

**Financial Aid Services**

500 Wilcox Street  
Joliet, IL 60435  
815-740-3403  
Toll Free: 866-890-8331  
Fax: 815-740-3822  
E-mail: [finaid@stfrancis.edu](mailto:finaid@stfrancis.edu)



**UNIVERSITY OF ST. FRANCIS**

**VERIFICATION OF BUSINESS VALUE  
2007-2008**

**Student's Name:** \_\_\_\_\_ **SSN or USF ID#** \_\_\_\_\_

Upon review of your application for financial assistance, we must request some additional information. Your family reported on the 2006 Federal Income Tax Return a "Business Income or Loss" of \$\_\_\_\_\_. This asset does not appear to have been reported on the Free Application for Federal Student Aid (FAFSA). To clarify this dollar amount, please complete the section below regarding the **value and debt of this asset** as of the day the FAFSA application was completed. Provide a description of this asset in the "Explanation" section. Be sure to only report your family's portion of this asset. If there is no value or debt to report, enter zeros below and provide a written explanation. Please do not hesitate to contact our office if you have any questions regarding this information.

**Business Value:** \$ \_\_\_\_\_

**Business Debt:** \$ \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I/We certify the above information to be true and correct to the best of our knowledge.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date