



OFFICE OF FINANCIAL ASSISTANCE
Student Asset/Liability Statement for Business or Farm

Student's Name: _____ VU Student ID or SSN: _____

Please complete all questions (if not applicable, indicate N/A or \$0. Do not leave any questions blank). If you own more than one business or farm, please make a copy of this form and complete a separate one for each business or farm. After completing this form, return it to: Office of Financial Assistance, Villanova University, 800 Lancaster Avenue, Villanova, PA 19085 or fax to 610-519-7599.

Student's (and spouse, if applicable) Business/Farm Information

Name of Business/Farm: _____

Address of Business/Farm: _____

Type of Business/Farm: Sole Proprietor Partnership Corporation

Your Percentage of Ownership: _____ % Give name(s) of owners & partners, the relationship to the student, and their percentage of ownership. _____

Describe principal product or service: _____

Business/Farm Assets

List total asset value (a reasonable estimate of what each asset is worth & could be sold for) as of the date of completing the FAFSA.

Cash and short term investments	\$
Accounts receivables	\$
Inventories	\$
Land	\$
Buildings	\$
Machinery / equipment	\$
Other assets (explain)	\$
Total Assets	\$

Liabilities

List total liabilities as of the date of completing the FAFSA.

Accounts payable	\$
Mortgages on Land and Building(s)	\$
Debts on Equipment	\$
Other current debts	\$
Total Liabilities	\$

Student's Signature: _____ Date: _____