

VERIFICATION OF BUSINESS VALUE
2008-2009

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 2007 Federal Income Tax Return a "Business Income or Loss" of \$_____. Please answer the following question:

- Is this business family owned and controlled (by you and your parents) and has 100 or fewer full-time or full-time equivalent employees?
- If yes*, please sign and date the form below and return it to our office.
- If no*, it appears this asset may not have been reported on the Free Application for Federal Student Aid (FAFSA). Please complete the section below to clarify 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 sign and date the form below and return it to our office. 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