



**New York University**  
*A private university in the public service*

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School of Law  
Student Financial Services

245 Sullivan Street, 4<sup>th</sup> Floor  
New York, NY 10012  
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Facsimile: (212) 995-4525  
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**REQUEST FOR BUDGET  
INCREASE FORM**

**READ: IMPORTANT INFORMATION AND  
REQUIREMENTS FOR COMPLETING THIS FORM**

1. This form must be completed *in its entirety* by all students requesting an adjustment to the federal Student Budget (Budget).
2. DO NOT LEAVE ANY BLANKS EMPTY ON THIS FORM. If you believe an item on the form is inapplicable to your situation, enter N/A in the blank.
3. Unless otherwise indicated, all financial information must represent the *average monthly amount*.
4. Federal regulations set forth the elements contained in the Budget. Generally, the regulations only permit increases to the Budget for *education-related expenses of the student*.
5. The Budget is designed to reflect a student's estimated cost of attendance and *student* lifestyle.
6. Revolving debt is not an education-related expense and, therefore, a request based solely thereon will be denied. However, information regarding your revolving debt is requested below to gain a better understanding of your financial situation.
7. You must attach documentation supporting your request for a budget increase.
8. If the reason for your request is due to a computer purchase, attach copy of proof of purchase.
9. If your request is for housing expenses and you are living *off-campus*, attach a complete and fully executed copy of your rental agreement. Additionally, individuals living off-campus must attach copies of all utility bills, including, but not limited to, electric, gas, phone, and cable.
10. If you live *on-campus*, it is unnecessary to submit further housing documentation.
11. Except for a budget increase for a one-time computer expense, all other approved budget increases are *excluded* from benefit calculations for purposes of the Loan Repayment Assistance Program (LRAP).
12. Notwithstanding the information and documentation you provide in your request, we may require additional, clarifying information from you.

**REQUEST FOR BUDGET  
INCREASE FORM**

**PART I:  
STUDENT INFORMATION**

Name: \_\_\_\_\_ NYU ID #: N\_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone \_\_\_\_\_

Class Level: (circle one) 1L 2L 3L LLM Expected Grad Date \_\_\_\_\_

I will be enrolled at the School of Law for the full academic year during 20\_\_ to 20\_\_?  
Yes\_\_\_\_\_ No\_\_\_\_\_

Have you borrowed to the maximum of the federal Student Budget? Yes\_\_\_\_\_ No\_\_\_\_\_

**PART II:  
AMOUNT OF AND  
BASIS FOR REQUEST**

(Please explain in detail below or attach supplemental narrative)

Amount of Budget Increase Requested: \$ \_\_\_\_\_

**NARRATIVE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST OF DOCUMENT(S) SUBMITTED WITH THIS APPLICATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART III:  
STUDENT'S EDUCATION-RELATED EXPENSES WORKSHEET**

**NOTE: As indicated above, if you believe an item is inapplicable, you must enter "N/A."  
Do not leave any blanks. For shared expenses, please indicate only the portion paid for by you.**

- Apartment Type (off-campus only):     Studio     1 BR     2 BR     3 BR
  - Monthly Rent: \$ \_\_\_\_\_
  - Do you share living expenses with others? Yes \_\_\_\_\_ No \_\_\_\_\_
  - If yes, list name(s) of other(s) and relationship (attach supplemental narrative, if necessary):
- 1.
  - 2.
  - 3.

**STUDENT'S LIVING EXPENSES (9-month Academic Year)**

<u>Expenses</u>	<u>Average Monthly Cost</u>
1. Dormitory/Rent/Mortgage	\$ _____
2. Utilities (attach copies of utility bills)	\$ _____
3. Food	\$ _____
4. Clothing & Laundry	\$ _____
5. Personal Care Needs	\$ _____
6. Medical and Dental Care (attach documentation supporting items not covered by insurance)	\$ _____
7. Prescriptions/Co-payments (attach documentation supporting items not covered by insurance)	\$ _____
8. Revolving Debt (i.e., credit cards, car loans, etc; attach copies of statements)	\$ _____
9. Transportation	\$ _____
10. Child/dependent care (attach documentation supporting the expense)	\$ _____
11. Other (identify specifically and attach supporting documentation) _____	\$ _____
12. Other (identify specifically and attach supporting documentation) _____	\$ _____
<b>Total Average <u>Monthly</u> Expenses</b>	<b>\$ _____</b>

**STUDENT'S ONE-TIME EDUCATION-RELATED EXPENSES**  
**Please note: Moving expenses, security deposits and broker fees**  
**are not eligible education-related expenses.**

<u>Expense</u>	<u>Total One-time Cost</u>
1. Computer Purchase (including tax, hardware, software)	\$ _____
2. Transportation (airfare, travel home)	\$ _____
3. Clothing (winter clothing)	\$ _____
4. Medical Care	\$ _____
5. Dental Care (including one-time Fall charge for insurance)	\$ _____
6. Loan fees not included in the Student Expense Budget	\$ _____
7. Other (identify specifically and attach supporting documentation) _____	\$ _____
8. Other (identify specifically and attach supporting documentation) _____	\$ _____
<b>Total One-time Expenses incurred during the Academic Year \$ _____</b>	

**RESOURCES**

1. Grants/Scholarships (total amount for the academic year)*	\$ _____
2. Federal Student Loan(s) (total amount for the academic year)*	\$ _____
3. Private Student Loan(s) (total amount for the academic year)*	\$ _____
4. Employment (monthly net pay)	\$ _____
5. Savings/Checking Accounts (attach current statements)	\$ _____
6. Interest/Dividend Income (monthly amount)	\$ _____
7. Family Contribution	\$ _____
8. Gifts	\$ _____
9. Other Income (specify source) _____	\$ _____

\* Your financial aid package information can be found on Albert at [www.albert.nyu.edu](http://www.albert.nyu.edu).

I certify, to the best of my knowledge, the information provided on this application is complete and accurate. I acknowledge the Office of Student Financial Services may request additional documentation in support of this application. I also acknowledge that my request for a budget increase will not be processed if I fail to immediately fully comply with a request from the Office of Student Financial Services for additional supporting documentation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

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FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Determination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Student Notified Date/Via: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_