



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	_____
August 2025 - December 2025		January 2026 - May 2026	

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

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