



# MERRIMACK COLLEGE

## Office of Financial Aid

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### 2017-2018 Household Size/Number in College Verification

Student Name \_\_\_\_\_ Merrimack ID# \_\_\_\_\_

**Instructions:** In review of your Free Application for Federal Student Aid (FAFSA) we have identified some information that needs clarification. Please complete the following table concerning your household members according to the dependency status indicated below. Once completed and signed, please return this form to the Office of Financial Aid via mail, fax or email. Please note that email forms must be signed and scanned.

**Dependent Student (You were required to provide your parent data on the FAFSA)**

- Yourself
- Your parent(s) (including a stepparent), even if you do not live with them\*
- Your parents; other children if (a) you parents will provide more than half of their support from July 1, 2017 through June 30, 2018 or (b) the children would be required to provide parental information when applying for Federal Student Aid.
- Other people if they now live with your parents, your parents provide more than half of their support, and your parents will continue to provide more than half of their support from July 1, 2017 through June 30, 2018.

*\*Parent(s) listed below should be the student's custodial parent(s) whose information was provided on the FAFSA.*

**Independent Student (You were not required to provide your parent data on the FAFSA)**

- Yourself (and your spouse if you have one).
- Your children, if you will provide more than half of their support from July 1, 2017 through June 30, 2018.
- Other people if they now live with you, you provide more than half of their support, and you will continue to provide more than half of their support from July 1, 2017 through June 30, 2018.

Name of Student and Family Members (as outlined above)	Relationship To Student	Age	What college (if any) is person attending in 2017-2018? <b>Note: Do not include parents in college.</b>	Will attendance be at least ½ time and part of a degree or certificate program?		Expected Graduation Date
				YES	NO	
	<b>Self</b>		<b>Merrimack College</b>	YES	NO	
				YES	NO	
				YES	NO	
				YES	NO	
				YES	NO	
				YES	NO	

**If you need additional space, attach a separate sheet with your name and Merrimack ID number at the top.**

Each person signing this form certifies that all of the information reported on it is complete and accurate.

\_\_\_\_\_  
Student's Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (required for dependent student)

\_\_\_\_\_  
Date