

**Verification of Parental Non-Support 2025-2026:
Apply for an Unsubsidized Loan Only**

Name: _____ ID#: 770-_____

E-Mail: _____ Phone#: _____

On your 2025-2026 FAFSA you indicated you have special circumstances and did not report information about your parent(s). You are receiving this notification because indicating parent non-support can limit your financial aid options; therefore, we are checking if this was intentional. Please review the bullets below for the various criteria typically used to allow a student to file the FAFSA without contributor (parent) information:

- Were born before January 1, 2002
- 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 any time in the 2025-2026 academic year)
- 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, 2025 and June 30, 2026
- Have legal dependents (other than your children or spouse) who live with you and who will receive more than half of their support from you, now and through June 30, 2026
- 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, 2024 you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless

If you do not meet the definition of an independent student outlined above, you have three options available to further the processing of your financial aid request:

1. If your parents **are** willing to provide their information on the FAFSA and you cannot say 'yes' to at least one of the above criteria, please go back to www.studentaid.gov and correct that question to 'no' and then invite your parent to contribute their information to your 2025-2026 FAFSA. Once we receive the updated FAFSA with parent information our office will evaluate your financial aid eligibility.
2. Request a **Dependency Override Request 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. This form is available on our website: <https://helenacollege.edu/financialaid/forms.aspx>
3. Your parent(s) must complete and submit the Parental Affidavit of Non-Support which must be signed and notarized. Please note that submission of this form does not grant independent status but allows you to qualify for the dependent student loan amount in an unsubsidized loan. In this situation, the federal loan limits for a freshman are \$5,500.00 and for a sophomore \$6,500.00.

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

Sincerely,

Your Helena College Financial Aid Office

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

2025-2026 Parental Non-Support Affidavit

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

PARENTAL AFFIDAVIT OF NON-SUPPORT

Parent 1 Full Name (PRINT) _____

Parent 2/ Stepparent (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.

Parent 1's Signature _____ Date _____

Parent 2/ Stepparent'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)