



444 Green Street, Gardner, MA 01440-1000
FINANCIAL AID OFFICE (978)630-9169

**INDEPENDENT DOCUMENTATION WORKSHEET
2011-2012**

STUDENT NAME: _____

MWCC ID#: _____

A student is automatically determined to be an independent applicant for federal student aid if he/she has met any one of the following criteria:

- * Born before January 1, 1988.
- * A Veteran of the U.S. Armed Forces or serving active duty
- * Married
- * A Ward of the Court, in foster care, or both parents are deceased
- * Have Legal Dependents and provide more than 50% support
- * An emancipated minor, in legal guardianship, or an unaccompanied youth who was homeless

If you do not meet one of the above criteria, you are considered to be DEPENDENT for student aid and must supply parent(s) information on the Free Application for Federal Student Aid (FAFSA).

In UNUSUAL circumstances, such as neglect, abuse or abandonment, a student who does not meet any of the above criteria may still be considered independent. Sufficient documentation must be provided to the financial aid administrator who will make a determination whether the student is dependent or independent. If you have unusual circumstances, please provide the financial aid office with the following documentation/information.

- 1) Detailed letter explaining your unusual circumstances.
- 2) Signed copies of your 2009 and 2010 federal income tax returns.
- 3) Two letters from any of the following people explaining why you are independent:
*Counselor *Doctor/Clergy *Guidance Counselor/Teacher *Employer/Supervisor
- 4) Complete the income/expense information on this form.
- 5) Copies of documentation to support information listed (eg. lease agreement, utility bills, etc.)
- 6) Complete all questions and statements on the back of this form.

INCOME INFORMATION:

Monthly taxable income received: \$ _____

Monthly untaxed income received: \$ _____

TOTAL INCOME: \$ _____

EXPENSE INFORMATION:

Monthly rent/mortgage: \$ _____

Monthly utilities: \$ _____

Monthly food expenses: \$ _____

Monthly auto expenses: \$ _____

Monthly installment loan payments: \$ _____

Monthly medical expenses: \$ _____

Other: _____: \$ _____

TOTAL EXPENSES: \$ _____

The information on the front and back of this form is true and correct to the best of my knowledge. If asked, I agree to provide additional documentation to the financial aid office.

Student's Signature

Date

(OVER)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Identify the location of both your parents.
2. Describe the last time you had contact with each of your parents – when, where and nature of the contact.
3. Explain how you meet your expenses
4. Whose health insurance policy are you covered by?