



# University of New Hampshire

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. Some examples of students who are automatically Independent for financial aid reasons are:

- Students who are 24 years of age, or will be during the upcoming academic year.
- Students who are married, have children to support or have legal dependents.
- Graduate or Professional students.
- A student who is currently serving on Active Duty in U.S. Armed Forces.
- Veterans of the U.S. Armed Forces.
- Students who are an Orphan, Ward of Court or in Foster Care.
- A student who has been legally appointed by a Court to be an Emancipated Minor or under Legal Guardianship.
- An Unaccompanied Youth as determined by a High School, or School District Homeless Liaison.
- A student who has been determined to be homeless by an Emergency Shelter, Transitional Housing program or by the Department of Housing and Urban Development (HUD).

## **Dependency Override Application**

If there are extraordinary circumstances that may warrant re-evaluation of your dependency status, complete the back-side of this form and provide the following information. 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.

- Letter from you explaining (1) the nature of your relationship with your parent(s); (2) the location of both 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 two of the following responsible adults;
  - From an official (high school guidance counselor, teacher, member of clergy)
  - From another adult, could be aunt/uncle, grandparent, brother/sister, relative

Name: \_\_\_\_\_ UNH ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number that you can be reached at: \_\_\_\_\_ If were unable to reach you, is it ok for us to leave a message? \_\_\_\_\_

Grade Level: \_\_\_\_\_ High School Graduation Date: \_\_\_\_\_

1) Where will you be living during the 2018-2019 school year (check one)

On Campus: \_\_\_\_\_ Off Campus: \_\_\_\_\_

With Relative: \_\_\_\_\_ Other: \_\_\_\_\_

2) During the summer or for the holiday or breaks, will you be living at the same place?

3) Can any person claim you as a legal dependent on their taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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.

**Please Note:** Any/all information that is provided to our office regarding this dependency override application is **CONFIDENTIAL** and is not shared with any other individual or office.