National Disaster Area Asset Adjustment Form

Student Name (Last, First, MI) ____________________________ CofC ID ____________________________

Parent Name (Last, First, MI) __________________________________________________________

Parent Mailing Address: _______________________________________________________________

Parent Email Address: _________________________________________________________________

Parent Daytime Telephone No.: _________________________________________________________

1. **Home**
   - Previous Value $______________ Previous Debt $______________
   - Present Value $______________ Present Debt $______________
   - Expected Insurance or Other Reimbursement $______________

2. **Investments/Real Estate**
   - Previous Value $______________ Previous Debt $______________
   - Present Value $______________ Present Debt $______________
   - Expected Insurance or Other Reimbursement $______________

3. **Business/Farm**
   - Previous Value $______________ Previous Debt $______________
   - Present Value $______________ Present Debt $______________
   - Expected Insurance or Other Reimbursement $______________

4. **Personal/Content Property**
   - Previous Value $______________ Previous Debt $______________
   - Present Value $______________ Present Debt $______________
   - Expected Insurance or Other Reimbursement $______________

P: 843.953.5540  F: 843.953.7192
COFC.EDU/FINAILD
FINANIALAID@COFC.EDU
66 GEORGE ST. | CHARLESTON, SC 29424-0001
5. **Relocation Expenses not covered by insurance or other benefit program.** $____________________

6. **Current Cash/Savings/Checking Account:** $____________________
   *(Do not include any Disaster Relief)*

_______________________________

Student Name (Last, First MI)  CofC ID

This procedure is designed to allow for corrections to asset data only. Adjustments for loss of income which meet eligibility for adjustment will be made from data collected on the Parent or Student Contribution Adjustment Request forms, PCAR /SCAR, respectively. These forms may be downloaded from our website at: [www.cofc.edu/finaid](http://www.cofc.edu/finaid).

I hereby certify that I or my parent(s) whose financial information was provided on my 2015-16 Free Application for Federal Student Aid (FAFSA) experienced a loss of, or damage to, assets due to a natural disaster which occurred in

_______________________________

Location - (city, county, state)  On this Date - (Month, Year)

I (we) certify that the information contained on this form is true and accurate to the best of our knowledge. Further it is understood that intentional misrepresentation of the facts pertaining to my case may result in fines up to $10,000 and/or imprisonment.

_______________________________  _______________________

Student Signature  Spouse Signature

_______________________________  _______________________

Parent Signature  Date

P&P 9.3.4.1 Last update: 02/06/2015