



**University of the Incarnate Word  
Office of Financial Assistance  
2024-2025 Asset Verification Form**

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CODE: AVF05

\*\*\*Black Ink Only\*\*\*

Your 2024-2025 FAFSA application was selected for the verification process, and the asset information for either the student/spouse and/or parent must be provided. In order to complete your verification, please complete and submit this form so that we can verify the required asset information.

Student Name \_\_\_\_\_ UIW ID \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

- Please provide the information below **as of the date you signed your 2024-2025 FAFSA**.
- Please **DO NOT** leave any boxes blank; write **“0”** if the asset type does not apply. The form will be considered incomplete if any items are missing or left blank.

Asset Information	Student/ Spouse	Parent(s) (Dependent students only)
Total Cash, Savings and Checking Account amounts	\$	\$
Total Net Worth of your Investments (value of investments minus debt) <ul style="list-style-type: none"> <li>• Real Estate (<b>do not include the home you live in</b>)</li> <li>• Trust funds, money market accounts and mutual funds</li> <li>• Certificates of deposit, stocks, stock options, bonds, education IRAs, 529 college savings plans</li> <li>• <b>Do not include</b> life insurance, retirement plans (pensions, annuities, or non-education IRAs)</li> </ul>	\$	\$
Total Net Worth of your Businesses and Farms (value minus debt) <ul style="list-style-type: none"> <li>• Market value of land, buildings, machinery, equipment, and inventory</li> <li>• Include the value of your (your spouse and/or parents) family farm minus the value of the residence if you live there</li> <li>• Include the value of any small business that you (your spouse and/or parents) own and control</li> </ul>	\$	\$

**Certification and Signature(s):**

I certify that all information reported on this form is complete and accurate. I understand if I purposely give false or misleading information on this form, I may be fined, sentenced to jail, or both.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student's Spouse Signature:** \_\_\_\_\_  
(If student is married)

**Date:** \_\_\_\_\_

**Parent or Parent's Spouse Signature:** \_\_\_\_\_  
(If student is dependent)

**Date:** \_\_\_\_\_

**Please note: All signatures must be handwritten and in black ink only. Electronic/typed signatures and signatures made with an electronic pen will not be accepted. Please allow 3-5 business days for review.**