



NORTH CENTRAL COLLEGE
Office of
Financial Aid

30 N. BRAINARD STREET
NAPERVILLE, IL 60540

PHONE: 630-637-5600
EMAIL: FINAID@NOCTRL.EDU

2025-26 ASSET VERIFICATION

Student Name: _____ Student ID: _____

A review of your financial aid application has determined we must request your asset information and/or your parent(s)' asset information. **Respond only to the items that have been checked and/or highlighted; do not leave the questions blank. To provide additional explanations, use the backside of this form if necessary.** Your response is necessary to proceed with our review and decision. If you have questions regarding this request, please call our office.

Comment

Please report the items checked below as of the date your FAFSA was originally filed.

Type of Asset	Student (and Spouse)	Parent(s)
Cash, savings and checking accounts	<input type="checkbox"/> \$_____.00	<input type="checkbox"/> \$_____.00
Other real estate and investment net worth (Do not report home value in this item)	<input type="checkbox"/> \$_____.00	<input type="checkbox"/> \$_____.00
Business Net Worth (Please refer to the FAFSA instructions)	<input type="checkbox"/> \$_____.00	<input type="checkbox"/> \$_____.00
Farm Net Worth	<input type="checkbox"/> \$_____.00	<input type="checkbox"/> \$_____.00
Child Support Received	<input type="checkbox"/> \$_____.00	<input type="checkbox"/> \$_____.00

I/We certify that the above information to be true and correct.

Student Signature Date

Parent Signature Date