For Office use only	SARF27
___Mail ____Counter ____Email ____Fax ____Other	
Received by:_____ Date Received:_____	
Entered by:_____ Date Entered:_____	
□ Document Complete File Location: _____	

HOLYOKE COMMUNITY COLLEGE

303 Homestead Avenue
Holyoke, MA 01040
413.538.7000

www.hcc.edu

Financial Aid Office
Phone: (413) 552-2150
Fax: (413) 552-2192

STUDENT Asset Reporting Form (2026-2027)

At Holyoke Community College, we want to make sure that everyone has an equal chance to go to college, no matter who they are. We know that getting money to pay for college is important, so we promise to be fair when we give out financial aid. We also want to make sure that trans and gender-expansive students don't face any barriers in accessing financial aid. If you have questions or concerns about this, you can talk to the financial aid office.

Student Name: _____ **Student ID:** _____

In reviewing your financial aid application, we find that student asset data, or review of previously submitted asset values, is now needed.

Please do not correct your FAFSA online. We will submit corrections based on documentation you provide to us.

Below please REPORT STUDENT (& spouse, if applicable) **ASSETS as of the date your 2026-2027 FAFSA was completed. Note that it would be highly unusual for more than one item to have the same non-zero value.**

(*Refer to https://fafsa.gov for detailed instructions.*)

- Cash, Savings, Checking …….. $_____
- Child support received in the last complete calendar year…… $_____
- Investment Net Worth (net worth means current value minus debt)

  *Financial Investments _____ + **Real Estate Equity _____ = $_____

  * *Exclude retirement accounts.*

  ** *Do NOT count any part of equity in primary residence unless a portion is rented outside family.*

- Business and/or *Investment Farm Net Worth …….$_____
  Net worth of a farm includes the value of a family farm. However, the value of a family's primary residence is still excluded."
- *Education Savings Account designated for student…….…… $_____
  **** Exclude accounts for other children***

Student Signature: _____ **Date:** _____

Parent Signature (if dependent): _____ **Date:** _____

For more information on processing and verification deadlines, please visit http://www.hcc.edu/finaid/deadlines