

Bronx Campus  
Office of Student Financial Services  
2501 Jerome Avenue  
Bronx, NY 10468  
Phone: (646) 393-8400  
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New Rochelle Campus  
Office of Student Financial Services  
434 Main Street  
New Rochelle, NY 10801  
Phone: (914) 740-6849  
Fax: (914) 813-1275

## 2025-26 AFFIRMATION OF FINANCIAL RESOURCES - INDEPENDENT

This is for: ☐ Student

☐ Student's Spouse

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	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
Earned Income Credit (EIC)	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
Temporary Assistance for Needy Families (TANF) <b>CASH PAYMENT</b>	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
Supplemental Nutrition Assistance Program (SNAP) <b>FOOD STAMP</b>	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
Federal Housing Assistance	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
Free or Reduced Price Lunch	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
Refundable Credit for Coverage Under a Quality Health Plan (QHP)	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> You	<input type="checkbox"/> Spouse

### 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