



**MERRIMACK
COLLEGE**

Office of Financial Aid

315 Turnpike Street
North Andover, MA 01845
Phone: 978-837-5186

Fax: 978-837-5067
e-mail: financialaid@merrimack.edu
www.merrimack.edu/aid

2017-2018 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.

Student Name _____ Merrimack ID Number _____

Section A: ALL students are required to submit the documents listed in this section

(unless previously submitted).

- A written statement detailing the reason for your appeal
- Student 2015 IRS Tax Return Transcript **OR** IRS Federal Income Tax Return **OR** IRS Data Retrieval
- Student 2015 W-2s
- Spouse’s (if applicable) IRS Tax Return Transcript **OR** IRS Federal Income Tax Return **OR** IRS Data Retrieval
- Spouse’s (if applicable) 2015 W-2s

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"/> Unemployment: You (or your spouse) have lost a job and is currently not employed.	<ul style="list-style-type: none"> ▪ Provide a letter verifying the separation date and any severance benefits from each employer for whom you or your spouse is no longer working. ▪ 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. ▪ Provide the last pay stub from laid off position. ▪ Provide three most recent pay stubs from all other current positions.
<input type="checkbox"/> Wage Reduction: 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"> ▪ 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. ▪ Provide three most recent pay stubs.
<input type="checkbox"/> Disability: You or your spouse were working, but no longer can work because of permanent disability.	<ul style="list-style-type: none"> ▪ Provide a copy of the final pay stub or documentation from the previous employer verifying year-to-date earnings.

	<ul style="list-style-type: none"> ▪ Provide documentation verifying the actual or anticipated monthly disability benefits.
Change in Family Situation	Additional Required Documentation
<input type="checkbox"/> Since filing the 2017-2018 FAFSA you are now separated or divorced.	<ul style="list-style-type: none"> ▪ 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.) ▪ Provide documentation verifying the amount of alimony you currently receive, or you anticipate receiving. ▪ Provide documentation verifying the amount of child support you currently receive or anticipate receiving. ▪ Provide documentation verifying the current amount of child support paid, and name of each child for whom support was paid.
<input type="checkbox"/> Since filing the 2017-2018 FAFSA your spouse has passed away.	<ul style="list-style-type: none"> ▪ Provide a copy of the death certificate, or an obituary from a newspaper. ▪ Provide a statement listing ALL benefits received as a result of death.
Other Circumstances	Additional Required Documentation
<input type="checkbox"/> Unreimbursed Medical Expenses: Unusually high medical and dental expenses not documented on Schedule A of your federal income tax return.	<ul style="list-style-type: none"> ▪ 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)
<input type="checkbox"/> Other: Any financial hardship circumstance not listed elsewhere on this form. Car payments or credit card debt cannot be considered.	<ul style="list-style-type: none"> ▪ Submit all supporting documentation.

Section C: Please complete this section using actual figures for the **2016 tax year** or anticipated figures for the **2017 tax year**, whichever year is applicable to your change in financial circumstances. **NOTE: If your change in circumstance is for 2016, you must provide Federal Tax Return(s) and W-2 form(s) for 2016 before we can review this appeal.**

ESTIMATED TAXABLE INCOME	PLEASE CIRCLE ONE: 2016 or 2017
Student's taxable wages (earned thru January 1 – December 31)	
Spouse's taxable wages (earned thru January 1 – December 31)	
Interest and dividends	
Rental/business/capital losses	
Rental/business/capital gains	
IRA/Pension: (total _____ rollover _____)	
Unemployment compensation or Severance pay (received thru Jan 1 – Dec 31)	
Other (source: _____)	
TOTAL INCOME	\$
Less IRA, Keogh and self-employed SEP and SIMPLE plans	-
Less any other adjustments to income	-
ADJUSTED GROSS INCOME	\$

ESTIMATED UNTAXED INCOME	PLEASE CIRCLE ONE: 2016 or 2017
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