

Office of Financial Aid

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Parent Asset Verification Form 2026-27

tudent Name:	Pomona ID:	
	o verify your parent(s) assets as of the date you may be requested. If your parent(s) share owne seets reported below.	
ash, Checking & Savings		
	u filed your FAFSA. Include all parent(s) saving a	and checking accounts.
Name of Account	Type of Account	Balance
Chase Morgan (example)	Checking	\$35,456.87
		Total Balance: \$
	h as stocks, bonds, Certificate of Deposit, trust ude the balance in any retirement accounts (40°	funds, mutual funds, money market accounts or 1K, 403B, IRA, Roth IRA, etc.).
ING Fund (example)	Mutual Fund	\$35,456.8
		Total Balance: \$
Do you have a 529 plan with t	his student as the beneficiary? Yes	0
What is the current value of the	nis student's 529 plan? \$	

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List all real estate you own.	. Including vour brimar	v nome. Use addition:	ai sneets as necessar	v it more than two	properties are owned.

Address of Property	Address of Property			
Property Address:	Property 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			
Business & Farm List all businesses you own. Use additional sheets as necessary if mo	ore than two businesses are owned. siness Farm Neither Both			
Business/Farm	Business/Farm			
Business Name:	Business Name:			
Address:	Address:			
City & State:	City & State:			
Current Gross Market Value:	Current Gross Market Value:			
Current Gross Debt:	Current Gross Debt:			
Purchase Price:	Purchase Price:			
Percent of Ownership:	Percent of Ownership:			
# of Employees:	# of Employees:			
Do you live on the farm? (write "N/A" if not a farm):	Do you live on the farm? (write "N/A" if not a farm):			
Certification				
I certify that all of the information reported on this form and any attack proof of the information reported here, if requested to do so. I under denial, reduction, withdrawal, and/or repayment of financial aid.				
Student Signature:	Date:			
Parent Signature:	Date:			