

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

2026-2027 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 2024 or 2025 year:

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

*Provide other earnings, income, and resources (such as income from goods created and sold on the online platforms, income from services provided through mobile apps, income from part-time or seasonal work; income from investments, self-employment, or other business activities) that supported you (and family) for the 2024 tax year. (List each source of income in the table below. If more space is needed, provide a separate page with your name and ID number at the top).

Source of Income	Annual Amount in 2024
Total Amount of Income	\$

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 _____