Bronx Campus
Office of Student Financial Services
2501 Jerome Avenue
Bronx, NY 10468
Phone: (646) 393-8400
Fax: (718) 817-8401

MONROE UNIVERSITY

New Rochelle Campus
Office of Student Financial Services
434 Main Street
New Rochelle, NY 10801
Phone: (914)740-6849
Fax: (914) 813-1275

2025-2026 AFFIRMATION OF FINANCIAL RESOURCES - DEPENDENT

This is for: ☐ **Student's Parent(s)** (Dependent Students Only)

Name: _____

Name: _____

A. STUDENT INFORMATION (Please Print)

Last Name _____ First Name _____ Monroe University I.D. Number _____

Address (include Apt.#) _____ City _____ State _____ Zip Code _____ Date of Birth (MM/DD/YYYY) ___/___/___

Cell Phone # (_____)_____ Home Phone # (_____)_____ Personal E-Mail _____

B. SOURCE(S) OF INCOME/SUPPORT RECEIVED

Please check the source(s) of support received for 2023 or 2024 year:

Medicaid	☐	You	☐	Parent
Earned Income Credit (EIC)	☐	You	☐	Parent
Temporary Assistance for Needy Families (TANF) **CASH PAYMENT**	☐	You	☐	Parent
Supplemental Nutrition Assistance Program (SNAP) **FOOD STAMP**	☐	You	☐	Parent
Federal Housing Assistance	☐	You	☐	Parent
Free or Reduced Price Lunch	☐	You	☐	Parent
Refundable Credit for Coverage Under a Quality Health Plan (QHP)	☐	You	☐	Parent
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐	You	☐	Parent
***None of the Above**	☐	You	☐	Parent

***Other source of support (please specify, e.g., financial support from a relative, friend, or other source):**

_____

_____

_____

_____

C. CERTIFICATION

Each person signing this worksheet certifies that all information reported on this form is complete and accurate. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined up to $20,000, be sentenced to jail, or both.**

_____ _____

Student's Signature Date

_____ _____

Parent's Signature **(For dependent students only)** Date