



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](mailto: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 2026-2027 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 2024 tax information into your 2026-2027 FAFSA. Please attach signed copies of 2024 income taxes and W-2s. If 2024 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** 2026 and **estimated** 2027 numbers)

	<b>2025(actual)/2026(estimated)</b>
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	\$ _____ / _____
<b>Total 2025/2026 Income:</b>	\$ _____ / _____

## INDEPENDENT STUDENTS

Complete the following:

	<b>2025(actual)/2026(estimated)</b>
Student's income earned from work	\$ _____ / _____
Spouse's income earned from work	\$ _____ / _____
Social Security benefits	\$ _____ / _____
Other untaxed income and benefits received	\$ _____ / _____
<b>Total 2025/2026 Income:</b>	\$ _____ / _____

## 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: \_\_\_\_\_