Enter your JCC ID: J00_____
FA 1718 BUSVAL

You must print this form-cannot submit online

JCC SUNY

BUSINESS/INVESTMENT FARM NET WORTH

Reason for this form: Sometimes during a federal student aid review the financial aid office finds conflicting information, or a possible error in reporting business value on the FAFSA. In these cases, verification is required to confirm the net worth of business or farm as of the day you signed the FAFSA. If errors are found based on the submission of this form, our office will correct your 2017-18 FAFSA as needed.

Student's name: _____ **Phone:** _____

SECTION A: Business/Farm Information

Name of business/farm: _____ Address: _____

Name of business/farm owner: _____ ☐ Parent ☐ Student

Type of business: ☐ Sole Proprietor ☐ Partnership ☐ Corporation (Type: ☐ C ☐ S)

☐ YES ☐ NO **Does your family* own and control more than 50% of the business/farm?**

☐ YES ☐ NO **Does the business/farm have 100 or fewer full time or full time equivalent employees?**

☐ YES ☐ NO ☐ N/A **Does your family live on the farm that you operate?**

Family *includes: (1) People directly related to you such as a parent, sibling or cousin; or (2) People who are or were related to you by marriage, such as a spouse, stepparent or in-law.*

If you answer "No" to any question you must provide business/farm value information. Report values as of the day the FAFSA was filed. View this date on your 2017-18 Student Aid Report (SAR) at www.fafsa.gov.

Business/Farm Market Value: *Includes the value of land, buildings, machinery, equipment, inventory, etc.*	$ _____
Business/Farm Debt: *Includes only those debts for which the business/farm was used as collateral.*	- $ _____
Business/Farm Net Value: *Market Value minus Debt*	= $ _____

SECTION B: Certification

I certify that all information provided in this document is true, complete and accurate. I understand that if I purposely give false or misleading information I may be fined, sentenced to jail, or both.

Student signature:_____ Complete, print and sign. _____

Parent signature:_____ Date: _____

(Parent signature required if student is dependent for federal student aid purposes.)

JCC Financial Aid Office | PO Box 20 | Jamestown, NY 14702-0020
Jamestown 716.338.1009 | 1.800.388.8557 ext 1009 | **Olean** 716.376.7512 | 1.800.388.8557 ext 7512
FAX 716.338.1459 | EMAIL financialaid@mail.sunyjcc.edu
We recommend you mail your documents via the US Postal Service to protect your personal information.