FORDHAM UNIVERSITY
THE JESUIT UNIVERSITY OF NEW YORK

Submit Documents Via
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Fax: (718) 817-3921

2020-2021 Parent Business Value Form

STUDENT: _____ _____ **FIDN#:A**_____
Last Name **First Name**

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:

_____ Name of Owner/Partner	_____ Relationship 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

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:

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.

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

Office of Student Financial Services
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Rev 09/2019