

Supplemental Data Request Form 2020-2021 Academic Year

Student Name: _____ VCU ID #: V _____

Date FAFSA was Filed: _____(mm/dd/yyyy)

Based on the information you provided on your FAFSA and/or 2018 Tax Transcript, please write the specific dollar amounts **as of the date you filed the FAFSA** for the fields presented below. If the amount is zero or not applicable, write "0" or "N/A" (**DO NOT leave line items blank**). Once complete and signed, please return to the Office of Financial Aid.

	Parent(s)	Student
Cash/Savings/Checking	\$ _____	\$ _____
Investment Net Worth	\$ _____	\$ _____

(Investments include: Stocks, Bonds, CD's, 529 college savings plans, trust funds, etc.)

DO NOT include retirement plans (401[k] plans, pension funds, annuities, non-education IRAs, Keogh plans, etc.), UGMA and UTMA for which you are the custodian, but not the owner.

Business/Farm Net Worth	\$ _____	\$ _____
--------------------------------	----------	----------

(Market value of land, buildings, machinery, equipment, inventory)

DO NOT include the value of a small business if your family owns more than 50% of the business and the business has 100 or fewer full-time employees. **Do NOT** include the value of a family farm that you, your spouse and/or your parents live on and operate.

Please check and complete below:

YES We own a business that has more than 100 employees. Report the business net worth as \$_____. *(Business worth = value – debt OR assets – liabilities)*

NO We do not own a business **OR** our business has **100 or less** employees and should not be reported.

Rental/Real Estate Property (DO NOT include the home you live in)

Property Address	Market Value	Outstanding Debt*

Addresses should be consistent with properties listed on Schedule E
***List the amount that is owed on each property (i.e. outstanding mortgage, if any)**

I/we hereby affirm and swear that all information provided on this form is accurate, true and complete to the best of my knowledge. I understand that any false statements or misrepresentation will result in full denial of all federal aid consideration.

Student Signature _____ **Date** _____

Parent Signature (If Dependent) _____ **Date** _____

Questions: Phone: (804) 828-1550 Fax: (804) 827-0060
 Email:

Last names beginning with A-G: faidmailag@vcu.edu
 Last names beginning with H-N: faidmailhn@vcu.edu
 Last names beginning with O-Z: faidmailoz@vcu.edu



VCU

Student Financial Services
 Financial Aid