



**Professional Judgment Worksheet
for Returning Undergraduates and Graduate Students
Academic Year 2015-2016**

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 NYU Albert at albert.nyu.edu. **Note: Additional information may be requested at a later date.**

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 statement(s) verifying year-to-date income for 2015. 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 received.

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 2014 tax return(s) and W-2 form(s). If military, DD214 is required.

Untaxed income or benefits received in 2014 has completely ceased, effective (date): _____
Please submit documentation from the agency providing the benefits.

Death of a parent or spouse, **who is listed** on your financial aid application. 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 2014 tax return. Please submit a copy of your Schedule A from IRS 1040.

Excessive property loss due to declared natural disaster. Please submit a letter explaining your loss and a copy of any relevant supporting documentation (e.g. FEMA assistance application, insurance claim forms, or other documentation).

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).

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 *January 1, 2015 to December 31, 2015*. **Do not enter monthly amounts.** If you are not certain of exact projected income, please use best estimates based on past experience.

January 1, 2015 to December 31, 2015

2015 <u>Gross</u> Income	Student	Spouse	(Step) Father	(Step) Mother
Wages, Salaries, Tips	_____	_____	_____	_____
Interest Income	_____	_____	_____	_____
Pension	_____	_____	_____	_____
Business/Farm Income	_____	_____	_____	_____
Alimony	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

2015 <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

Or scan and send by email to financial.aid@nyu.edu

Or send by fax to 212-995-4661.

Please include your University I.D. number (UID) on all pages.

You may obtain your decision results by viewing your record on NYU Albert at albert.nyu.edu