



Financial Aid Office
Special Conditions Intake Form
2025-2026

➔ Click [here](#) if you'd like to complete this form electronically using DocuSign. ⬅

Name: _____ ID#: _____

Students and families who have experienced a significant change in household income or circumstances may qualify for a special conditions adjustment to their FAFSA information. Please check the appropriate box below and provide the requested information to determine if an adjustment may be appropriate for you.

☐ **My family has experienced a significant reduction in income since 2023.**

Who experienced the change in income? ☐ Student ☐ Student's Spouse ☐ Student's Parent

If for parent, please provide their email address: _____

Is this individual CURRENTLY receiving unemployment? ☐ Yes ☐ No

If yes, please attach documentation of current unemployment.

What change in income was experienced?

- | | |
|--|--|
| <input type="checkbox"/> Job or benefit loss | <input type="checkbox"/> Separation/Divorce |
| <input type="checkbox"/> Reduction of income | <input type="checkbox"/> Loss of income due to death |
| <input type="checkbox"/> Other _____ | |

When did this change in income occur? _____ to _____
*Start Date**End Date*

ESTIMATED INCOME

What is their 2024 Adjusted Gross Income (AGI) (1/1/24 – 12/31/24)? \$ _____

What is their 2025 Adjusted Gross Income (AGI) (1/1/25 – 12/31/25)? \$ _____

Continued on the next page.

- ☐ **Out-of-pocket tuition expenses paid for other household member also enrolled in college (at least half time) between July 1, 2025 and June 30, 2026.**

If yes, please attach household member's class schedule and documentation of out-of-pocket expenses paid.

For the other household member, please completed the following:

| | | | |
|------------------------------------|-------|-------------------------------------|-------|
| # of Credits for Fall 2025 | _____ | # of Credits for Spring 2026 | _____ |
| <i>August 2025 - December 2025</i> | | <i>January 2026 - May 2026</i> | |

If for parent, please provide their email address: _____

- ☐ **Other extenuating circumstances impacting FAFSA data.**

If yes, please attach an explanation of the circumstances, their financial impact, and supporting documentation.

If for parent, please provide their email address: _____

NOTE: Additional documentation may be requested – please allow 10 business days for review. Follow-up will be sent to the student myBHC email or the provided parent email, as appropriate.

Student Signature _____ Date _____

Parent Signature _____ Date _____

(Signature required if parent information is provided on FAFSA)

Black Hawk College Financial Aid Office, 6600 34th Avenue, Moline, IL 61265

Phone: 309-796-5400 Fax: 309-796-5447 Email: finaid@bhc.edu

Black Hawk College does not discriminate on the basis of race, color, national origin, sex, disability, or age.