

Northeastern University

Student Financial Services

354 Richards Hall fax: 617.373.8735
 360 Huntington Ave sfs@northeastern.edu
 Boston, MA 02115 studentfinance.northeastern.edu

2020-2021 Resource and Expense Clarification

Student's Name: _____ NU ID: _____

Instructions: In reviewing your application(s) for financial aid we have identified some information that needs clarification. The income reported on your financial aid application(s) is below the federal estimate of your annual cost of living. **In the fields below, please itemize the sources of income and expenses for you/your parent(s) in the calendar year 2018.**

The information must be completed for: Your parent(s) Yourself Your spouse

Do not leave line items blank. If zero, write "0".

RESOURCES	PER MONTH	EXPENSES	PER MONTH
Earnings from work	\$ _____	Rent/Mortgage	\$ _____
Unemployment Benefits	\$ _____	Utilities	\$ _____
Social Security Benefits	\$ _____	Food	\$ _____
Pension/Retirement Funds	\$ _____	Clothing	\$ _____
Workman's Compensation	\$ _____	Transportation	\$ _____
TANF/SNAP/WIC	\$ _____	Personal	\$ _____
VA Benefits	\$ _____	Medical	\$ _____
Other Resources (Rehab, General Relief, Support from Others)	\$ _____	Other Expenses (Car, Payments, Credit Cards)	\$ _____

If the items listed above do not clarify your individual circumstances (i.e., you do not pay rent) please provide additional information about your living situation below:

I certify that the information included on this form is true and I am willing to provide additional documentation if requested. You (and one of your parents, if dependent) must sign below.

Please note, electronic signatures are not accepted.

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____