

2019-2020 Family Expense Worksheet

The income reported on the Free Application for Federal Student Aid (FAFSA) does not appear adequate to cover your family expenses. To help determine your eligibility for financial aid, both sides of this form must be completed for the 2017 calendar year. **If you are a dependent student (your parents were required to provide information on your FAFSA), your parents are required to complete this form.** If you have any questions regarding this form, please contact the Student Financial Services Office at (425)889-5210. **Your financial aid cannot be processed until this form has been completed correctly, and submitted to our office.**

Section A: Student Information

Last Name: _____ First Name: _____ Middle Initial: _____

NU Student ID: _____ Phone #: _____

Section B: Family Expenses for the 2017 Calendar Year

Living Expenses for 2017	Amount/Month	Amount/Year	Subtotal
A. <u>Housing Costs</u>			
1. Rent or Mortgage	\$ _____	X12= _____	
2. Other Real Estate	\$ _____	X12= _____	
			\$ _____
B. <u>Utilities(Avg./Month)</u>			
1. Gas & Electric	\$ _____	X12= _____	
2. Water	\$ _____	X12= _____	
3. Phone/Internet	\$ _____	X12= _____	
4. Other (Specify): _____	\$ _____	X12= _____	
			\$ _____
C. <u>Transportation</u>			
1. Gas	\$ _____	X12= _____	
2. Gas to and from school (<i>Students Only</i>)	\$ _____	X12= _____	
3. Car Maintenance	\$ _____	X12= _____	
4. Car Payment & Insurance	\$ _____	X12= _____	
5. Public Transportation	\$ _____	X12= _____	
			\$ _____
D. <u>Other Expenses</u>			
1. Food	\$ _____	X12= _____	
2. Clothing	\$ _____	X12= _____	
3. Credit Card Payments	\$ _____	X12= _____	
4. School Tuition (<i>Excluding Applicant</i>)	\$ _____	X12= _____	
5. Dependent Daycare	\$ _____	X12= _____	
6. Health Insurance	\$ _____	X12= _____	
7. Other (Specify): _____	\$ _____	X12= _____	
			\$ _____
Total Expenses (Add Subtotals A through D)			\$ _____

(Continued on Back)



Section C: Family Resources for the 2017 Calendar Year

Resources from 2017	Amount/Month		Amount/Year
1. Income from Employment	\$ _____	X12=	_____
2. Public Assistance	\$ _____	X12=	_____
3. Housing and/or Food Allowance	\$ _____	X12=	_____
4. Parental/Relative Assistance	\$ _____	X12=	_____
5. Draw from Business	\$ _____	X12=	_____
6. Depreciation	\$ _____	X12=	_____
7. Interest and/or Dividends	\$ _____	X12=	_____
8. Alimony/Child Support	\$ _____	X12=	_____
9. Capital Gains	\$ _____	X12=	_____
10. Taxed Social Security Disability	\$ _____	X12=	_____
11. Untaxed Social Security Disability	\$ _____	X12=	_____
12. Unemployment	\$ _____	X12=	_____
13. Income from Real Estate	\$ _____	X12=	_____
14. Cash/Savings used for Expenses	\$ _____	X12=	_____
15. Other (Specify): _____	\$ _____	X12=	_____
Total Resources <i>(Total of 1 through 15)</i>	\$ _____		_____
Total Expenses <i>(Total from the Front)</i>	\$ _____		_____

IMPORTANT: If your **total expenses** exceed your **total resources**, please explain how expenses were met in the space below.

Section D: Signature(s)

By signing this worksheet, I certify that all the information reported is complete and correct.

Student Signature _____ **Date** ____/____/____

Parent Signature _____ **Date** ____/____/____
(Dependent Students Only)

****This Family Expense Sheet must be signed and dated in order to be processed****



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425-889-5210



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