



Financial Aid Office
Special Conditions Intake Form
2024-2025

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 2022.

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?

- Job or benefit loss Separation/Divorce
Reduction of income Loss of income due to death
Other

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

ESTIMATED INCOME

What is their 2023 Adjusted Gross Income (AGI) (1/1/23 - 12/31/23)? \$

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

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, 2024 and June 30, 2025.**

*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:*

<b># of Credits for Fall 2024</b>	_____	<b># of Credits for Spring 2025</b>	_____
<i>August 2024 - December 2024</i>		<i>January 2025 - May 2025</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](mailto:finaid@bhc.edu)*

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