NYU | LAW

**LOAN REPAYMENT ASSISTANCE PROGRAM**

# SELF-EMPLOYMENT AND CONTRACT EMPLOYEE FORM

Last Name: _____ First Name: _____

Univ. ID #: _____ Email Address: _____

Graduation Year: _____

Business Name:_____ Telephone: _____

Business Address:_____

City:_____ State:_____ Zip Code:_____

Date Business Started: _____

Please identify the type of business this is:

□ Sole Proprietorship □ Corporation**

□ Partnership* □ Other (please describe)

*For Partnerships, please list the names and ownership percentages for each partner, including yourself, in the space provided below.
**For Corporations, please indicate the type in the space provided below.

Comments:_____

_____

_____

_____

_____

_____

**Income Information:**

| | |
|---|---|
| Gross Receipts/Sales*: | $ |
| Other Business Income: | $ |
| **Total Income:** | **$** |

*If sole proprietorship, enter gross receipts and sales. If partnership, indicate gross receipts and sales for <u>your share</u> only.

**Please return this form to:**
NYU School of Law, Office of Student Financial Services,
245 Sullivan Street, 4th Floor, New York, NY 10012
Phone: (212) 995-6050
Fax: (212) 995-4525
Law.lrap@nyu.edu

**Expense Information:**

Please complete the information below, indicating the billing cycle of your business property. List salary and wage information for all amounts and employees including yourself. You may attach a separate sheet if necessary.

| | |
|---|---|
| Rent on Business Property | $ |
| Salaries and Wages | $ |
| Out of Pocket medical expenses for yourself and your employees | $ |
| Other expenses (itemized): Please attach a separate sheet of this information. | $ |
| **Total Expenses** | $ |

**Certification:**

I certify, to the best of my knowledge, the information provided on this statement is complete and accurate. I will inform the Office of Student Financial Services of changes in any circumstance(s) which may affect my eligibility to receive LRAP benefits. I understand that the Office of Student Financial Services may request additional documentation in support hereof. I further understand that my failure to provide any or all requested information in compliance with program deadlines and guidelines will result in my ineligibility to receive benefits under this program.

_____ _____

Applicant Signature Date

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