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 Parent Cash/Checking/Savings Form

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

Please clarify the total amount reported for your parents' cash, checking and savings. The amount reported should be the total balance on the day the FAFSA was filed.

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

Total Parent 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