



**2010 - 2011**  
**REQUEST FOR CHANGE OF DEPENDENCY STATUS**

According to the federal requirements, the outcome of your FAFSA classifies you as a dependent student. There may, however, be circumstances that you feel warrant a re-evaluation of your dependency status. To appeal your dependency status, please complete and return this form to the Financial Aid Office. Your appeal will be reviewed (additional information supporting your appeal may be requested) and the Financial Aid Office will make a determination of the appropriate dependency status.

Student's: \_\_\_\_\_ ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

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

Phone Number (should we have questions): \_\_\_\_\_

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

**You must attach the following information to this completed form:**

- A letter from you explaining: (1) nature of your relationship with your parents; (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 a responsible adult who is aware of your situation and can corroborate/support the facts you present in your letter.
- 2010-2011 Verification Worksheet and copies of your 2009 (signed) Federal Tax Return and W-2's.
- If you are a transfer student, please provide us with a copy of your most recent award letter from your previous college.

**Please answer the following questions:**

1) Where will you be living during the 2010-2011 school year? (check one)

\_\_\_\_\_ On Campus                      \_\_\_\_\_ Off Campus  
\_\_\_\_\_ With a 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 a 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? \_\_\_\_\_

If so, please list the amount: \_\_\_\_\_

5) Do you own a car? \_\_\_\_\_ If yes, in what year was it purchased? \_\_\_\_\_

Paid for by whom: \_\_\_\_\_

6) Do you have car insurance? \_\_\_\_\_ If yes, whose name is the premium under? \_\_\_\_\_

Paid for by whom: \_\_\_\_\_

7) Do you have health insurance? \_\_\_\_\_ If yes, who pays for the coverage? \_\_\_\_\_ and under

whose name is the policy: \_\_\_\_\_

**Is there anything else you would like our office to know about your situation that you have not already mentioned?  
Please attach further documentation if you feel necessary.**

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

Living Expenses	Cost		Annual Total Cost	For Office Use Only
If you pay rent, what is your monthly contribution?	\$ _____	Multiply by # _____ of months you pay rent	\$ _____	
If you do not have a meal plan, how much do you pay for groceries per week? \$ _____	Multiply by 4.3 for food expenses for the month \$ _____	Multiply by 12 for the year's cost \$ _____	\$ _____	
Monthly car payment?	\$ _____	Multiply by 12 for the year's cost \$ _____	\$ _____	
Monthly car insurance payment?	\$ _____	Multiply by 12 for the year's cost \$ _____	\$ _____	
Other expenses such as credit card payments, clothing, entertainment, utilities?			\$ _____	
Add all of the annual costs together		<b>Total</b>	\$ _____	

Income	Annual Income
According to your 2009 taxes, what was your annual gross income?	\$ _____
If you did not work in 2009, what gifts, allowances or any untaxed income did you receive? From whom did you receive this? Name:	\$ _____
Relationship:	
Add up your yearly income	
<b>Total</b>	\$ _____

I certify that the information provided is true and correct.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to: **White Mountains Community College  
Financial Aid Office  
2020 Riverside Drive  
Berlin, NH 03570  
Phone: (603) 752-1113**