FORDHAM UNIVERSITY
THE JESUIT UNIVERSITY OF NEW YORK

Submit Documents Via
Secure Electronic Submission:
my.fordham.edu/fasubmitdocs
or
Fax: (718) 817-3921

2020-2021 Student Cash/Checking/Savings Form

STUDENT:_____ _____ **FIDN#: A**_____
Last Name **First Name**

Please clarify the total amount reported for your cash, checking and savings.

Enter "0" if the answer is Zero. Do not leave blank.

Total student cash, checking, and savings **as of the day the FAFSA was filed**: $_____

I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature.

_____	_____	_____
Student's Name (Print)	**Student's Signature**	**Date**
_____	_____	_____
Parent's Name (Print)	**Parent's Signature**	**Date**

Office of Student Financial Services
Rose Hill Campus |441 East Fordham Rd. | Bronx, NY 10458
Lincoln Center Campus |113 West 60th St. | New York, NY 10023
Phone: 718-817-3800 | Fax: 718-817-3921