



Date: _____ Student ID: _____
Last Name: _____ First Name: _____
Phone Number: _____ Email Address: _____

During the verification review, we have identified some conflicting information that needs to be resolved. Your 2016 tax return shows income (or loss) from a business or farm. This differs from the "net worth" amount of business or farm asset reported on your 2018-2019 FAFSA.

Report all the business assets you or your parent(s) own or partially own. Values should be the full fair market value as of the day you completed the 2018-2019 FAFSA.

Do not leave any items blank. Use '0' if an item doesn't apply.

BUSINESS /FARM	STUDENT	PARENT (Student's Spouse)
1. Are you self-employed or does your family hold an interest in any business/farm? (e.g. Sole Proprietorship, Partnership, C-Corporation, S-Corporation)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If "Yes", what is the name of your business/farm?		
3. What is your percent of ownership in the business/farm?	_____ %	_____ %
4. How many full time employees does your family's primary business have?		
5. If applicable, list the name(s) of your business partner(s), your relationship to the partner(s) and the % of their ownership in the business: Name: _____ Relationship: _____ _____ % Name: _____ Relationship: _____ _____ %		
6. List the total Net Value of the business (Net Value is the total value of the business minus the total debt owed on the business)	\$ _____	\$ _____
*IMPORTANT - If you and/or your family have ownership of more than 1 business, please attach a separate sheet listing the names of the businesses, percent ownership of each business and number of employees for each business.		

CERTIFICATION

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a fine, a prison sentence, or both, according to Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance

Student Signature

Date

Parent Signature (Required for Dependent Students)

Date