



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
- Partnership\*
- Corporation\*\*
- 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:	\$
<b>Total Income:</b>	<b>\$</b>

\*If sole proprietorship, enter gross receipts and sales. If partnership, indicate gross receipts and sales for your share only.

**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.	\$
<b>Total Expenses</b>	\$

**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

***Please return completed forms using the following:***

***Email: [nyulaw@mylrp.org](mailto:nyulaw@mylrp.org)  
Fax: (331) 227 - 5287***