



**Office of Financial Aid**  
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**2016-2017 Household Resources Worksheet**

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

In order for us to complete our review of your 2016-2017 financial aid, we are required to verify your 2015 Untaxed Income. Please enter the untaxed income requested below, and sign at the bottom of the page. Dependent students **must** include parent information, as well as their signature. Once completed and signed, please return this form to the Office of Financial Aid by mail, fax or e-mail, as provided above.

If the answer is “zero”, please write \$0. However, if it does not apply to you, please write “N/A”.

Untaxed Income	Student /Spouse	Parent
<b>Payments to tax-deferred pension and savings plans</b> (paid directly or withheld from your earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a - 12d, codes D, E, F, G, H, and S.	\$	\$
<b>Child support received for all children.</b> Do NOT include foster care or adoption payments.	\$	\$
<b>Housing, food, and other living allowances</b> paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	\$	\$
<b>Veterans’ non-education benefits</b> such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-study allowances.	\$	\$
<b>Other untaxed income not reported or included elsewhere on this form</b> such as worker’s compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc  Type of benefit: _____	\$	\$
<b>Money received, or paid on your behalf</b> (e.g., bills), not reported elsewhere on this form.	\$	\$

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (required for dependent student)