

business you own:

Office of Student Financial Services 12 East 53rd St, New York, NY 10022

Phone: 212-310-0689 Fax: 212- 750-3452

## 2025-2026 Business/Farm Net Value Statement

The following information is required for clarification regarding the business/farm assets reported on your 2025-2026 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 2025-2026 FAFSA. (Use black or blue ink only. No cross-outs or white-outs.)

blue ink only. No cross STUDENT INFORMA		.)				
Last Name		First Name	First Name			
					@limcollege.edu	
LIM ID		LIM Email				
<ul><li>Debt remaining</li><li>Self-Employmer</li></ul>	neans the value of th means the remaining nt means earning inco or wages from an em	g debt for which the ome directly from on	business or farm v	vas used as colla	teral.	
GENERAL INFORMA	TION					
Reported information is	for (check one):	☐ Student	□Spouse	□Parent(s)	(if dependent)	
Name and Type of Busin	ess:					
Were you and, self-employed	or your spouse (if ir I in 2023?	ndependent) or youi	r parent(s) (if dep	endent) □ <b>r</b> 'es	□ No	
	iness income from so If Yes to questions 1 o		wing questions an	☐ Yes d go straight to	□ No question 5.	
<ul><li>a. Persons of</li><li>b. Persons of</li></ul>	owned and controlled directly related to you who are or were related to you with the controlled to you with the controlled to you will be so	ou (such as a parent,	, sibling, cousin, e	•	nt,	
4. Does the busine	ess have 100 or fewe	er full-time employe	es?	☐ Yes	☐ No	
	d Yes to questions 3 (			d go straight to	question 5.	
BUSINESS INFORMA	TION					
	N	Narket Value		Debt I	Remaining	
Business	\$		\$			
S-Corp	\$		\$			
Partnership	\$		\$			
Total number of full- time employees:						
Percentage of the						



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ii vou ulisweleu ivo	to question 5, skip the rest of form, sign	$\square$ Yes and submit the form.	☐ No
6. Do you and/or your and operate the far	r spouse (if independent) or your parent(	(s) (if dependent) live on	□ No
FARM INFORMATION			
Farm	Market Value	Debt Remainii	ng
Name and type of Farm:			
Percentage of the farm you own:			
	written signature(s) ONLY by that all the information on this form is a	nccurate and complete.	
tification Statement: Handw signing this form, I/we certify udent Signature:		accurate and complete.	