

DIVISION OF ASSETS - DEPENDENT STUDENT 2022-2023

Student's Name:	USF ID or SSN:		
You indicated on your application that your supporting parent complete this	• •	-	
We have listed below the total assets Please note under mother or father, as parent. Please answer each item for tapplication. Please feel free to contact information.	appropriate, the porti he amount which was	on which should be attraction accurate as of the date	ributed to each you filed your
ITEM	FAFSA TOTAL	MOTHER	FATHER
Cash, savings and checking accounts	\$	\$	\$
Net worth of investments and real estate (Do not report your home value in this item)	\$	\$	\$
Business net worth	\$	\$	\$
Investment farm net worth	\$	\$	\$
I certify this information reported abo	ove is true and correct	to the best of my know	ledge.
Parent's Signature	Date Stude	nt's Signature	Date
Please return the completed form to:			

Financial Aid Services

500 Wilcox Street Joliet, IL 60435 | finaid@stfrancis.edu

(815) 740-3403 | Toll-free: (866) 890-8331 | Fax: (815) 740-3822