



Please complete all sections using **BLACK INK**.

Student's Last Name

First Name

Middle Initial

APU ID Number

IMPORTANT! Please make sure all sections are filled out completely, or this form will be returned to you. All amounts listed here must be the amounts that were valid as of the date you filed the FAFSA. If the amount is zero or the question does not apply, please write "0".

1) CASH, SAVINGS AND CHECKING ACCOUNTS (Amounts valid as of the date you filed the FAFSA)

Cash = \$

Savings = \$

Checking = \$

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature

____/____/____
Date

MAILING ADDRESS