



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 2025-2026 financial aid file (if applicable) will be used to determine eligibility for additional aid.

GENERAL INFORMATION

_____ Houghton ID# _____
Student's Last Name First Name

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 2023 tax information into your 2025-2026 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 2024** and **estimated 2025** numbers) **2023(actual)/2025(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 2024/2025 Income: \$ _____ / _____

INDEPENDENT STUDENTS

Complete the following: **2023(actual)/2025(estimated)**

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

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

Social Security benefits \$ _____ / _____

Other untaxed income and benefits received \$ _____ / _____

Total 2024/2025 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		
<input type="checkbox"/> Approved <input type="checkbox"/> 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: _____