



**2012-2013 Student Asset/Liability Statement for Business or Farm
Office of Financial Assistance**

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Student's Name: _____ **Villanova University Number:** _____ (8 digit number)

For consideration of Villanova University Grant assistance, if a parent (or stepparent) is self-employed or has interest or involvement in a corporation or partnership or any interest or ownership in a business or farm, a completed Parental Asset/Liability Statement for Business or Farm is required to be completed.

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.

Attach form 1120, 1120S, or 1065 and copies of all K-1's if completed.

Student's Business/Farm Information

Name of Business/Farm: _____

Address of Business/Farm: _____

Type of Business/Farm: ___ Sole Proprietor ___ Partnership ___ Corporation

Your Percentage of Ownership: _____ %

Number of Full-time or Full-time Equivalent Employees: _____

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.

LIST ONLY THE VALUE RELATED TO YOUR PERCENTAGE OF OWNERSHIP.

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

Liabilities

List total liabilities as of the date of completing the FAFSA. **LIST ONLY THE DEBT RELATED TO YOUR PERCENTAGE OF OWNERSHIP.**

Accounts payable	\$
Mortgages on Land and Building(s)	\$
Debts on Equipment	\$
Other current debts of the business or farm named above (list)	\$
Total Liabilities	\$

Remember to complete a separate Asset/Liability Form for each business or farm that you own or in which you have an interest.

Signature of Student: _____ Date: _____

Signature of Spouse (if applicable): _____ Date: _____

NOTE: Consideration for Villanova University Grant will not be given if this form is not completed and returned to the Office of Financial Assistance.