

PARENT ASSET INFORMATION FOR TITLE VII (LDS) CONSIDERATION

Current Asset Information: Cash, Savings, Checking Current Value: \$ _____
Net value of investments: \$ _____

1. 2020 Untaxed Income or Benefit:

a) Did you or your spouse receive untaxed Social Security benefits in calendar year 2020?

Yes Amount \$ _____ No

b) Did you or your spouse receive any Welfare Benefits in 2020?

Yes Amount \$ _____ No

c) Did you or your spouse receive child support in calendar year 2020?

Yes Amount \$ _____ No

d) Did you or your spouse receive any other untaxed income not listed above in calendar year 2020?

Yes Amount \$ _____ No

e) If yes, list source(s) and amount(s) below (attach a separate sheet if necessary):

2. Do you (or your spouse) have partial or full ownership of a business/or/farm? Yes No

If yes, please answer the questions below. You may also be required to submit a copy of the 2020 Federal Business Tax Returns (including all schedules) to the Office of Financial Aid at a later date. The Office of Financial Aid will notify you if a copy of your business tax return is required.

Business/Farm value? \$ _____ Business/Farm debt? \$ _____

3. Did you or your spouse pay child support in calendar year 2020?

Yes, Amount \$ _____ No

4. By signing below, I certify, acknowledge, and agree as follows:

- The information I have supplied on and/or with this application is true and correct to the best of my knowledge. Knowingly submitting inaccurate or false information will result in the denial or loss of any financial aid awards for which I may have otherwise qualified and may be subject to discipline under the EVMS Honor Code. In addition, providing false information to acquire federal student aid may be subject to punishment under the United States Code;
- I will report any changes that occur after this form is signed to Financial Aid and will provide any additional documentation requested; and

- I have read and understand my rights and responsibilities as a financial aid recipient and understand that my financial aid may be adjusted if I do not make satisfactory academic progress pursuant to EVMS Financial Aid policy or if other changes in my student status occur, such change in enrollment.

Student Name (Print): _____ (Signature) _____ Last 4 SSN#: _____ Date: _____

Parent's Signature: _____ Date: _____