



Student Financial Aid Services (SFAS)

Net Value of Parents' Business

Please use the area below to provide information regarding the net value of your parents' business **as of the date you signed the FAFSA**. Return the completed form to *Student Financial Aid Services (SFAS), Student Mall, New Jersey Institute of Technology, University Heights, Newark, NJ, 07102-1982*.

Student's Name _____ **NJIT ID** _____

UCID E-mail _____

Name of Parent's Business _____

Name(s) of Owner(s) _____

Number of Employees _____

Market Value \$ _____

– Debt \$ _____

= Net Value \$ _____

Parent's Signature _____ **Date** _____