



**SCHOOL OF LAW  
OFFICE OF STUDENT FINANCIAL SERVICES**

**QUARTERLY REPORT OF INCOME,  
EARNINGS, AND EXPENSES FOR  
SELF-EMPLOYED INDIVIDUAL**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SSN or Univ. ID #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Graduation Date (mm/yyyy): \_\_\_\_\_

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
City State Zip

Date Business Started: \_\_\_\_\_

Quarter to which the information in this report pertains  
(circle)

1<sup>st</sup> (Jan – Mar)

3<sup>rd</sup> (Jul – Sep)

2<sup>nd</sup> (Apr – Jun)

4<sup>th</sup> (Oct – Dec)

Identify Type of Business  
(circle):

Sole Proprietorship

Corporation  
(indicate type in space below):

Partnership

Other  
(please describe in space below):

(list names and ownership percentages for each partner, including yourself, in space below)

Note: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART A - INCOME**

Gross Receipts/Sales*	\$
Other Business Income	\$
Total Income	\$

Additionally, If sole partnership, enter gross receipts and sales. If Partnership, indicate Gross receipts and sales for *your share* of partnership.

**PART B – EXPENSES**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Rent on Business Property (please indicate the billing cycle)	\$
Salaries and Wages** (list amounts and positions)	\$
Out of Pocket medical expenses for you and your employees	\$
Other expenses (itemized): Please attached a separate sheet of this information.	\$
<b>Total Expenses</b>	\$

\*\*Please indicate all employees, including yourself.

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 change(s) 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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Applicant Address	City	State	Zip
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Applicant Telephone

**Please return this form to:**  
 NYU School of Law, Office of Student Financial Services,  
 245 Sullivan Street, 4<sup>th</sup> Floor,  
 New York, NY 10012  
 or fax to (212) 995-4525