

**Northwestern University
Monthly Expense Statement**

In reviewing your financial aid application and/or appeal, we find it necessary to gather more information relative to your family's monthly expenses. Please complete the following questionnaire and return it immediately to our office. Please attach proof of monthly payment for repayment of educational loans, elementary or secondary tuition charges for dependents, elderly care, child support paid, medical/dental or other unusual expenses incurred by your family. We will then continue our review of your application for financial assistance.

Students Name _____ NU ID _____

- What is your monthly cost of housing (Circle: RENT/MORTGAGE) \$ _____
- What is your monthly mortgage payment for all other held properties \$ _____
Is the property? (Circle: Vacation/Rental/Both)
- What is your monthly expense for property taxes, if not included in mortgage? \$ _____
- Monthly expense related to home insurance, if not included in mortgage \$ _____
- Monthly expense related to food for your family \$ _____
- Monthly expense for Gas \$ _____
- Monthly expense for Electricity \$ _____
- Monthly expense for telephone \$ _____
- Monthly expense for trash removal/water/sewer: \$ _____
- Monthly expense for cable/internet connection \$ _____
- Monthly expense for automobile payments (circle: lease/purchase) \$ _____
 - Make and Model of automobile _____
- Monthly expense related to all car insurance payments
- Monthly expense for payments on consumer debt, commercial loans, credit \$ _____
- Monthly expense for *educational debt* * \$ _____
- Monthly expense related to personal insurance for medical/dental \$ _____
- Monthly out of pocket expense for medical/dental (not covered by insurance) \$ _____
- Monthly amount paid for private elementary/secondary school for dependents \$ _____
- Monthly support provided to family members not residing with you \$ _____

Please list all sources of income used to pay the above expenses

| Source: | Amount |
|----------|--------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Student Signature _____ Date: _____

Parent signature (If student is dependent) _____ Date: _____

Please return completed form to: **Northwestern University, Office of Financial Aid, 710 N Lake Shore Drive, Chicago, IL 60611**. If you have any questions, please call (312)503-8722 and ask to speak with a financial aid counselor. You may use a separate sheet to explain any unusual or special circumstances that may impact your family's monthly cash flow. Thank you for your cooperation.

* Only report educational debt *borrowed by the parent of a dependent student*. Do not include payments made by a parent on the student's behalf or loan payments for independent students (as those loans may be deferred).