



## 2018-2019 Request for Dependency Change

Name \_\_\_\_\_ NMJC Student ID or SSN# \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

The 2018-2019 Free Application for Federal Student Aid (FAFSA) stipulates certain requirements that you must meet to qualify for financial aid as an independent student. If you do not meet the criteria, you must be evaluated as a dependent student, meaning your parents must provide information. There are circumstances that may warrant re-evaluation of the student's status. The following information and documentation is required in order for the Office of Financial Aid to consider a change in status. Do not omit any information or documentation, as this will delay consideration of your dependency evaluation. Your request will be reviewed and a decision will be made within 30 days after submission.

- This request for a dependency change is for the 2018-2019 school year only.
- You must answer all questions listed below. Attach a separate sheet of paper if necessary.
- You cannot be considered an independent student if you are living with a parent.
- The fact you have moved out of your parent's home does not qualify you as an independent student.
- The fact your parents do not choose to support you does not qualify you as an independent student.
- The fact your parents do not claim you as an exemption on their federal income tax does not qualify you as an independent student.
- The fact that you "do not get along" with your parents does not qualify you as an independent student.
- The Office of Financial Aid may require additional documentation.

1. Please explain why you feel you should be considered independent. Explain the situation with your parents. Why are you unable or feel you should not be required to provide parent information on your FAFSA? Attach additional sheets if necessary:

\_\_\_\_\_  
\_\_\_\_\_

2. Did you live with either parent during the past calendar year?  Yes  No

3. Do you receive, or have you received, in the past year, any financial support from your parents (money, payments of bills)?  Yes  No

If yes, indicate the amount for the past calendar year: \_\_\_\_\_ What type: \_\_\_\_\_ When did the support stop: \_\_\_\_\_

4. Give a detailed chronological summary of your living situation in the past two years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Provide copies of house note/lease agreements for the past two years in your name.

6. Provide a copy of previous two months paid utility bills in your name.

7. Did you file a Federal Income Tax Return last year?  Yes  No If no, why not? \_\_\_\_\_

\_\_\_\_\_



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8. Will anyone, besides yourself, claim you as a tax exemption on his or her Federal Income Tax Return last year?  
 Yes  No

If yes, what is his/her name and relationship to you?  
\_\_\_\_\_

9. Please list your current permanent address

Address	City	State	Zip
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10. What is your monthly cost for housing (include home owner or renter's insurance)? \_\_\_\_\_

11. What is your monthly cost for utilities (electric, water, gas, phone, etc.)? \_\_\_\_\_

12. What is your monthly cost for food? \_\_\_\_\_

13. What is your monthly cost of vehicle maintenance and gas? \_\_\_\_\_

14. What is your monthly cost of car payments \_\_\_\_\_

15. What is your monthly cost for personal expenses (clothing, personal items, supplies, etc.)? \_\_\_\_\_

16. What is your monthly cost for other expenses not listed (loans, credit cards)? \_\_\_\_\_

17. What are your monthly medical expenses? (Include medical insurance.) \_\_\_\_\_

18. Do you pay the above costs yourself?  Yes  No

From what income do you pay these cost? \_\_\_\_\_

19. Do you have car insurance?  Yes  No If yes, who pays the premium? \_\_\_\_\_

20. What is the monthly amount of your car insurance premium? \_\_\_\_\_

21. Do you have health insurance?  Yes  No If yes, who pays the premium? \_\_\_\_\_

If yes, attach proof of insurance showing you are on the policy.

22. Provide three letters of reference using the attached form or print the form online

([www.nmjc.edu/admissions/financialaid/forms](http://www.nmjc.edu/admissions/financialaid/forms)). Individuals providing these references must be professionals (i.e. teacher, counselor, minister, employer, lawyer, etc.) verifying your independent status. Letters of reference from your parents, friends or roommates will not be accepted as a valid reference.

*Certification: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I also realize that if I do not give proof when asked, this application may not be processed. I understand that this application will not be reviewed without the required documentation.*

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

\_\_\_\_\_  
Date

Financial Aid Office Use Only:

Approved/Denied Officer Initials: \_\_\_\_\_ Date: \_\_\_\_\_ New EFC: \_\_\_\_\_ ESAR Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_



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**2018-2019 Request for Dependency Change  
Letter of Reference**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

*Applicant Information*

The above applicant is applying for financial assistance and has indicated to our office that he/she should not be required to provide parent income information to determine eligibility for aid. Please provide any information you might have so that our office will be able to fairly evaluate the applicant's unique situation. Do not omit information as this will delay consideration of the applicant's request for a dependency evaluation.

1. How long have you known the applicant? \_\_\_\_\_

2. What is your relationship to the applicant? \_\_\_\_\_

3. With whom does the applicant reside? \_\_\_\_\_

4. To your knowledge, has anyone, other than the applicants' spouse, claimed the applicant as an income tax exemption for the following years:

2015  Yes  No Who? \_\_\_\_\_

2016  Yes  No Who? \_\_\_\_\_

2017  Yes  No Who? \_\_\_\_\_

5. Please explain briefly what you know to be the applicant's situation. Why is the applicant unable to provide parent income information? Please limit remarks to parent-student relationship, not character reference regarding the student.

If you should need more space to explain, please attach a letter or use the back of this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all in information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

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

If you have any questions regarding this form, please contact the Office of Financial Aid.

Please return completed form to: New Mexico Junior College, Office of Financial Aid, 5317 N Lovington Hwy, Hobbs, NM 88240  
Fax: 575-492-2559 Email: [financialaid@nmjc.edu](mailto:financialaid@nmjc.edu) Phone: 575-392-5172