



Office of Financial Aid
New York University

Professional Judgment 2009-10

Name: _____ UID: _____

New York University recognizes that special circumstances may affect a student's eligibility for federal financial aid. This request form is designed to document such information for review by the Office of Financial Aid. Complete all sections of this form and submit it to us **WITH THE APPROPRIATE DOCUMENTATION INDICATED**. Please allow up to three (3) weeks for our review process and decision. Decisions are final and are based upon your specific documentation and the regulatory parameters established by New York University. Your decision results will be posted to your record on NetPartner, a feature of the Financial Aid web site at www.nyu.edu/financial.aid.

Incomplete request forms will be returned and will not be reviewed until we receive all of the required documentation.

Part 1. Please review the selections below and check the box that applies to you. For each item in this category please also include appropriate documentation from the employer along with the most recent payroll stub(s) verifying year-to-date income for 2009. If military, DD214 is required.

Parent/Independent Student/Spouse is currently unemployed.

Are you now or will you be receiving unemployment benefits? Yes _____ No _____ If yes, please attach documentation from the Unemployment Compensation Office. The documentation must include the benefit amount that will be paid.

Independent Student who formerly worked 35 hours per week and has terminated employment to attend New York University.

Parent/Independent Student/Spouse is currently unemployed due to disability.

Note: For all of the following selections you MUST attach your signed 2008 tax return(s) and W-2 form(s). If military, DD214 is required.

Untaxed income or benefits received in 2008 has completely ceased, effective (date): _____ Please submit documentation from the agency providing the benefits.

Death of a parent or spouse, **which occurred after applying for financial aid**. Please submit a copy of the death certificate.

Divorce or separation, which **occurred after applying for financial aid**. Please submit a copy of the divorce decree or a letter from an attorney indicating the date you filed for divorce.

Excessive medical and/or dental expenses claimed on your 2008 tax return. Please submit a copy of your Schedule A from IRS 1040.

Other. Please explain on a separate sheet of paper and attach it to this form. Be sure to include your name and University I.D. number (UID).

(continued)

Part 2. In addition to the documentation required, you must also complete the section below indicating anticipated taxable and untaxable income for the one-year period July 1, 2009 to June 30, 2010. **Do not enter monthly amounts.** If you are not certain of exact projected income, please use best estimates based on past experience.

July 1, 2009 to June 30, 2010

| 2009 <u>Gross</u> Income | Student | Spouse | (Step) Father | (Step) Mother |
|--------------------------|---------|--------|---------------|---------------|
| Wages, Salaries, Tips | _____ | _____ | _____ | _____ |
| Interest Income | _____ | _____ | _____ | _____ |
| Pension | _____ | _____ | _____ | _____ |
| Business/Farm Income | _____ | _____ | _____ | _____ |
| Alimony | _____ | _____ | _____ | _____ |
| Unemployment | _____ | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ | _____ |
| TOTAL | _____ | _____ | _____ | _____ |

| 2009 <u>Untaxed</u> Income | Student | Spouse | (Step) Father | (Step) Mother |
|----------------------------|---------|--------|---------------|---------------|
| Social Security/SSI | _____ | _____ | _____ | _____ |
| TANF | _____ | _____ | _____ | _____ |
| Child Support Received | _____ | _____ | _____ | _____ |
| Untaxed Portion of Pension | _____ | _____ | _____ | _____ |
| Earned Income Credit | _____ | _____ | _____ | _____ |
| Worker's Compensation | _____ | _____ | _____ | _____ |
| Disability Benefits | _____ | _____ | _____ | _____ |
| Military Benefits | _____ | _____ | _____ | _____ |
| Veteran's Benefits | _____ | _____ | _____ | _____ |
| Cash Support | _____ | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ | _____ |
| TOTAL | _____ | _____ | _____ | _____ |

Part 3. You assure that all the information on this form is true to the best of your knowledge. The penalty for intentionally giving false information may include the forfeiture and return of any funds received.

| | | | |
|-------------------------------|---------------|------------------------------|---------------|
| _____ Signature of Student | _____ Date | _____ Signature of Spouse | _____ Date |
| _____ Signature of Parent | _____ Date | _____ Signature of Parent | _____ Date |

Please include all requested documents with this form and return to:

Office of Financial Aid
 New York University
 25 West 4th Street
 New York, NY 10012-1119

You may instead fax all pages to 212-995-4661. Please include your University I.D. number (UID) on all faxed pages.

Note: Additional information may be requested at a later date.

You may obtain your decision results by viewing your record on NetPartner, a feature of the Financial Aid web site at www.nyu.edu/financial.aid.