

2026-2027 Asset Information *for* ALAMANCE COMMUNITY COLLEGE

Print Student Name _____ **Student ID#** _____

Carefully read the items below and enter your answers in the blanks provided. You should list asset amounts as of the date you completed your 2026-2027 FAFSA. **If your answer to an item is zero, please write in 0**, as we cannot accept forms with incomplete answers.

1. As of the day you completed the 2026-2027 FAFSA, what was the balance of cash, savings, and checking accounts for:

You/Your Spouse \$ _____
if married

Your Parent(s) \$ _____
if dependent

2. As of the day you completed your 2026-2027 FAFSA, what was the net worth of investments for:

- Investments include real estate (do not include the value of the home that you/spouse/parents live in), trust funds, UGMA and UTMA accounts, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, Coverdell savings accounts, 529 college savings plans, the refund value of 529 state prepaid tuition plans, installment and land sale contracts (including mortgages held), commodities, etc. For more information on reporting educational savings plans, call 1-877-930-4972.
- Investment value means the current balance or market value of these investments minus debts that are related to the investments.
- Do not include any retirement plans (401K, pensions, annuities, etc.)

You/Your Spouse \$ _____
if married

Your Parent(s) \$ _____
if dependent

3. As of the day you completed your 2026-2027 FAFSA, what was the net worth of businesses and/or investment farms for:

Print Student Name _____ Student ID# _____

- Business and/or investment farm value includes the market value of land, buildings, machinery, equipment, inventory, etc. minus only those debts for which the business or investment farm was used as collateral.
- Do not include the value of a family farm that you and/or parents live on and operate.
- Do not include the value of a small business that you and/or parents own and control and that has 100 or fewer full-time or full-time equivalent employees.

You/Your Spouse \$ _____ Your Parent(s) \$ _____
if married if dependent

Student Signature _____ **Date** _____

Print Parent Name _____ **Date** _____

Parent Signature _____ **Date** _____

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