# Independent Request for Reevaluation 2023-2024

3. Child support received for all children\*4. Other untaxed income and benefits\*

## **NEW YORK INSTITUTE** OF **TECHNOLOGY**

Last name First name	First name New York Tech ID		
If there has been a significant change in your financial situation, you may rec Please read all the directions carefully and submit supporting documentati			
Please select the appropriate condition for which you are requesting a reeva a reevaluation.	luation. Then, indicate the year in which you are requesting		
A. You had earnings in 2021, but have become unemployed recently.  Please provide documentation.	D. You received unemployment compensation or some untaxed income or benefit in 2022, but have lost that compensation, income, or benefit recently. Please provide documentation.		
B. You had earnings in 2022, but have become unemployed recently. Please provide documentation.	E. You have already applied for federal aid and since that time, you have become separated, divorced, or widowed. Indicate the year of occurrence: 2022 2023. Please provide reevaluation documentation (see below).		
C. You received unemployment compensation or some untaxed income or benefit in 2021, but have lost that compensation, income, or benefit recently. Please provide documentation.	F. You have experienced a significant change in your financial situation that did not result from one of the conditions listed above. Indicate the year of occurrence: 2022 2023. If your year of occurrence is 2022, please complete steps 1–5 below. If your year of occurrence is		
	2023, please complete steps 1–3, and 5 below.		
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\*You must provide documentation.

#### Student ID Number

A. Expected 2023 income earned by student	\$
B. Expected 2023 income earned by spouse	\$
C. Expected 2023 other taxable income	\$
D. Expected 2023 untaxed income and benefits	
1. Social Security benefits*	\$
2. Public assistance*	\$
3. Child support received for all children*	\$
4. Other untaxed income and benefits*	\$

### CERTIFICATION

I hereby certify that all information contained in this request for reevaluation, including supporting documentation, is true and complete to the best of my knowledge.

Student's name	Student's signature	Date
		MM/DD/YYYY
Spouse's name	Spouse's signature	Date
		MM/DD/YYYY

#### PLEASE RETURN THIS FORM TO THE OFFICE OF FINANCIAL AID

New York City Campus 16 West 61st Street New York, NY 10023-7692 **Long Island Campus** Northern Boulevard, P.O. Box 8000 Old Westbury, N.Y. 11568-8000 **Phone:** 516.686.7680 or 212.261.1590 **Fax:** 516.686.7997 or 212.261.1501

Email: finaid@nyit.edu

Financial Aid Secure Submission Form:

nyit.edu/finaidsecureid