

Asset and Benefit Eligibility Form 2024-2025

Answer each question regarding the student and if applicable, the students' supporting parent(s). Visit https://www.ohio.edu/financial-aid/forms for directions on submitting your forms using our Secure Upload Portal or by mail or fax.

Stı	udent Name	Student PID (Pxx	xxxxxxxx)	
Wr	itten Student Signature (Electronic Signature Not Accepted	Date		
	itten Parent Signature (Electronic Signature Not Accepted) arent signature required for dependent students)	Date		
	Means-Tested Federal Benefits			
1.	Please indicate if anyone supported by you or your pare 2022 or 2023.	nt(s) received benefits fr	om any of these programs in	
	_Medicaid OR Supplemental Security Income (SSI)	Temporary Assista	nce for Needy Families (TANF	
	_Free or Reduced school lunches		ition Assistance Program Infants, and Children (WIC)	
	_None of Above			
	Assets:			
2.	Report the requested amounts below that accurately reflect assets as of the completion date of your original 2024-2025 FAFSA. Enter either a ZERO or a dollar value for each item below. Do not leave this blank.			
		Student/Spouse	Parent(s)	
	Balance of cash, savings and checking accounts			
	Value of investments (Do not include home, retirement plans, and pensions)			
	Net Value of Businesses and/or Farms			