Asset Worksheet

Student's Name Student's SS#							
You must report your and	your parent(s), if o					mation below and	
Total balance of cash, checking and savings accounts:	s \$sss(student/ spouse)	(parents)	Value of Investments other than real estate:		\$(student/ spouse)	\$(parents)	
For rental property/ properties: 1 st Property		2 nd Property		3 rd Property	4 th	4 th Property	
Address of property: _							
Number of apartments at this address: (1 family, 2 family, etc)							
Current Market Value:	\$	\$		\$	\$		
Outstanding Mortgage (total amount owed)	: \$	\$		\$	\$		
For business income reporte Check here if business is				with 100 or less em	ployees.		
If not a family owned and ope	rated small busines	s, please indic	ate current ne	et worth of busines	ss: \$ (student/ spouse	\$	
Check here if you/ your p	arent(s) do not own	a business.			(student) spouse) (parents)	
Student Signature Pare		ent's Signature			Date	2	
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Please return completed form to: College of Staten Island, Student Financial Aid Office 2800 Victory Blvd. 2A-401, Staten Island, NY 10314