

2026-2027 Student Asset Clarification Form

We need to clarify some parent information on the financial aid application before we can determine your eligibility. If you have questions, contact us at financialaid@case.edu or 216-368-4530.

First Year and Transfer Applicants: Submit this form via the admission portal checklist - <https://go.case.edu/apply/status>

Current CWRU Students: Submit this form via your My Financial Aid portal - <https://case.edu/financialaid/myfinancialaid>

Student's Last Name	Student's First Name	SIS/PeopleSoft Student ID	Date of Birth
Student Spouse's Last Name (if applicable)	Student Spouse's First Name (if applicable)		

A. Which federal benefits have anyone in your household received during 2024 or 2025? (check all that apply)			
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Free or Reduced Lunch (due to your income)	<input type="checkbox"/> Supplemental Security Income (SSI)	
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children	<input type="checkbox"/> Federal Housing Assistance	
<input type="checkbox"/> Earned Income Credit	<input type="checkbox"/> Health Insurance Subsidy	<input type="checkbox"/> Medicaid	
<input type="checkbox"/> No one in my household received these benefits in 2024 or 2025			

Provide info as of the date the FAFSA was filed	Student	Spouse (if applicable)
Net worth of investments (such as stocks, bonds, CDs, etc)		
529 college savings plan for the student		
Total cash, savings, and checking account balances		
Value of your primary home (if owned)		
Debt on your primary home (if owned)		
Purchase price of your primary home (if owned)		
Year in which the primary home was bought (if owned)		
Value of other properties		
Debt on other properties		
Value of businesses and/or investment firms		
Debt on businesses and/or investment firms		

B. How much child support did you receive in 2024?			
Person who made the payment	Child the payment was received for	Child's Age	Amount

I confirm that all information provided on this form and on the Free Application for Federal Student Aid (FAFSA) is accurate and complete to the best of my knowledge. I understand that giving false or misleading information on this form or the FAFSA may result in a fine of up to \$20,000, a prison sentence, or both. ***I also understand that electronic signatures are not accepted.***

Student's Signature	Date
Student Spouse's Signature (if applicable)	Date