



Office of Financial Aid
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2016-2017 Income Verification Worksheet

Student Name _____ Student ID# _____

The income that you and/or your family reported on your Free Application for Federal Student Aid (FAFSA) appears to be insufficient to have supported your household during 2015. Please itemize your income and expenses below. We cannot continue to process your application for financial assistance until this form is completed and returned.

Monthly Living Expenses for 2015

Mortgage or Rent	\$
Utilities	\$
Food	\$
Education/Tuition Payments	\$
Transportation	\$
Other (please specify)	\$
Total Monthly Expenses	\$
x12 =	\$

Yearly Income for 2015

Income Earned from Work	\$
Child Support Received for all Children	\$
Alimony	\$
AFDC or Public Assistance	\$
Social Security Income	\$
Veteran's Benefits	\$
Unemployment Compensation	\$
Disability Benefits	\$
Pension or Retirement Distributions	\$
Worker's Compensation Benefits	\$
Loans, gifts or cash support from _____	\$
Housing/Food or other Living Allowances (military, clergy, teachers)	\$
Money received or paid on your behalf, including money provided by dependent student's parents	\$
Other untaxed Income (please specify)	\$
Total Yearly Income	\$

If your expenses are greater than your income, please explain how you paid for these expenses. If you do not have any rent or mortgage payments, please explain your living arrangement.

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)