



**Section C**

If medical/dental expenses, please complete the following:

Out of pocket medical/dental expenses **paid** for the household for 2016 \_\_\_\_\_  
Out of pocket medical/dental expenses **paid** for insurance premiums in 2016 \_\_\_\_\_  
Any out of pocket medical/dental expenses your family **expects to pay** \_\_\_\_\_  
in 2017 (incl premiums). Please estimate the dollar amount.

**Section D**

There has been a divorce/separation in the family:

**The custodial parent must submit a signed copy of his/her 2015 Federal Tax Transcript and his/her W-2**

Date of separation/divorce \_\_\_\_\_  
The custodial parent is now (circle one): mother/father \_\_\_\_\_  
Name of custodial parent \_\_\_\_\_  
Indicate the number of family members now in the household \_\_\_\_\_  
Indicate the number of family members now in college (exclude parent in college) \_\_\_\_\_

**Section E**

Please explain in detail the circumstance(s) listed above:

**Please sign and date this form in order to attest to the above information.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**So that we may contact you if we have any questions about your information, please provide:**

**Daytime Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

NOTE: This information will be included in your file and will be considered when your eligibility is determined. All notifications will be in the form of an email to the student's University email address. If the Assistant Director reviewing your aid has more specific questions, he/she will contact you. If you need to include any additional information or forms, please attach them to this form.

If you would like to speak to someone about your circumstances, please call the office at (603) 862-3600 to schedule an appointment.

Please return this form to: Financial Aid Office  
Stoke Hall  
11 Garrison Ave.  
Durham, NH 03824  
Fax: 603-862-1947  
Email:financial.aid@unh.edu