

UNIVERSITY OF THE
PACIFIC
Arthur A. Dugoni
School of Dentistry

ASSETS VERIFICATION FORM (PARENTS)

Student Name

Investment Value:

Please have your parents complete the market value and debt of the **investment(s)** (i.e.: rental properties, brokerage accounts...) listed below:

1. _____
_____ Market Value: \$ _____
_____ Current Debt Owed: \$ _____
2. _____
_____ Market Value: \$ _____
_____ Current Debt Owed: \$ _____

Business Value:

Please have your parents complete the market value and debt of the **business** listed below:

Type of business _____ Market Value: \$ _____
Number of full-time employees _____ Current Debt Owed: \$ _____

Attention: *Market value is to be determined at the time you filled out the 2009-2010 FAFSA.*

I/we hereby certify that the information reported on this form and any attachments hereto is true, complete, and accurate to the best of my/our knowledge. I/we understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and / or repayment of financial aid, and may subject the filer(s) to a fine or imprisonment, or both, under provisions of the United States Code.

Parent(s) signature

Print Name

Date

Please return form to:
Financial Aid Office
2155 Webster Street Room 202
San Francisco, CA 94115
Phone 415.929.6452

Please have your parent(s) fill out this form and return to the Financial Aid Office in a timely manner.
This form is used to determine your eligibility for Financial Aid for the academic year 2009-2010