



VERIFICATION OF BUSINESS VALUE
2019-2020

Student's Name: _____ USF ID or SSN: _____

To complete your application for financial assistance, additional information is needed. Your family reported on the 2017 Federal IRS Income Tax Transcripts a **Business Income or Loss (Schedule C, CZ or F)**. Please feel free to contact Financial Aid Services if you have any questions regarding this information.

Please answer the following question:

Is this business family owned and controls more than 50 percent of the business and the business has 100 or fewer full-time or full-time equivalent employees? Yes No

If yes, sign and date the form below and return it to our office.

If no, the value of this business needs to be confirmed for verification purposes. Complete steps below:

1. Complete the section below regarding the **Business Net Value** (*Business Value minus Business Debt*) as of the day the Free Application for Federal Student Aid (FAFSA) application was submitted.

Business Value: \$ _____

Business Debt: \$ _____

2. **A written explanation of the tax return information is required.** Provide a description of the Business in the **Explanation** section below. Be sure to only report your family's portion of this asset.
3. If there is no value or debt to report, enter zeros below and provide a written explanation below. Sign and date the form below and return it to our office. Contact our office if you have any questions regarding this information.

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

Please return the completed form to:

Financial Aid Services

500 Wilcox Street Joliet, IL 60435 | finaid@stfrancis.edu
(815) 740-3403 | Toll-free: (866) 890-8331 | Fax: (815) 740-3822