



FINANCIAL AID 2026-2027
CLARIFICATION OF PROPERTY VALUE

Name of Student: _____ Class Year _____ Banner ID _____

Please provide additional information about the property(ies) that your family owns in the spaces below. First, please complete the information about your family's primary residence. Then list the market value and debt total for **all** other real estate owned such as rental property, second home/vacation home, timeshare or land. Once completed, please have at least one parent sign this form.

Primary Residence, Property #1		
<u>Market Value</u>	<u>Year of Purchase</u>	<u>Address:</u>
<u>Total Debt</u>	<u>% Portion you Live In</u>	
<u>Purchase Price</u>	<u>% Portion You Rent</u>	
Property #2	Property #3	Property #4
<u>Market Value</u>	<u>Market Value</u>	<u>Market Value</u>
<u>Total Debt</u>	<u>Total Debt</u>	<u>Total Debt</u>
<u>Purchase Price</u>	<u>Purchase Price</u>	<u>Purchase Price</u>
<u>Year of Purchase</u>	<u>Year of Purchase</u>	<u>Year of Purchase</u>
<u>% Percent Ownership</u>	<u>% Percent Ownership</u>	<u>% Percent Ownership</u>
<u>Address:</u>	<u>Address:</u>	<u>Address:</u>
Comments:		

Certification and Signature: I certify that the information provided above is true and complete to the best of my knowledge.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

Please upload this form through Self-Service Banner (SSB) <https://selfservice.brown.edu>

The Warren Alpert Medical School ~ Office of Financial Aid ~ Box G-M123 ~ Providence RI 02912
phone: 401-863-1142 ~ email: MD_FinAid@brown.edu ~ fax: 401-863-5113