| <input type="checkbox"/> Mutual funds  | \$ _____ | <input type="checkbox"/> Commodities/precious metals | \$ _____ |
| <input type="checkbox"/> Corporation—including S corporations ( <b>value of your portion</b> ) | \$ _____ |  |          |
| <input type="checkbox"/> Installment of land sale contracts including mortgages held           | \$ _____ |  |          |
| <input type="checkbox"/> Other investments owned _____   | \$ _____ |  |          |

Comments regarding your assets: \_\_\_\_\_

WHAT IS THE TOTAL VALUE OF ALL INVESTMENTS \$ \_\_\_\_\_

WHAT IS THE TOTAL DEBT AGAINST ALL OF THE INVESTMENTS \$ \_\_\_\_\_

**TOTAL NET WORTH** \$ \_\_\_\_\_ **(B)**

**TOTAL NET WORTH OF ALL INVESTMENTS OWNED (Sum of line A and B)** \$ \_\_\_\_\_

Note: The Financial Aid Office may ask you to submit accounting statements or other documentation to verify your assets' value.

**5. Certifications and Signatures**

To the best of our knowledge, all of the information provided is complete, true and accurate. I/We understand that false statements or misrepresentations will be cause for denial or repayment of financial aid funds. I certify that all of the information reported above is complete and correct.

**WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Spouse's Signature (Optional) Date

**Dependent Students Only:**

\_\_\_\_\_  
Father/Stepfather's Signature Date

\_\_\_\_\_  
Mother/Stepmother's Signature Date

**Non-Discrimination Policy**

The Rancho Santiago Community College District is committed to equal opportunity in educational programs, employment, and all access to institutional programs and activities. The District, and each individual who represents the District, shall provide access to its services, classes, and programs without regard to national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, pregnancy, or military and veteran status, or because he or she is perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics. The Chancellor shall establish administrative procedures that ensure all members of the college community can present complaints regarding alleged violations of this policy and have their complaints heard in accordance with the Title 5 regulations and those of other agencies that administer state and federal laws regarding nondiscrimination. No District funds shall ever be used for membership, or for any participation involving financial payment or contribution on behalf of the District or any individual employed by or associated with it, to any private organization whose membership practices are discriminatory on the basis of national origin, religion, age, gender, gender identity, gender expression, race, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, pregnancy, or military and veteran status, or because he or she is perceived to have one or more of the foregoing characteristics, or because of his or her association with a person or group with one or more of these actual or perceived characteristics. Inquiries regarding compliance and/or grievance procedures may be directed to: **Rancho Santiago Community College District Title IX Officer and Section 504/ADA Coordinator John Didion 2323 N. Broadway Santa Ana, CA 92706 Phone: (714) 480-7489**