



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