



2018 - 2019 Dependent Asset Information Form – (EPAST9)

Student Name: _____ Student ID: _____

In order to continue processing your financial aid, please complete this form to verify your asset information. Complete each blank of the worksheet. Enter '0' where applicable. DO NOT EMAIL documents with Personally Identifiable Information (PII) (i.e. SSN, Full Name, Phone #, Address...).

A. Asset Information

Table with 3 columns: Student, Description, Parent(s). Rows include cash/savings, investments, and businesses.

B. Signatures

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

By signing this worksheet, I (we) certify that all information reported on it is complete and correct.

Student _____ Date _____

Parent _____ At least ONE parent must sign _____ Date _____

Failure to complete every section of this form will result in a delayed financial aid package.

To submit the completed form: In person: Office of Financial Aid, Burgin-Dossett – Room 105; Mail: Office of Financial Aid, P.O. 70722, Johnson City, TN 37614; Fax: (423) 439-5855;