

## 2023-2024 Parent Business Value Form

STUDENT: Last Name			FIDN#: A		
Last	Name	First Name			
			) own or have a business asse ported should be as of the dat	et. Please complete all of the e the FAFSA was filed.	
Enter "0" if the answ	er is Zero. Do not leav	e any lines blank.			
Name of Business:			Number of Employees:		
Name of Parent Owner	(s)		Percentage of Ownership:%		
Type of Business:	Sole Proprietor	Partnership	Corporation-Corporation	type:	
For Partnerships: List 1	non-parent partners belo	DW:			
Name of Owner/Partner		Relati	onship to Student	Percentage of Ownerships	
Name of Owner/Partner		Relationship to	Student	Percentage of Ownerships	
Name of Owner/Partner		Relationship to	Student	% Percentage of Ownerships	
Parents Total Business Value: \$		Parents Tota Business De	l bt: \$		
If your parent(s) do no	t own a business, please	e explain the source	of business income reported	in the box below:	

By signing this form, I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature. We do not accept electronic signatures.

Student's Name (Print)	Student's Signature	Date
Parent's Name (Print)	Parent's Signature	Date