

SUFFOLK UNIVERSITY
41 Temple Street, Boston, MA 02114
Phone: (617) 573-8470 Fax: (617)720-3579

INCOME AND EXPENSE FORM

STUDENT'S NAME: _____ **ID#:** _____

The income your/your parent's reported on your financial aid application appears low. Please complete this worksheet so we may accurately assess your/your family's financial situation. The income and expense information pertains to the year ending ____.

Income		Expenses	
Earnings from work	\$	Rent/Mortgage	\$
Unemployment Benefits	\$	Utilities	\$
AFDC	\$	Food	\$
General Relief	\$	Clothing	\$
Food Stamps	\$	Transportation	\$
Social Security	\$	Personal	\$
VA Benefits	\$	Other	\$
Rehabilitation	\$		\$
Rent Subsidy	\$		\$
Support from others (specify source)	\$		\$
Other Income	\$		\$
Total Income	\$	Total Expenses	\$

If expenses exceed income, please provide us with a written explanation.

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____