



**Verification of Parental Non-Support
2018-2019**

Name: _____ ID#: 770-_____

E-Mail: _____ Phone#: _____

You indicated you have special circumstances and did not report information about your parent(s) on your 2018-2019 FAFSA. The Financial Aid Office is required to consider parent information and expect a parental contribution for students who are not independent per one of the following criteria:

- Are 24 years of age or older (born before January 1, 1995)
- Are married (as of the date your FAFSA was completed)
- Are a graduate or professional student (working on a master's or doctorate program at the beginning of 2018-2019)
- Are currently serving on active duty in the U.S. Armed Forces for purposes other than training
- Are a veteran of the U.S. Armed Forces
- Have children who will receive more than half of their support from you between July 1, 2018 and June 30, 2019
- Have legal dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2019
- At any time since age 13, you were orphaned, in foster care, or a dependent/ward of the court
- Are or were an emancipated minor as determined by a court in your state of legal residence
- Are or were in legal guardianship as determined by a court in your state of legal residence
- On or after July 1, 2017 you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless

Because you did not meet the definition of an independent student, you have three options available to further the processing of your financial aid request:

1. Complete and submit the following pages (**Parental Affidavit of Non-Support, signed and notarized, AND Financial Information worksheet**)
2. Request an **Appeal for Independent Status** form should your special circumstance be the result of an abusive home situation which is detrimental to your physical or mental well-being; abandonment by both parents'; history of neglect due to parental alcohol or drug abuse; incarceration of the custodial parent; etc.
3. Make corrections to your FAFSA to include parental information.

If you have any questions, please contact our office at 406-447-6916 or financialaid@helenacollege.edu.
Thank you.

Sincerely,

Financial Aid Office

Helena College Financial Aid Office | 1115 North Roberts Street, Helena, MT 59601
(406) 447-6916 | FinancialAid@helenacollege.edu

Current expenses – Enter an estimate of your **monthly** expenses and the name(s) and relationships of the person(s) who pay the expenses or provides the items for you. If you pay the cost yourself, enter “Self” in column three.

Expense	Monthly Cost	Who Pays or Provides it?
Housing	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Medical	\$	
Personal	\$	
Childcare	\$	

Current income – Briefly describe your average **monthly** income and identify the source(s) of the income by name.

Type of Income	Average Monthly Amount	Source of Income
Wages	\$	
Interest	\$	
Dividends	\$	
Untaxed Income	\$	
Cash support	\$	
Child support	\$	
Other	\$	

1. In what year were you last claimed by your parent(s) as a dependent on a Federal Tax Return (1040 or 1040A)?
Year: _____
2. When did you last live with your parent(s)? Month: _____ Year: _____
3. When did you last receive financial support from your parent(s)? Month: _____ Year: _____
4. Are you included as a dependent under your parents' medical plan? ☐ Yes ☐ No
5. Do you own, or have the use of, an automobile while attending college? ☐ Yes ☐ No
If yes, give the name and address of the registered owner:
Name: _____ Address: _____

If you are the registered owner, provide the following information:

Purchase Date: _____ Year/Make/Model: _____

Balance Owed: _____ Monthly Car Payment: \$ _____

Is anyone else making your car payments? If so, provide the name and relationship of the person making the payments:

Name: _____ Relationship to you: _____

6. Did you file a 2016 Federal Tax Return (1040, 1040A, 1040EZ)? ☐ Yes ☐ No

If yes, attach a copy of your 2016 Federal Tax Return Transcript with all schedules and copies of all W-2's.

Signature and Certification of Information

I hereby certify that all information in this appeal for independent status, including my personal statement and other documentation, is true and complete to the best of my knowledge. I have not knowingly or intentionally provided any false statements and/or documentation, if so, my appeal will be denied and my eligibility for Federal and State student aid will be jeopardized.

Student Signature _____ Date _____

ID#: 770-_____ Phone #: _____

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*****THIS FORM MUST BE SIGNED WITH A NOTARY PRESENT*****

PARENTAL AFFIDAVIT OF NON-SUPPORT

Father/Stepfather's Full Name (PRINT) _____

Mother/Stepmother's Full Name (PRINT) _____

- I / We hereby certify that I / we stopped providing ANY financial support to:
Student's Full Name (PRINT) _____ on _____
(MM/DD/YYYY)
- I / We hereby certify that I / we will not provide financial support in the future in any form (cash and/or non-cash such as educational costs, room, board, medical insurance, medical bills, car insurance, car expenses, cell phone bills, etc.)
- I / We hereby certify that I / we refuse to complete the parental section of the Free Application for Federal Student Aid.

Father/Stepfather's Signature _____ Date _____

Mother/Stepmother's Signature _____ Date _____

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

State of _____ City/County of _____

Signed and acknowledged before me on _____ by _____
(Date)

Full Name(s) of signer(s) (PRINT)

Notary's Signature

My Commission expires on _____
(Date)

WITNESS MY HAND AND OFFICIAL SEAL
(Seal)

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