



## 2026-2027 Parent Business Value Form

STUDENT: \_\_\_\_\_ FIDN#: A \_\_\_\_\_  
Last Name First Name

You indicated on your financial aid application that your parent(s) own or have 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

Parents Total

Business Value: \$ \_\_\_\_\_

Parents Total

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. We do not accept electronic signatures.

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

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