

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

2026-2027 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 |
| Cell Phone # () | Home Phone # () | Date of Birth (MM/DD/YYYY) / / | |
| | | Personal E-Mail | |

B. SOURCE(S) OF INCOME/SUPPORT RECEIVED

Please check the source(s) of support received for 2024 or 2025 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 |

*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