Special circumstances might include loss of employment or benefits, separation or divorce, death of a parent, unusually high medical/dental expenses, or other circumstances beyond your control. These circumstances may be those of the parents of the dependent student, an independent student or his/her spouse.

Information from this form, supporting documentation, and the student’s 2019-2020 financial aid file (if applicable) will be used to determine eligibility for additional aid.

**GENERAL INFORMATION**

Student’s Last Name ___________________________ First Name ___________________________ Houghton ID# __________________

**Special Circumstances** – please check applicable circumstance(s):

- [ ] Loss of employment (provide a copy of last pay stub showing year-to-date earnings)
- [ ] Separation/divorce of parents (date: ______ custodial parent – circle one: father / mother )
- [ ] Death of parent (date of death: ________)
- [ ] Medical/dental expenses (provide documentation of unreimbursed expenses)
- [ ] Other (explain below)

Please provide a complete, detailed description of the situation. Include all pertinent dates, expenses and amounts. Before submitting this form, you must use the IRS Data Retrieval Tool to transfer 2018 tax information into your 2020-2021 FAFSA. Please attach signed copies of 2019 income taxes and W-2s. If 2019 taxes are not yet completed, we may hold this application until they are received.

Continued on back >
### DEPENDENT STUDENTS

*Complete the following (include both actual 2019 and estimated 2020 numbers)*

- Father’s income earned from work (January 1 to December 31) $________/_________
- Mother’s income earned from work (January 1 to December 31) $________/_________
- Unemployment benefits ____________ per week (start date _____, end date ______) $________/_________
- Social Security benefits $________/_________
- Child support received ____________ per week $________/_________
- Other untaxed income and benefits received $________/_________
- **Total 2019/2020 Income:** $________/_________

### INDEPENDENT STUDENTS

*Complete the following:* 2019(actual)/2020(estimated)

- Student’s income earned from work $________/_________
- Spouse’s income earned from work $________/_________
- Social Security benefits $________/_________
- Other untaxed income and benefits received $________/_________
- **Total 2019/2020 Income:** $________/_________

### CERTIFICATION

I certify that 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 additional 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. **I understand that outstanding charges must be paid by the due date regardless of submission of this form.**

Student’s signature ___________________________  Student’s spouse’s signature ___________________________

Father’s signature ___________________________  Mother’s signature ___________________________

### OFFICE USE ONLY

- **Approved** ⊗  **Disapproved**

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Original EFC: ________________
Revised EFC: ________________

Financial aid administrator’s signature: ____________________________

Date: ________________

ISIR correction sent/received: ____________________________