

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



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

2024-2025 AFFIRMATION OF FINANCIAL RESOURCES - INDEPENDENT

This is for: ☐ 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		

B. SOURCE(S) OF INCOME/SUPPORT RECEIVED

Please check the source(s) of support received for 2022 or 2023 year:

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

*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 _____