

Submit Documents Via
Secure Electronic Submission:
my.fordham.edu/fasubmitdocs

or **Fax:** (718) 817-3921

2023-2024 Parent Cash/Checking/Savings Form

STUDENT:	FID	FIDN#: A	
Last Name	First Name		
Please clarify the total amount reporter reported should be the total balance of	ed for your parents' cash, checking and son the day the FAFSA was filed.	avings. The amount	
Enter "0" if the answer is Zero. Do	not leave blank.		
Total Parent Cash, Checking, and Sav	vings as of the day the FAFSA was filed:	\$	
knowledge. I (we) understand that financial aid eligibility and subject requested, I (we) agree to provide t	rted above is true and accurate to the begroviding misleading or false information (us) to federal penalties. If addition he institution with any supporting document and at least one parent (for dependent electronic signatures.	tion can jeopardize nal information is umentation to verify the	
Student's Name (Print)	Student's Signature	Date	
Parent's Name (Print)	Parent's Signature	Date	