Northeastern University **Student Financial Services**

354 Richards Hall 360 Huntington Ave Boston, MA 02115 studentfinance.northeastern.edu

	Resource and Ex	pense Clarification	
Student's Name:		NU ID:	
	ur review of your financial	al aid we have identified some infor aid application(s), please itemize y	
The information must be com	pleted for: You	r 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	\$
/A Benefits	\$	Medical	\$
Other Resources (i.e. Support from Others)	\$	Other Expenses (Car, Payments, Credit Cards)	\$
If the items listed above do no additional information about		rcumstances (i.e., you do not pay re v:	ent) please provide
	included on this form is t	rue and I am willing to provide add	litional
		ents, if dependent) must sign belo	
Please note, electronic signat	tures are not accepted.		
Student's Signature:		Date:	
Parent's Signature:		Date:	