

## 2016-2017 PARENT BUSINESS VALUE VERIFICATION

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Student's Middle Initial: \_\_\_\_\_

Student's 9-digit UCR ID #: \_\_\_\_\_

### TO BE COMPLETED BY PARENTS

6YZcfY Zi fh Yf'UM]cb'Wb'VY'HJ\_Yb'cb'mci f'Z]bUbWU'U]X'Udd]Wh]cbz'h'Y'Zc`ck ]b[ ]]bZcfa Uh]cb']g' fYei ]fYX" D'YUy'j Yf]Zm]bZcfa Uh]cb'fY[ UFX]b[ 'dUFYbhfVi gbYggdfcdYfmiUbX#cf'Vi gbYggYei ]da Ybh' UbX]bj Ybrcfrh'

As of the date you filed your FAFSA, or as of year-end:

Name of business: \_\_\_\_\_

Business value \$ \_\_\_\_\_

Business debt \$ \_\_\_\_\_

Attach documentation, such as a Balance Sheet, If available.

Check here if your parents own a small family business with less than 100 full-time employees.

Please check here if parents own more than one business.

Please complete one of these forms for each business owned by parents.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After you have filled in the information, print, sign, and submit this form to:  
UC Riverside - Financial Aid Office - 900 University Avenue - Riverside, CA 92521  
Phone (951) 827-3878 Fax (951) 827-5619