Verification of Business Value

StudentName:

We are requestinginformation to confirm the value and/or debt of the business(es)r farm(s)that the family either owns, is a partner of, or has equityakein. This could be from businesses or farms reported on Schedule C, Schedule E, Schedule H; orm 1065 K-PartnershipsSCorporations, etc.

Instructions:

- 1. Within 30 days of the receipt of this request, please submit this completed form.
- 2. Please indicate the value each busineser farmas of the date theaid applications were filed.
- 3. Please indicate the debt for each businessarmas of the date the aid applications w

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	\$	\$
	\$	\$
3:	\$	\$
4:	\$	\$
	s above have more than 100 fu l time or full-t es, Name foBusiness(es <u>):</u>	

Does your family live on and operate the farm(s) that are indicated bove? _______ If yes, Name of Farm(s)

CertificationsandSignatures

By signing this form, you certify the information reported is true, correct, and complete. The student and one parent whose information was reported on the FAFS An ust sign and date.

Student'sName

FairfieldUniversity Officeof FinancialAid

FairfieldID: