



Please return to:

**Student Financial Services Office**

Houghton University | One Willard Avenue | Houghton, NY 14744

**Phone:** 800.777.2556 ext. 3280

**Fax:** 585.567.9610

**Email:** sfso@houghton.edu

*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 2024-2025 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 2022 tax information into your 2024-2025 FAFSA. Please attach signed copies of 2023 income taxes and W-2s. If 2023 taxes are not yet completed, we may hold this application until they are received.**

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## DEPENDENT STUDENTS

Complete the following (include both **actual 2023** and **estimated 2024** numbers) **2023(actual)/2024(estimated)**

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 2023/2024 Income:** \$ \_\_\_\_\_ / \_\_\_\_\_

## INDEPENDENT STUDENTS

Complete the following: **2023(actual)/2024(estimated)**

Student's income earned from work \$ \_\_\_\_\_ / \_\_\_\_\_

Spouse's income earned from work \$ \_\_\_\_\_ / \_\_\_\_\_

Social Security benefits \$ \_\_\_\_\_ / \_\_\_\_\_

Other untaxed income and benefits received \$ \_\_\_\_\_ / \_\_\_\_\_

**Total 2023/2024 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

Data Changes	Original	Updated
Number in family/University		
Marital status/tax filing status		
AGI		
Tax		
Exemptions		
Parent 1 earnings		
Parent 2 earnings		
Other:		
Other:		

Original SAI: \_\_\_\_\_

Revised SAI: \_\_\_\_\_

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

Date: \_\_\_\_\_

ISIR correction sent/received: \_\_\_\_\_