



1600 E. Golf Rd., Des Plaines, IL 60016, 847-635-1708, Fax 847-635-1706 7701 N. Lincoln Ave., Skokie, IL 60077, 847-635-1250, Fax 847-635-1497

2017-18 Business Net Worth

This information is needed to determine the accuracy of your financial aid application. If there are differences between your application information and your documentation, we may need to make corrections on your Institutional Student Information Record (ISIR) and have a new ISIR processed. Please complete all sections. **Do not leave any blanks.**

Last Name	First Name	M.I.	Social Security Number
) NI .XXV .1 * CD •			
B. Net Worth* of Busine			
orms as of	the business(es) listed on your federal f	nancial aid application and/or re	eported on federal income tax
	lue if the business was sold) minus business-r	elated debt, including all business as:	sets such as inventory, equipment,
Student \$	Spouse \$	Parent \$	
Note: If business net worth	is \$0, please write a short explanation on t	he reverse side of this form.	
☐ Check this box if the b	usiness that you own and control has 100	or fewer full-time employees.	
WARNING: If you purpo	sely give false or misleading informatio	n on this worksheet, you may bo	e fined, sentenced to jail or bot
Student Signature			Date
Spouse (if applicable)			Date
Parent (if applicable)	Parent (if applical	ole)	Date
D. Complete and return	this form within three weeks of receipt	of this notice so that we can co	ontinue processing the student
-	processing of your financial aid applicat		mentae processing the student
	FOR OFFIC	E USE ONLY	