

**Northwestern University
Parental 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 (parental) education loans; elementary or secondary tuition charges; 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.

Student's Name _____ Northwestern ID _____

- What is your monthly cost of housing (circle one: rent/mortgage)? \$ _____
- What is your monthly mortgage payment for all other held properties? \$ _____
Is the property? (circle one: vacation/rental/both)
- What is your monthly expense for property taxes, if not included in mortgage? \$ _____
For other held properties? \$ _____
- Please indicate your monthly expense related to home insurance, if not included in mortgage: \$ _____
- Please indicate your monthly expense related to food for your family: \$ _____
- What is your monthly expense for heat/air conditioning? \$ _____
- What is your monthly expense for electricity? \$ _____
- What is your monthly expense for telephone? \$ _____
- Please indicate your monthly expenses for trash removal/water/sewer: \$ _____
- Please indicate your monthly expenses for snow removal/lawn care: \$ _____
- Please indicate your monthly expenses for cable/internet connection: \$ _____
- Please indicate your total monthly automobile payments: (circle one: lease/purchase) \$ _____
Make & Model of automobile: 1) _____ 2) _____
- Please indicate your monthly expense related to all car insurance payments: \$ _____
- Please indicate your total monthly payments on consumer debt for commercial loans, credit cards, etc. \$ _____
- Please indicate your monthly payment for *education debt* (borrowed by parent): \$ _____
- Please indicate your monthly expenses related to personal insurance for:
Life insurance: \$ _____
Medical/dental: \$ _____
- Please indicate monthly out-of-pocket medical/dental expenses (not covered by insurance): \$ _____
- Please indicate the monthly amount paid for private elementary/secondary tuition costs: \$ _____
- Please indicate monthly support of other family members not residing with you: \$ _____

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

<u>Source:</u>	<u>Amount:</u>
Mother: _____	\$ _____
Father: _____	\$ _____
Other: _____	\$ _____

Parent's Signature _____ Date: _____

Please return completed form to: Northwestern University, Office of Undergraduate Financial Aid, 1801 Hinman Ave, Evanston, IL 60208

If you have any questions, please call (847) 491-7400 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.