

Office of Financial Aid

Room U-201 P: 718.368.4644 F: 718.368.4656 finaid@kbcc.cuny.edu Kingsborough Community College Of The City University of New York 2001 Oriental Boulevard Brooklyn, New York 11235

ASSET VERIFICATION FORM

		PLEASE PRINT B	<u>SELOW</u>		
Last Name:	First Name:				
EMPLID #:					
CASH, SAVINGS, and C	:HECKING - The v ntation. Please p		e assets appears	nancial aid application. unreasonably low or lower thes as of the date you filed you	
pplication. Please provide	the value of all y	your investment assets.		estimated or was not reporte	d at all on
ocksMutu	al Funds	Bonds	Others		
Property A		Property B		Property C	
Does a family member rent this property?	☐ Yes ☐ No	Does a family member rent this property?	☐ Yes ☐ No	Does a family member rent this property?	☐ Ye
Market Value		Market Value		Market Value	
Mortgage Owed		Mortgage Owed		Mortgage Owed	
% of house as a rental		% of house as a rental		% of house as a rental	
Net Worth		Net Worth		Net Worth	
ou may use the following s://www1.nyc.gov/asset ttps://www.propertysha	ts/finance/jump/	an estimated value of your	property:	llow.com/	
oes the business employ i	more than 100 pe	am/ Parents are Self Empleople? YES NO (If It is not	NO Skip below)		
STUDENT/PARENT C		we declare that all informa		on this form is true and complete on the com	Pate