



St. John's University
Office of Student Financial Services
Cash/Savings/Checking Form

Student Name: \_\_\_\_\_ ID Number X\_\_\_\_\_

Submit form by securely uploading to: www.stjohns.edu/SFSdocumentupload

Please do not submit originals of any supporting documentation. Originals cannot be returned.

You must submit documentation to verify all information listed below including bankbook and/or bank statement copies. Please attach Schedule B of a federal tax return for parents and/or student. If additional space is required, please list on another page and attach.

Note: If some of the accounts were closed or depleted, you must report the cashed out value and provide proof if the money was used to pay off debts (ex. Medical bills/credit cards/mortgage). Do not include personal or consumer loans, the value of retirement plans, pension funds, annuities, I.R.A.s, KEOGH plans or student financial aid.

A. Parent's cash, savings and checking account balances as of the date you filed the FAFSA form.

Table with 3 columns: TYPE OF ACCOUNT, NAME OF BANK, AMOUNT IN BANK ACCOUNT. Includes sub-headers and four rows of blank lines for data entry.

B. Student's (and spouses, if applicable) cash, savings and checking account balances as of the date you filed the FAFSA form.

Table with 3 columns: TYPE OF ACCOUNT, NAME OF BANK, AMOUNT IN BANK ACCOUNT. Includes sub-headers and four rows of blank lines for data entry.

CERTIFICATION: I (we) hereby attest that all the information on this form is accurate to the best of my (our) knowledge. I (we) understand that providing false or misleading information can jeopardize financial aid eligibility and subject me (us) to federal penalties.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ Date \_\_\_\_\_