

The University of Virginia's College at Wise  
Office of Financial Aid  
One College Avenue, Wise, Virginia 24293  
Phone: (276) 328-0139 Fax: (276) 328-0251

**VERIFICATION OF BUSINESS VALUE AND DEBT**

Completion of this form is required when families reflect business income on their signed 1040's but report no business value and debt on their financial aid applications. Federal regulations require resolution of this conflict before financial aid awards are finalized for any school year.

Please complete the information requested below and return via mail to the address listed above or by fax at (276) 328-0251.

STUDENT NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

STUDENT PARENT(S)

\_\_\_\_\_ \_\_\_\_\_ **Step 1:** If your business currently employs 100 or fewer full time or full time equivalent employees please check here and proceed to step 4.  
(If not, you must complete steps 2, 3 and 4.)

\$ \_\_\_\_\_ \$ \_\_\_\_\_ **Step 2: BUSINESS VALUE**  
This should include the market value of land, buildings, machinery, equipment, tools, inventories, etc.

\$ \_\_\_\_\_ \$ \_\_\_\_\_ **Step 3: BUSINESS DEBT**  
This should include the present mortgage and Related debts for which the business was used for collateral. This amount cannot exceed the reported business value.

If the business has zero value and debt, please explain the nature of the business and why:

---

---

---

---

**Step 4.** By signing below, I certify that all of the information reported on this form is true and complete to the best of my knowledge. If I am asked, I agree to give proof that my information is correct. This proof might include a copy of the 2007 US Income Tax Form filed by my family or me. I understand that if I purposely give false or misleading information on this form, I may be subject to a \$10,000 fine, a prison sentence, or both. Everyone whose information is given on this form should sign below. The student (and at least one parent, if parental information is given) **must** sign below.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date