



Office of Financial Aid

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 North Andover, MA 01845
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2016-2017 Confirmation of Legal Dependents Worksheet

Student Name : _____ Student ID#: _____

On your Free Application for Federal Student Aid (FAFSA) you answered “yes” to the following question:

- Do you have children who receive more than half of their support from you? **OR**
- Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now [date FAFSA completed] and through end of the academic year?

Please provide the following information to confirm that you will in fact provide 50% or more support during the 2016-2017 academic year. Proof of support and resources will be required.

Support for your children or dependent(s) includes housing, food, clothing, medical, and dental care, childcare, money, gifts, etc. that you provide.

Resources that enable you to provide the support can include earnings you receive from work or in-kind support (housing/food in exchange for work), assistance you receive from other agencies (such as Medicaid, Temporary Assistance for Needy Families, and food stamps). Money you receive from your parent(s) cannot be included as a resource for your dependents’ support.

Complete this section only **if you have children who receive more than half of their support from you** and if, at the time you completed your FAFSA, they:

- a) lived with you and received more than half their support from you **AND**
- b) will continue to receive more than half their support from you through the end of the academic year.

Please provide proof of support and/or resources provided

Name of child (If child is unborn, attach a physician statement with projected due date.)	Age	Relationship to you, the student (son, daughter, stepson, stepdaughter, etc.)	List the child’s other parent and where the parent is attending college, if applicable.
			Name of other parent: Attending college at:
			Name of other parent: Attending college at:

Complete this section only **if you have dependents (other than your children) who receive more than half of their support from you** and if, at the time you completed your FAFSA, they:

- a) lived with you and received more than half their support from you **AND**
- b) will continue to receive more than half their support from you through the end of the academic year.

Please provide proof of support and/or resources provided

Name of dependent (other than your child)	Age	Relationship to you, the student	Indicate the date he/she began living with you.
			Began living with you:
			Began living with you:

Certification

I attest that I will provide more than half of the support for my children during between July 1, 2016 and June 30, 2017. All information provided on this form is complete and correct and I have provided documentation to support my claim (e.g. rent leases or tax transcripts with child listed or court order child support).

I attest that the dependent(s) lived with me at the time I completed the FAFSA, will continue to live with me through the end of the academic year, and that I will provide more than half of the support for the dependent(s) during this time. All information provided on this form is complete and correct and I have provided documentation to support my claim.(e.g. rent leases or tax transcripts with dependent listed or other proof of financial support).

I answered incorrectly and none of these conditions apply to me. (By checking this box, I understand that I will need to return this form to the Office of Financial Aid and correct my FAFSA by changing this answer to “no” and adding parental information as well as a parental signature.

Student Signature Date

Student Daytime Phone Number

(If this form is incomplete, it will result in delays.)

Please return form to:
Office of Financial Aid, Merrimack College,
Austin Hall 17B, 315 Turnpike Street, North Andover, MA 01845
Email: financialaid@merrimack.edu - Office: (978) 837-5186 Fax: (978)-837-5067