2019-2020 Parent Business Clarification

STUDENT: __________________________________________  __________________________
    Last Name                        First Name

FIDN#:A________________________

You indicated on your financial aid application that your parent(s) own or has a business asset. Please complete all of the questions below to clarify your parents’ business. The values reported should be as of the date the FAFSA was filed.

Enter “0” if the answer is Zero. Do not leave 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 non-parent partners below:

<table>
<thead>
<tr>
<th>Name of Owner/Partner</th>
<th>Relationship to Student</th>
<th>Percentage of Ownership</th>
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Business Value: $______________  Business Debt: $______________

If your parent(s) do not own a business, please explain the source of business income reported in the box below:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Student’s Name (Print)  __________________________  Student’s Signature  __________________________  Date  ____________

Parent’s Name (Print)  __________________________  Parent’s Signature  __________________________  Date  ____________

By signing this form, you certify the information reported above is true and accurate to the best of your knowledge. If additional information is requested, you agree to provide us with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature.