



Office of Student Financial Services

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2025-2026 Student Asset Worksheet

Student Name: _____

SMC ID# _____

Please provide the information requested below to verify your assets. **Report the value of assets as of the date the student's 2025-2026 FAFSA was submitted.** Do not leave any items blank. If any item does not apply, enter NA.

1. CASH, SAVINGS, & CHECKING ACCOUNTS (If this section does not apply, enter "0" or "NA" in the table below.)

Include cash, savings and checking account balances **as of the date you completed the initial FAFSA.**

Description of account	Balance As of Initial FAFSA Filing Date

2. INVESTMENTS (If this section does not apply, enter "0" or "NA" in the table below.)

Include: Stocks, bonds, mutual funds, money market funds, certificates of deposit, trust funds, tax exempt funds, education savings accounts, etc.

Do not include: Life insurance, formal retirement accounts (401(k) plans, annuities, non-educational IRA's, KEOGH plans), UGMA/UTMA accounts for which you are the custodian but not the owner.

Description of investment	Value As of Initial FAFSA Filing Date

3. REAL ESTATE OTHER THAN PRIMARY RESIDENCE Not applicable – no real estate other than primary residence.

If applicable include rental properties, land, installment sales, vacation properties, seasonal camps, etc.

Property Description: _____

Street Address: _____

Current market/resale value \$ _____

Current amount of unpaid mortgage principal against this property \$ _____

Property Description: _____

Street Address: _____

Current market/resale value \$ _____

Current amount of unpaid mortgage principal against this property \$ _____

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4. BUSINESS AND/OR INVESTMENT FARM VALUE

Not applicable: No business and no investment farm owned.

If applicable complete the items listed below:

Include: The market value of land, buildings, machinery, equipment, inventory, etc. and only those debts for which the business or investment farm was used as collateral.

Do not include: The value of a family farm or the value of a small business that you or your family own and control and that has 100 or fewer full-time/full-time equivalent employees.

Description _____

Current market/resale value of business/investment farm \$ _____

Amount of unpaid debt for business/investment farm \$ _____

5. CERTIFICATION: I certify that all the information reported on this form is true, complete and correct. I understand that any false statements could be cause for denial, reduction, withdrawal or repayment of financial aid.

Please print and sign before submitting. We CANNOT accept digital signatures.

Student's Signature _____

Date _____

Spouse's Signature _____

Date _____