HOUGHTON UNIVERSITY

SPECIAL CIRCUMSTANCES FINANCIAL AID APPLICATION 2027-2028

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 2027-2028 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 2025 tax information into your 2027-2028 FAFSA. Please attach signed copies of 2025 and 2026 income taxes and W-2s. If 2026 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*	***2026(actual)/2027(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 2026/2027 Income:	$_____/_____

INDEPENDENT STUDENTS

Complete the following:	***2026(actual)/2027(estimated)***
Student's income earned from work	$_____/_____
Spouse's income earned from work	$_____/_____
Social Security benefits	$_____/_____
Other untaxed income and benefits received	$_____/_____
Total 2026/2027 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: _____