



**MERRIMACK  
COLLEGE**

**Office of Financial Aid**

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**2018-2019 Dependent Special Conditions Appeal**

Your Free Application for Federal Student Aid (FAFSA) contains information about income earned in 2016 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
- Parent 2016 IRS Tax Return Transcript **OR** Federal IRS Income Tax Return **OR** IRS Data Retrieval
- Parent 2016 W-2s, if applicable
- Student 2016 IRS Tax Return Transcript **OR** Federal IRS Income Tax Return **OR** IRS Data Retrieval
- Student 2016 W-2s, if applicable

**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> One or both of your parents has 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 your parent is no longer working.</li> <li>▪ Provide a copy of your parent’s unemployment benefits eligibility statement. If your parent has been denied unemployment benefits provide a copy of the denial of benefits letter.</li> <li>▪ Provide the last pay stub from previous position.</li> <li>▪ Provide three most recent pay stubs from all other current positions.</li> </ul>
<input type="checkbox"/> <b>Wage Reduction:</b> One or both of your parents has 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 your parent’s 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> Your parent was 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>

Change in Family Situation	Additional Required Documentation
<input type="checkbox"/> Since filing the 2018-2019 FAFSA your parents are now separated or divorced.	<ul style="list-style-type: none"> <li>▪ Provide verification of your parent’s separation or divorce. For example, a copy of the separation agreement prepared by an attorney, or a copy of the divorce decree. (Parents must reside in separate households.)</li> <li>▪ Provide documentation verifying the amount of alimony currently being received, or anticipate receiving.</li> <li>▪ Provide documentation verifying the amount of child support currently being received 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 2018-2019 FAFSA a parent 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>
Other Circumstances	Additional Required Documentation
<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 supporting documentation.</li> </ul>

**Section C:** Please complete this section using actual figures for the **2017 tax year** or anticipated figures for the **2018 tax year**, whichever year is applicable to your change in financial circumstances. **NOTE: If your change in circumstance is for 2017, you must provide signed Federal Tax Return(s) and W-2 form(s) for 2017 before we can review this appeal.**

<b>ESTIMATED TAXABLE INCOME</b>	<b>CIRCLE ONLY ONE: 2017 or 2018</b>
Father/stepfather's taxable wages (earned thru January 1 – December 31)	
Mother/stepmother'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: _____)	
<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>CIRCLE ONLY ONE: 2017 or 2018</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	
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

\_\_\_\_\_  
Parent's Signature (required for dependent student)

\_\_\_\_\_  
Date