



University of New Hampshire

2017-2018

Dependency Status Exception Application

Federal law assumes that families have the primary responsibility for meeting the educational costs of their students. Students must meet certain federal criteria to qualify for financial aid as an independent student. If you do not meet one of the criteria listed on the FAFSA, you will be evaluated as a dependent student, therefore your parents must provide their income and asset information. If there are extraordinary circumstances that may warrant re-evaluation of your dependency status, provide the following information so that your financial aid administrator may make this determination. Please be aware that being professionally judged independent by the Financial Aid Office will have no bearing on residency decisions made by other offices on campus.

Attach the following information to this completed form:

- ◆ Letter from you explaining (1) the nature of your relationship with your parents; (2) the location of both of your parents and when you last had contact with them; (3) why you cannot obtain information and/or support from your parents; and (4) how you have been supporting yourself.
- ◆ Statement from at least two responsible adults (Counselor, Teacher, member of the Clergy, Grandparent, etc) who are aware of your situation and can corroborate the facts that you present in your letter.
- ◆ Copies of your and your parents' most recent federal tax transcripts
- ◆ If you are a transfer student, please provide us with a copy of your most recent award letter from your previous school.

Once you have submitted all of the materials to our office, please call 603-862-3600 to set up an appointment with your Financial Aid Counselor.

Name: _____ UNH ID #: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number at which you can be reached: _____ If we are unable to reach you, is it alright for us to leave a message at this phone number? Yes ___ No ___

Grade Level: _____ High School Grad. Date: _____

1) Where will you be living during the 2016-2017 school year (check one):
_____ On Campus _____ Off Campus

_____ With parent(s) _____ Relative's home _____ Other

2) If you will be living Off Campus, will you have other roommates?
_____ Yes _____ No

3) During the summer and over holiday breaks, where will you be living:
_____ On Campus _____ Off Campus

_____ With parent(s) _____ Relative's home _____ Other

If at a relative's please provide their complete mailing address:

4) During this time (summer/holidays) will you be paying rent: _____

5) Do you own a car: _____ if yes, what is the year: _____, make/model: _____
in what year was it purchased: _____. Paid for by whom: _____

6) Do you have car insurance: _____ if yes, whose name is the premium
under: _____

7) Do you have health insurance: _____ if yes, who pays for the
coverage: _____ and under whose name is the policy: _____

If you **DO NOT** have insurance, please provide a letter from your parent(s)
stating that you are not covered under their health insurance policy.

Is your parent(s) willing to complete the FAFSA application?

_____ Yes _____ No

Is there anything else you would like our office to know about your situation
that you have not already mentioned in your letter?

Please complete the following worksheet to explain how you have been meeting your living expenses.

Living Expenses	Cost		Annual Total Cost
If you live on campus, what is your room and board for the semester?	\$ _____	Multiply by 2 for the full academic year	\$ _____
If you pay rent, what is your monthly contribution?	\$ _____	Multiply by # of months you pay rent	\$ _____
If you <u>do not</u> have a meal plan, how much do you pay for groceries a week? _____	Multiply by 4.3 for food expenses for the month \$ _____	Multiply by 12 for the year's cost \$ _____	— \$ _____
Monthly car payments?	\$ _____	Multiply by 12 for the year's cost \$ _____	\$ _____
Monthly car insurance payments?	\$ _____	Multiply by 12 for the year's cost \$ _____	\$ _____
Monthly health insurance payments?	\$ _____	Multiply by 12 for the year's cost \$ _____	\$ _____
Other expenses such as credit card payments, clothing, entertainment?			\$ _____
Add all of annual costs together		Total	\$ _____

Income	Annual Income
According to your 2015 taxes, what was your annual gross income?	\$ _____
If you did not work in 2015, what gifts, allowances or any untaxed income did you receive? From whom did you receive this? Name: Relationship to you:	\$ _____
Add up your yearly income	
Total	\$ _____

I certify that the information provided is true and correct.

Student Signature _____ Date _____

Office Use Only

___ STAX

___ PTAX

___ Supplemental Letter (student)

___ Completed and Signed Application

___ Supplemental Letter (additional)

___ Appt. with _____ Date: _____ Time: _____

