2019-2020 Parent Cash/Checking/Savings Clarification

STUDENT: __________________________  __________________________  FIDN#: A _______________________

Last Name  First Name

Please clarify the total amount reported for your parents’ cash, checking and savings. The amount reported should be the total balance on the day the FAFSA was filed.

Enter “0” if the answer is Zero. Do not leave blank.

Total Parent Cash, Checking and Savings as of the day the FAFSA was filed: $ ______________________

________________________________________________________________________

Student’s Name (Print)  Student’s Signature  Date

________________________________________________________________________

Parent’s Name (Print)  Parent’s Signature  Date

By signing this form, you certify the information reported above is true and accurate to the best of your knowledge. If additional information is requested, you agree to provide us with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature.