



Fairfield University
Office of Financial Aid

Please email completed form to: finaid@fairfield.edu
Or mail to: Office of Financial Aid
1073 North Benson Road
Fairfield, CT 06824
Fax: 203-254-4008

Verification of Business Value

Student Name: _____

Fairfield ID: _____

We are requesting information to confirm the value and/or debt of the business(es) or farm(s) that the family either owns, is a partner of, or has equity stake in. This could be from businesses or farms reported on Schedule C, Schedule E, Schedule F, Form 1065 K-1 Partnerships, S-Corporations, etc.

Instructions:

1. Within 30 days of the receipt of this request, please submit this completed form.
2. Please indicate the value for each business or farm as of the date the aid applications were filed.
3. Please indicate the debt for each business or farm as of the date the aid applications were filed.

<u>Name of Business/Farm</u>	<u>Value as of Aid Application Completion</u>	<u>Debt as of Aid Application Completion</u>
1: _____	\$ _____	\$ _____
2: _____	\$ _____	\$ _____
3: _____	\$ _____	\$ _____
4: _____	\$ _____	\$ _____

Do any of the reported businesses above have more than 100 full-time or full-time equivalent employees?

_____ **If yes, Name of Business(es):** _____

Does your family live on and operate the farm(s) that are indicated above? _____ **If yes, Name of Farm(s):**

Certifications and Signatures

By signing this form, you certify the information reported is true, correct, and complete. The student and one parent whose information was reported on the FAFSA must sign and date.

Student's Name (print) and Signature

Date

Parent's Name (print) and Signature

Date