

**STUDENT FINANCIAL ASSISTANCE**

6525 North Sheridan Road  
Sullivan Center Room 190  
Chicago, Illinois 60626  
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Scan completed form and E-mail to [finaidforms@luc.edu](mailto:finaidforms@luc.edu)



*Preparing people to lead extraordinary lives*

**2009–2010 PARENT REAL ESTATE/INVESTMENT VERIFICATION**

**Student Name:** \_\_\_\_\_  
(Please print)

**Loyola ID:** \_\_\_\_\_  
(Your 11-digit Loyola ID number begins 0000.)

**Directions:** Please have your parent(s) complete the following inquiry regarding their real estate/investment(s). Attach additional sheets, if necessary.

**DO NOT INCLUDE THEIR HOME OR PRIMARY RESIDENCE**, but do include rental portions (if the residence is a duplex, two-flat or apartment building). Indicate N/A if an item does not apply.

**Concerning:** Please give the full address of the property:

\_\_\_\_\_ **Unit #** \_\_\_\_\_ (if applicable)

What was the **total value** of the investment as of the date the FAFSA was signed? \$ \_\_\_\_\_

What was the **total debt** owed on the investment as of the date the FAFSA was signed? \$ \_\_\_\_\_

Do your parents own the property solely or are they in partnership owning only a percentage? If a partnership, what **percentage** of the property is owned by your parents? \_\_\_\_\_

If you have reported the total debt greater than the total value, explain why and attach supporting documentation.

**Concerning:** Please give the full address of the property:

\_\_\_\_\_ **Unit #** \_\_\_\_\_ (if applicable)

What was the **total value** of the investment as of the date the FAFSA was signed? \$ \_\_\_\_\_

What was the **total debt** owed on the investment as of the date the FAFSA was signed? \$ \_\_\_\_\_

Do your parents own the property solely or are they in partnership owning only a percentage? If a partnership, what **percentage** of the property is owned by your parents? \_\_\_\_\_

If you have reported the total debt greater than the total value, explain why and attach supporting documentation.

**Certification Statement:**

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

\_\_\_\_\_  
Mother/Stepmother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Stepfather's Signature

\_\_\_\_\_  
Date



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