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2008–2009 Request for Dependency Change Letter of Reference

Financial Aid • ENMU Station 20 • 1500 S Ave K • Portales, NM 88130
Phone: 575-562-2194 • Fax: 575-562-2198

ENMU ID: _____ SSN: _____ Phone number: _____

Name of Applicant: _____
Last First Middle initial

Address: _____
Address City State ZIP

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 any information as this will delay consideration of the applicant's request for a dependency evaluation.

1. How long have you know 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:

2006 Yes No Who? _____

2007 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 references 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 the 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: _____
Address City State ZIP

Signature _____ Date _____

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

Please return completed form to: **Office of Financial Aid
ENMU Station 20
1500 S Ave K
Portales, NM 88130
Phone: 575-562-2194
Fax: 575-562-2198**