

Northeastern University Student Financial Services

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

C160
CBFinAid ID: _____

2026-2027 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 **monthly** 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: _____