



Financial Aid Office

Special Condition Dependent

2018-2019

Student's Name: _____ **BHC ID #:** _____

This form may be used for the 2018-19 school year if you and your parents/step-parent experienced a change in financial circumstances that lowered your family income for 2017. **You may be eligible for a recalculation of your aid eligibility due to job or benefit loss, income reduction, separation/divorce, death, illness, or disability.**

All applicants must first complete the 2018-19 Free Application for Federal Student Aid (FAFSA). You and/or your family must then provide documentation of your financial change. This information is used to determine if your financial aid award will be adjusted.

Submit the following documents along with this application:

- Please provide copies of you and your parent(s)/step-parent 2017 Federal Tax returns and W-2's.
- A letter explaining the decrease of income. Be specific and include dates, amounts, etc.
- Documentation from the appropriate entities. For job loss, provide a letter from the employer stating employment dates, total earnings, pension and/or severance pay amount for 2017. Provide doctor's certificate of illness/disability or death certificate if decrease is due to these circumstances. Loss of child support, court documentation.
- List total income for January 1, 2017 through December 31, 2017 in the chart below.

Additional documentation may be required.

2017 Annual Income	
1) Income earned from work by father/step-father:	\$
2) Income earned from work by mother/step-mother:	\$
3) Income earned from work by student:	\$
4) Child support received:	\$
5) Taxable portions of pensions, annuities, social security, RRTAs, early withdrawals from IRAs, etc.:	\$
6) Untaxed income (insurance settlements, social service benefits such as TANF, SSI, food stamps, etc.):	\$
7) Unemployment and other taxable income (list source in your letter of explanation):	\$
TOTAL	\$

CERTIFICATION: My signature certifies that the information given is true, complete, and correct. I have read each section and provided the appropriate documentation. If I do not provide supporting documentation, no further action will be taken

Student's Signature _____ Date _____

Parent's or Spouse's Signature _____ Date _____