



## DEPENDENT STUDENTS

Complete the following (include **all** 2012 earnings/benefits):

Father's estimated 2012 income earned from work (January 1 to December 31) \$ \_\_\_\_\_

Mother's estimated 2012 income earned from work (January 1 to December 31) \$ \_\_\_\_\_

Estimated 2012 unemployment benefits \_\_\_\_\_ per week (start date \_\_\_\_\_, end date \_\_\_\_\_) \$ \_\_\_\_\_

Estimated 2012 Social Security benefits \$ \_\_\_\_\_

Estimated 2012 child support to be received \_\_\_\_\_ per week \$ \_\_\_\_\_

Estimated other untaxed income and benefits to be received in 2012 \$ \_\_\_\_\_

**Total estimated 2012 income:** \$ \_\_\_\_\_

## INDEPENDENT STUDENTS

Complete the following:

Student's estimated 2012 income earned from work \$ \_\_\_\_\_

Spouse's estimated 2012 income earned from work \$ \_\_\_\_\_

Estimated 2012 unemployment benefits \_\_\_\_\_ per week (start date \_\_\_\_\_, end date \_\_\_\_\_) \$ \_\_\_\_\_

Estimated 2012 Social Security benefits \$ \_\_\_\_\_

Estimated 2012 child support to be received \_\_\_\_\_ per week \$ \_\_\_\_\_

Estimated other untaxed income and benefits to be received in 2012 \$ \_\_\_\_\_

**Total estimated 2012 income:** \$ \_\_\_\_\_

## CERTIFICATION

**All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to submit proof of the information given on this form. I realize that if I do not provide proof when asked, the student may be denied aid.**

Student's signature \_\_\_\_\_ Student's spouse's signature \_\_\_\_\_

Father's signature \_\_\_\_\_ Mother's signature \_\_\_\_\_

## RETURN TO:

**Student Financial Services Office, Houghton College, One Willard Avenue, Houghton, NY 14744**

### OFFICE USE ONLY

Approved  Disapproved

Financial aid administrator's signature \_\_\_\_\_ Date \_\_\_\_\_

Data element adjusted \_\_\_\_\_

Revised EFC \_\_\_\_\_ Date SAR corrected \_\_\_\_\_