



2026-2027 Asset Information Form

Please print. [Use blue or black ink only.]

Name _____ GCCC ID # _____
Last First M.I.

Your application for federal financial aid has been rejected due to missing information. Please answer the following questions for us to correct the information.

Annual child support received for the last complete calendar year.

If the answer is zero, please enter 0.

Student/Spouse \$ _____ Parent/Parent Spouse \$ _____

The following values must be based on the date FAFSA was completed. Date FAFSA completed _____

If the answer is zero, please enter 0.

Student/Spouse

Parent/Parent Spouse

1. **Total Balance of Cash,
Savings, & Checking**

(DO NOT include student financial aid)

\$ _____

\$ _____

2. **Net Worth of Investments**

\$ _____

\$ _____

Investments **include** real estate i.e. rental property (do not include the home you 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, college savings plans, installment and land sale contracts (including mortgages held), commodities, etc. *Investment value* includes the market value of these investments as of today. *Investment debt* means only those debts that are related to the investments. (**net worth = value – debt**) Investments **do not include** the home you live in, the value of life insurance, ABLE accounts, 529 college savings plans if the student is the beneficiary, retirement plans, (401[k] plans, pensions funds, annuities, noneducation IRA's, Keogh plans, etc.), or cash, savings, and checking accounts already reported.

3. **Net Worth of Business and/or
Investment Farm**

\$ _____

\$ _____

Business and/or investment farm value **includes** the market value of land, buildings, machinery, equipment, inventory, etc. Business and/or investment farm debt means only those debts for which the business or investment farm was used as collateral.

(**net worth = market value – business/investment debt**)

In 2024 or 2025, did the student or anyone in their family receive benefits from any of the following federal programs?

(Mark all that apply) Medicaid _____ SNAP _____ Free or reduced-price school lunch _____

TANF _____ WIC _____ SSI _____ Federal housing assistance _____

Earned income tax credit (EITC) _____ Refundable credit for coverage under a qualified health plan (QHP) _____

Student Signature _____

(Wet ink or electronic signature only — typed names will not be accepted.)

Date _____

Parent Signature (**required for dependent student**) _____

(Wet ink or electronic signature only — typed names will not be accepted.)

Date _____