



**Office of Financial Aid**

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**2016-2017 Independent Special Conditions Appeal**

Your Free Application for Federal Student Aid (FAFSA) contains information about income earned in 2015 that may no longer be an accurate reflection of your family’s financial situation. Please read this form carefully and provide the documentation that supports your current situation. This application will not be reviewed until all the required documentation has been submitted to the Financial Aid Office. Please be advised that this special review does not always result in increased aid eligibility.

Last Name	First Name	M.I.	Social Security Number
Address (include apt. no.)			Date of Birth
City	State	Zip Code	Email Address
Home Phone Number (include area code)			Alternate or Cell Phone Number

**Section A:** All students are required to submit the documents listed in this section (unless previously submitted).

1. 2016-2017 Verification worksheet for Independent Students
2. Student 2015 federal income tax return (if you are selected for verification, we will require a tax transcript)
3. Student 2015 W-2s
4. Spouse (if applicable) 2015 federal income tax return (if you are selected for verification, we will require a tax transcript)
5. Spouse 2015 W-2s
6. A written statement detailing the reason for your appeal

**Section B:** Please check the box that **BEST** describes your current situation.

Loss or Change of Income from work	Additional Required Documentation
<input type="checkbox"/> <b>Unemployment:</b> You (or your spouse) have lost a job and is currently not employed.	<ul style="list-style-type: none"> <li>▪ Provide a letter verifying the separation date and any severance benefits from each employer for whom you or your spouse is no longer working.</li> <li>▪ Provide a copy of the unemployment benefits eligibility statement. If you, or your spouse, have been denied unemployment benefits, provide a copy of the denial of benefits letter.</li> <li>▪ Provide the last pay stub from laid off position.</li> <li>▪ Provide three most recent pay stubs from all other current positions.</li> </ul>

<input type="checkbox"/> <b>Wage Reduction:</b> You (or your spouse) have reduced earnings because of a job change, or because of a reduction in hours or earnings while working for the same employer.	<ul style="list-style-type: none"> <li>▪ Provide a letter from the employer stating the date the job or rate of pay changed, the former rate of pay, new rate of pay, and the average number of hours worked in a pay period.</li> <li>▪ Provide three most recent pay stubs</li> </ul>
<input type="checkbox"/> <b>Disability:</b> You or your spouse were working, but no longer can work because of permanent disability.	<ul style="list-style-type: none"> <li>▪ Provide a copy of the final pay stub or documentation from the previous employer verifying year-to-date earnings.</li> <li>▪ Provide documentation verifying the actual or anticipated monthly disability benefits</li> </ul>
<b>Change in Family Situation</b>	<b>Additional Required Documentation</b>
<input type="checkbox"/> Since filing the 2016-2017 FAFSA you are now separated or divorced.	<ul style="list-style-type: none"> <li>▪ Provide verification of your separation or divorce. For example, a copy of the separation agreement prepared by an attorney, or a copy of the divorce decree. (Student/spouse must reside in separate households.)</li> <li>▪ Provide documentation verifying the amount of alimony you currently receive, or you anticipate receiving.</li> <li>▪ Provide documentation verifying the amount of child support you currently receive or anticipate receiving.</li> <li>▪ Provide documentation verifying the current amount of child support <b>paid</b>, and name of each child for whom support was paid.</li> </ul>
<input type="checkbox"/> Since filing the 2016-2017 FAFSA your spouse has passed away.	<ul style="list-style-type: none"> <li>▪ Provide a copy of the death certificate, or an obituary from a newspaper</li> <li>▪ Provide a statement listing <b>ALL</b> benefits received as a result of death.</li> </ul>
<b>Other Circumstances</b>	<b>Additional Required Documentation</b>
<input type="checkbox"/> <b>Unreimbursed Medical Expenses:</b> Unusually high medical and dental expenses not documented on Schedule A of your federal income tax return.	<ul style="list-style-type: none"> <li>▪ Be specific about un-reimbursed (not premium) out-of-pocket costs to the family, such as elderly parent care (please provide copies of bills, canceled checks, etc)</li> </ul>
<input type="checkbox"/> <b>Other:</b> Any financial hardship circumstance not listed elsewhere on this form. <b>Car payments or credit card debt cannot be considered.</b>	<ul style="list-style-type: none"> <li>▪ Submit all supported documentation.</li> </ul>

**Section C:** Please complete this section using anticipated figures for the 2016 tax year.

<b>ESTIMATED TAXABLE INCOME</b>	<b>2016</b>
Student's taxable wages (earned thru 01/01/16-12/31/16)	
Spouse's taxable wages (earned thru 01/01/16-12/31/16)	
Interest and dividends	
Rental/business/capital losses	
Rental/business/capital gains	
IRA/Pension: (total _____ rollover _____ )	
Unemployment compensation or Severance pay (received thru 01/16 – 12/16)	
Other (source: _____ )	
<b>TOTAL INCOME</b>	<b>\$</b>
Less IRA, Keogh and self-employed SEP and SIMPLE plans	-
Less any other adjustments to income	-
<b>ADJUSTED GROSS INCOME</b>	<b>\$</b>

<b>ESTIMATED UNTAXED INCOME</b>	<b>2016</b>
Pre-tax pension contributions (difference between "Medicare wages" and "taxable wages" on W-2)	
IRA/Keogh payments	
Earned Income Credit	
Tax-exempt interest/dividends	
Housing/living allowance	
Workers' Compensation	
Child Support Received	
Social Security (for all family members)	
Other (source: _____ )	

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if applicable)

\_\_\_\_\_  
Date