Suffolk University

• Office of Student Financial Services • 73 Tremont Street • Boston, MA 02108
617-573-8470 • 617-720-3579 (fax)

2019–2020 Income and Expense Worksheet

| Student's Name | | | ID Number | | |
|--|---|---|--|-------------------------------------|--|
| The income information that provide sufficient financial straction FAFSA. Please complete the Include information regard through December 31, 2017. | apport for the nursis worksheet so ing income and | nber of househo we may accura | ld family members reported tely assess your family's fir | on your 2019-20 ancial situation | |
| On the chart below, please list any other member of the hou | · · | | 2 | ent/parent(s) and | |
| The financial income/supportance of the financial income/supportan | peritted to the f benefits, military | inancial aid of housing allowa ember in 2017. | fice. Untaxed Social Securit | y Benefits, SSI | |
| Financial Income/Support Received | Name of Recipient | Total Received in 2017 | Expenses in 2017 | Total Paid in 2017 | |
| Earnings | | | Rent | | |
| Earnings | | | Utilities | | |
| AFDC | | | Food | | |
| Veteran's Benefits | | | Clothing | | |
| Money received from others | | | Transportation | | |
| Social Security benefits | | | Personal | | |
| Unemployment benefits | | | Other (specify) | | |
| Other (specify) | | | Other | | |
| Other | | | Other | | |
| Other | | | Other | | |
| Total Income/Support received in 2017 \$ | | \$ | Total Expenses in 2017 | \$ | |
| provide a detailed explanate | ion as to how exp | enses were met: | total income/support during 2 | | |
| Student's signature: | | | Date: | | |
| Parent's signature: (Parent must also sign if student is a dependent.) | | | Date: | | |