

business you own:

Office of Student Financial Services 12 East 53rd St, New York, NY 10022 Phone: 212-310-0689

Fax: 212- 750-3452

2023-2024 Business/Farm Net Value Statement

The following information is required for clarification regarding the business/farm assets reported on your 2023-2024 Free Application for Federal Student Aid (FAFSA). Complete this form for each business or farm. All values should be reported as of the date that you originally signed the 2023-2024 FAFSA. (Use black or blue ink only. No cross-outs or white-outs.)

No cros	ss-outs or white-o	uts.)				
STUDE	NT INFORMATI	ION				
Last Name		First Name		<u></u>		
						@limcollege.edu
LIM ID			LIM Email			
INSTRU	UCTIONS					
:	Debt remaining m Self-Employment	neans the remaining	debt for which the me directly from on	business or f	e date you filed your farm was used as colla iness, trade, or profess	nteral.
GENER	RAL INFORMATI	ON				
Reporte	ed information is fo	☐ Student	□Spous	e □Parent(s)	☐Parent(s) (if dependent)	
Name aı	nd Type of Busines	ss:				
1.	Were you and/or self-employed in	r your spouse (if inc n 2021?	lependent) or you	r parent(s) (i	if dependent) □ / es	□ No
2.		ess income from sel es to questions 1 ar		wing questio	☐ Yes ons and go straight to	☐ No question 5.
3.	a. Persons dirb. Persons wh	wned and controlled rectly related to you no are or were relat ster-in-law, etc.)?	u (such as a parent,	, sibling, cou	isin, etc.)? s a spouse, step-parer Yes	nt, □ No
4.		s have 100 or fewer es to questions 3 ar			☐ Yes ons and go straight to	□ No question 5.
BUSIN	ESS INFORMAT	ION				
		M	arket Value		Debt (Remaining
Busine	 :SS	\$			\$	
S-Corp	· ·	\$	\$		\$	
Partne	rship	\$		-	\$	
time er	number of full- mployees:					
Percen	ntage of the					



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farm in 2021? If you answered No	to question 5, skip the rest of form, sig	gn and submit the form.	
and operate the far	r spouse (if independent) or your pare m? s to question 6, skip the rest of form, si	☐ Yes	5 □ No
FARM INFORMATION			
Farm	Market Value	Debt Re	maining
Name and type of Farm:			
Percentage of the farm you own:			
ification Statement: Handy	written sianature(s) ONLY		
tification Statement: Handv igning this form, I/we certify	written signature(s) ONLY by that all the information on this form i	is accurate and complete.	
			Date: