2013-2014 HSC Professional Student Asset Verification Form

Student Name (please print): ______________________________________________  TUid#: _________________________

Information you provided on your 2013-2014 financial aid application (FAFSA) indicates some assets are held by you (and your spouse) and/or your parent(s). Please mark the items pertaining to you and provide the current net worth. Net worth means current value minus debt. Investment value includes the market value of those investments as of today. Investment debt means only those debts that are related to the investments.

___ Total current value of cash, checking and/or saving accounts:

Student/Spouse $ _____________________  Parent(s) $ _____________________

___ Do you or your parent(s) have any investments?

Investments include: real estate (other than the home you live in), trust funds, money market funds, mutual funds, certificates of deposit, stocks, bonds, other securities, Education IRAs, college savings plans, commodities, installment and land sale contracts.

Do not include the face value of life insurance, retirement plans, non-education IRAs or pre-paid tuition plans.

Student/Spouse Net Worth of Investments $ _____________________

Parent(s) Net Worth of Investments $ _____________________

___ Do you or your parent(s) own a business and/or investment farm?

Business and/or investment farm net worth includes the market value of the land, buildings, machinery, equipment, inventory, etc. minus any debt for which the business and/or investment farm was used as collateral.

Student/Spouse Net Worth of Business/Investment Farm $ _____________________

Parent(s) Net Worth of Business/Investment Farm $ _____________________

Certification: By signing this worksheet, we certify that all information reported on this form is complete and correct to the best of your knowledge. At least one parent must sign. Providing inaccurate or incorrect information may result in the loss of Federal and University aid eligibility. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.

Student Signature: _________________________________________________________  Date:  ______________________

Student’s Spouse Signature: _________________________________________________  Date: ______________________

Parent Signature: __________________________________________________________  Date: ______________________

Please contact Student Financial Services if you need help completing this form.

Return this form to the campus or school you are or will be attending:

<table>
<thead>
<tr>
<th>Temple University: HSC Campus</th>
<th>Temple University: School of Podiatric Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Financial Services</td>
<td>Student Financial Services</td>
</tr>
<tr>
<td>3340 N. Broad St.</td>
<td>8th and Race Streets</td>
</tr>
<tr>
<td>Student Faculty Conference Building, LB-41</td>
<td>Philadelphia, PA 19107</td>
</tr>
<tr>
<td>Philadelphia, PA 19140</td>
<td>215-625-5447 (phone)</td>
</tr>
<tr>
<td>215-707-2667 (phone)</td>
<td>215-629-4907 (fax)</td>
</tr>
<tr>
<td>215-707-2917 (fax)</td>
<td></td>
</tr>
</tbody>
</table>