

Northeastern University Student Financial Services

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

C160
CBFinAid ID: _____

2025-2026 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. To assist us in our review of your financial aid application(s), please itemize your current sources of income and expenses for you/ your parent(s).

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 (i.e. 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: _____