



Financial Aid Office

505 Amherst Street Nashua, NH 03063
◆Office hours M-Th: 8:00am-6:00pm Fri: 8:00am-4:30pm ◆
Tel: (603) 578-8903 Fax: (603) 883-1636

2016-2017 Request for Dependency Override

There are unusual circumstances that can allow for the financial aid office to consider a dependent student to be independent for the purposes of determining student aid eligibility: *Unusual circumstances include an abusive family environment, neglect, or abandonment.*

The following do not constitute unusual circumstances: parent(s) refuse to contribute towards the student's education; parent(s) are unwilling to provide information for the FAFSA or the verification process; parent(s) do not claim the student as a dependent on their taxes; or student demonstrates total self-sufficiency.

If, after reading the above, you believe you should be considered an independent student please submit this request along with the following:

- A Statement from you, the student, providing the following:
 - Detailed description of the unusual circumstances that would make you an independent student;
 - The last time your parents provided support to you;
 - How you are now supporting yourself.

- A signed letter on letterhead from a member of the clergy, social worker, psychologist, high school counselor, teacher, doctor, or other professional stating his/her detailed knowledge of your situation.

- A signed letter from an adult such as a family friend, adult extended family member, or employer stating his/her detailed knowledge of your situation.

- 2016-2017 Verification Worksheet

- Either use the IRS Data Retrieval Tool in FAFSA on the web to retrieve and transfer 2015 IRS income information into your FAFSA if you have not already done so
OR
Provide a copy of your 2015 Federal Income Tax Transcript
OR
If you did not and were not required to file a federal tax return, provide your 2015 W2 form(s)

- If the income reported on your 2015 taxes was below \$10,000 or you did not file a 2015 federal tax return then you must complete the 2016-2017 Means of Support Worksheet.

By signing I/we certify that all of the information I/we provided is true and complete to the best of my/our knowledge and I/we agree, if asked, to provide information that will verify the accuracy of this completed form.

STUDENT NAME: _____

NCC ID: _____

STUDENT SIGNATURE: _____

DATE: _____