



# 2007–2008 Request for Dependency Change

Financial Aid • ENMU Station 20 • 1500 S Ave K • Portales, NM 88130  
Phone: (505) 562-2194 • Fax: (505) 562-2198

www.enmu.edu

ENMU ID: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle Initial

Local Address: \_\_\_\_\_  
Address City State Zip

The 2007–2008 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 one of 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 made within 30 days after submission.

- You must submit a request for a dependency change each year, including letters of reference.
- 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 at home.
- 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 you "do not get along" with your parents does not qualify you as an independent student.
- The ENMU 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 to provide your parent's income information? 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, gifts, 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, city, state and zip code:

Address City State Zip

10. What is your monthly cost for housing (include homeowners 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 costs? \_\_\_\_\_

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 forms or print the online forms ([www.enmu.edu/financialforms](http://www.enmu.edu/financialforms)). 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: \_\_\_\_\_