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

(_____)_____(_____)_____

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

B. SOURCE(S) OF INCOME/SUPPORT RECEIVED

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

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