

2023–2024 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 2021.**

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: _____