



VERIFICATION OF BUSINESS VALUE
2020-2021

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

To complete your application for financial assistance, additional information is needed. Your family reported on the 2018 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