

2022-2023 BUSINESS/FARM SUPPLEMENT

Student's Name _____

CCA ID Number _____

Please complete this form to assist us in verifying your (and your spouse's) or your parents' share of any business or farm equity. Do not leave any items blank, even if they do not apply—write "0". **If you or your parents own or have interest in more than one enterprise, complete a separate form for each.**

Name of person completing this form: _____

Name of business/farm: _____

Date you (or your spouse) acquired ownership of or interest in the enterprise: _____

Address of business/farm: _____

Type of enterprise: Sole Proprietor Partnership Corporation Farm Private Contractor

▪ If a Partnership, list name(s) of partners and their percentage of ownership; attach a photocopy of the 2020 partnership tax return: _____

▪ If a Corporation, list type of Corporation: _____

Your percentage of ownership: _____% Number of employees: _____

▪ Is the business part of your home? YES NO If YES, what percentage of your home is claimed for business use? _____%

1. "CURRENT" ASSETS (as of 12/31/2020)

Cash	\$ _____	
Short-term investments	\$ _____	
Receivables (net of reserve for bad debts)	\$ _____	
Inventories	\$ _____	
Other "current" assets (not listed above)	\$ _____	
	TOTAL "CURRENT" ASSETS	\$ _____

2. FIXED ASSETS (market value as of 12/31/2020)

Land and buildings (not your home)	\$ _____	
Machinery & equipment	\$ _____	
Other fixed assets	\$ _____	
	TOTAL FIXED ASSETS	\$ _____

3. OTHER ASSETS (as of 12/31/2020)

Loans to partners/stockholders	\$ _____	
Other loans	\$ _____	
Investments	\$ _____	
All other assets	\$ _____	
	TOTAL OTHER ASSETS	\$ _____

TOTAL ASSETS \$ _____ × YOUR PERCENTAGE OF OWNERSHIP = \$ _____

4. "CURRENT" DEBTS (as of 12/31/2020)

Accounts payable	\$ _____	
Other "current" debts	\$ _____	
	TOTAL "CURRENT" DEBT	\$ _____

5. LONG TERM DEBTS (not including amounts listed above)

Mortgages on land & buildings	\$ _____	
Debts secured by equipment	\$ _____	
Loans from partners/stockholders	\$ _____	
Other long term debts	\$ _____	
	TOTAL LONG TERM DEBTS	\$ _____

TOTAL DEBTS \$ _____ × YOUR PERCENTAGE OF OWNERSHIP = \$ _____

CERTIFICATION & SIGNATURE

I certify that the information reported above, to qualify for state, federal, and institutional financial assistance, is true and complete to the best of my knowledge. If asked by an authorized official of the Financial Aid Office, I agree to give proof of the information that I have given on this form.

Signature of person completing this form _____

Date _____

-We cannot accept typed signatures. Please return the completed form to the CCA Financial Aid Office.-