



Office of Financial Aid

T: 516.323.4200

F: 516.323.4213

Statement of Business/Farm Value/Debt

Section A

Complete this form regarding information for the _____ Parent _____ Student

Student's Name: _____ Student I.D# _____

Business Name: _____

Product/Service: _____

Business Address: _____

Number of Employees: _____ (list the total number of owners, partners, and employees)

Section B

If your business has less than 100 employees, do not complete the rest of this form. Just sign at the bottom of the page.

Current Value of Business: _____

(The market value of land, buildings, machinery, equipment, inventory, etc)

Current Business Debt: _____

(Debt means only those debts for which the business was used as collateral)

Net Value of Business: _____

(Use the value of the business minus the business debt to get this figure)

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____
(if applicable)

Father's Signature: _____ Date: _____
(if applicable)

Mother's Signature: _____ Date: _____
(if applicable)