HUNTER
The City University of New York

Office of Financial Aid - Room 241 North
695 Park Avenue, New York NY 10065
Phone: 212-772-4820
Email: finaid@hunter.cuny.edu

2021-2022 Business/Farm Net Value Statement

The following information is required because the taxes provided indicated one or more of the following:

- Business Income (IRS Schedule 1 Line 3)
- S-Corp/Partnership Income (IRS Schedule 1, Line 5)
- Farm Income (IRS Schedule 1, Line 6).

Complete this form for each business or farm. All values should be reported as of the date that you originally signed the 2021-2022 Free Application for Federal Student Aid (FAFSA). (Use black or blue ink only. No cross-outs or white-outs.)

STUDENT INFORMATION

_____ _____ _____
Last Name First Name MI

_____ _____@myhunter.cuny.edu
EMPLID Hunter Email

INSTRUCTIONS

- **Market value** means the value of the investment if it was sold on the date you filed your FAFSA.
- **Debt remaining** means the remaining debt for which the business or farm was used as collateral.
- **Self-Employment** means earning income directly from one's own business, trade, or profession rather than as a specified salary or wages from an employer.
- Complete this form **for each business or farm**.

BUSINESS INCOME INFORMATION

1. Who earned the business income in 2019? ☐ **Student** ☐ **Spouse** ☐ **Parent(s)**
2. What is the source of the business income in 2019? For more information, visit the IRS website: https://www.irs.gov/businesses

☐ **Independent Contractor** ☐ **Business** ☐ **S-Corp** ☐ **Partnership** ☐ **Farm**

*****Based on your answer to question 2 above, please go to the appropriate section below*****

INDEPENDENT CONTRACTOR

1. Name of Profession: _____
2. Was all the business income earned by this person in 2019 from this job? ☐ **Yes** ☐ **No**

BUSINESS, S-CORP, PARTNERSHIP

1. Name of Business, S-Corp, Partnership: _____
2. Is more than 50% of the business owned or controlled by:
   a. Persons directly related to the person (e.g., parent, sibling, cousin etc.)? ☐ **Yes** ☐ **No**
   b. Persons who are or were related by marriage to the person (e.g., spouse, stepparent, in-laws etc.)? ☐ **Yes** ☐ **No**
3. Does the business employ more than 100 full-time employees? ☐ **Yes** ☐ **No**
4. Provide the following information for the Business, S-Corp, Partnership:
   a. Market Value (Value of company if sold): $_____
   b. Debt Remaining: $_____
   c. Number of full-time employees: _____
   d. Percentage of Business, S-Corp, Partnership owned: _____%

FARM

1. Did the person own a farm in 2019? ☐ **Yes** ☐ **No**
2. Did the person live and operate on the farm in 2019? ☐ **Yes** ☐ **No**
3. Provide the following information for the farm:
   a. Market Value (Value of farm if sold): $_____
   b. Debt Remaining: $_____
   c. Percentage of farm owned: _____%

Certification Statement: ***Handwritten signature(s) ONLY***

By signing this form, I/we certify that all the information on this form is accurate and complete.

Student Signature:	Date:
Parent Signature (Dependent Student Only):	Date:

Please upload this form by logging into CUNYfirst, Select Campus Solutions > Self Service > Document Upload.