



1 College Place
 Claremont, NH 03743
 Phone: 603.542.7744 800.837.0658
 Fax: 603.543.1844

Keene Academic Center
 438 Washington St., Keene, NH 03431
 Phone: 603.357.2142
 Fax: 603.357.0408

Lebanon Academic Center
 15 Hanover St, Lebanon, NH 03766
 Phone: 603.443.4201

Website: www.rivervalley.edu

**2017 – 2018
 REQUEST FOR CHANGE OF DEPENDENCY STATUS**

Beginning in 1993 and continuing with the 2017-2018 academic year, a student must meet at least one of the following federal requirements to qualify for financial aid as an independent student:

- **YOU WERE BORN BEFORE JANUARY 1, 1994;**
- **YOU WILL BE WORKING ON A MASTER’S OR DOCTORATE PROGRAM DURING THE 2017-2018 SCHOOL YEAR;**
- **AS OF TODAY YOU ARE MARRIED;**
- **YOU ARE AN ORPHAN OR WARD OF THE COURT, OR WERE A WARD OF THE COURT UNTIL THE AGE 18;**
- **YOU ARE A VETERAN OF THE U.S. ARMED FORCES;**
- **YOU HAVE CHILDREN WHO RECEIVE MORE THAN HALF THEIR SUPPORT FROM YOU;**
- **YOU HAVE DEPENDENTS (OTHER THAN YOUR CHILDREN OR SPOUSE) WHO LIVE WITH YOU AND RECEIVE MORE THAN HALF THEIR SUPPORT FROM YOU.**

If you do not meet any of these criteria, according to the federal requirements you are 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.

Full Name:		Social Security #:
Mailing Address:		
Home Phone #:	Cell #:	Email:

1. What amount of financial support did you receive in 2016 from your parents? How much will you receive in 2017?

2. What other support did you receive in 2016 from your parents (e.g., health insurance, room and board while living at home)? What other support will you receive in 2017? Please identify type and approximate value.

3. Please indicate the amount and the source (e.g., wages, monetary gifts from friend, family or significant other) of your annual income for 2016 and 2017.

FOR YEAR	AMOUNT	SOURCE
2016	\$	
2016	\$	
2017	\$	
2017	\$	

4. Please complete the following statement of your annual calendar year expenses. You need to attach a copy of rent or mortgage receipts, as well as copies of bills that are in your name and you are paying.

EXPENSES:	2016	2017
<i>Housing</i>	\$	\$
<i>Food</i>	\$	\$
<i>Transportation (insurance, gas, maintenance)</i>	\$	\$
<i>Utilities</i>	\$	\$
<i>Childcare and/or dependent care</i>	\$	\$
<i>Personal (clothing, entertainment)</i>	\$	\$
<i>Other</i>	\$	\$
TOTAL:	\$\$	\$\$

5. Please explain your circumstances, in detail, that indicate why you believe you should be considered for a dependency override. (Please use additional paper if necessary).

Return this form to the River Valley Community College's Financial Aid Office. Provide an official **2015 (2016) IRS Tax Return Transcript**. These forms can be requested online at www.irs.gov (under Tools select *Order a Return or Tax Transcript* then select *Order a Transcript*) and a copy will be mailed directly to you within 5-10 business days of the request. Or, you may call the IRS at 1.800.908.9946 to request a free IRS 2015 Tax Return Transcript and W-2 transcript.