



VERIFICATION OF  
BUSINESS and/or FARMS

Financial Aid Office  
141 College Drive  
Albemarle, NC 28001  
Telephone: (704) 991-0302  
Fax: (704) 991-0255

*(Please review this form, answer all questions, sign, and return to the SCC Financial Aid Office)*

Your financial aid record indicates that you, your spouse and/or parent(s)\* are self-employed. The SCC Financial Aid Office requests the net worth of your business(es) and/or investment farm(s). Business and/or investment farm values include the market value of land, buildings, machinery, equipment, inventory, etc.

1. What is the value of the business and/or farm **property**? \$ \_\_\_\_\_

2. What is the value of the business and/or farm **buildings**? \$ \_\_\_\_\_

3. What is the value of the business and/or farm **equipment**? \$ \_\_\_\_\_

**Total Value** *(Add lines 1, 2, 3)* \$ \_\_\_\_\_

What is the total amount **owed** on the business and/or farm? \$ \_\_\_\_\_

As of the date you completed the FAFSA, what is the **Net Worth** of your and/or spouse current business and/or investment farm? \$ \_\_\_\_\_  
*(To calculate net worth, subtract amount owed from Total Value)*

Do you, your spouse and/or parents\* live on the business/and or farm property? \_\_\_\_\_

How many full-time or full-time equivalent employees are employed by the business and/or investment farm? \_\_\_\_\_

**Acknowledgement:** I certify that the above information is true and factual to the best of my knowledge.

\_\_\_\_\_ (Student signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Spouse signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Parent signature)\* \_\_\_\_\_ (Date)

**\*Parent data is only required if the student is considered a Dependent under Federal Guidelines.**