

UNIVERSITY OF THE  
**PACIFIC**  
Arthur A. Dugoni  
School of Dentistry

**ASSETS VERIFICATION FORM (STUDENT)**

\_\_\_\_\_  
Student Name

**Investment Value:**

Please 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 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 2008-2009 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.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

This form is used to determine your eligibility for Financial Aid for the academic year **2008-2009**.