

Office of Financial Aid

Sumner Hall | 333 N College Way, Claremont CA 91711
Financial.aid@pomona.edu | 909-621-8205 | 909-607-9842 (fax)

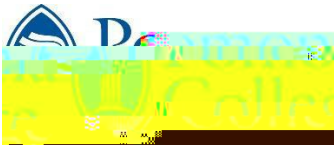
2024-25 Student Asset Verification Form

Student Name: _____ Student ID: _____

The following information is required to verify your (the student) and your spouse's (if applicable) assets as of the date you filed your 2024-2025 FAFSA/PROFILE application. Supporting documentation may be requested. If you share ownership of any assets, only list YOUR SHARE of the value and debt of the assets reported below.

Cash, Checking & Savings:

Include total balance as of the date you filed your FAFSA. Include all student and spouse



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Student Name: _____ Student ID: _____

Real Estate:

List all real estate you (the student and spouse) own, including your primary home.

Address of Property 1	Address of Property 2
Site Address:	Site Address:
City & State:	City & State:
Current Market Value:	Current Market Value:
Current Debt:	Current Debt:
Purchase Price:	Purchase Price:
Percent of Ownership:	Percent of Ownership:

This property is the primary home

This property is the primary home

If more property is owned, provide additional information on a separate sheet

Business & Farm:

Do you or your spouse own a business or a farm? Business Farm Neither Both

Business/Farm #1	Business/Farm #2
Address:	Address:
City & State:	City & State:
Current Market Value:	Current Market Value:
Current Debt:	Current Debt:
Purchase Price:	Purchase Price:
Percent of Ownership:	Percent of Ownership:
# of Employees:	# of Employees:
Do you live on the farm?	Do you live on the farm?

If more property is owned, provide additional information on a separate sheet.

Certification: I certify that all the information reported on this form and any attachments are true, complete, and accurate. I agree to provide additional proof of the information reported here, if requested to do so. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Student Signature: _____ Date: _____

Student Spouse Signature: _____ Date: _____
(If applicable)