When you filed your FAFSA for the 2019-2020 academic year, you used your 2017 tax information. The Financial Aid Office understands that there are times when a family’s financial situation changes dramatically from the information on the FAFSA. This special conditions form will help the Financial Aid Office re-evaluate your eligibility for financial aid for the 2019-2020 academic year. Special conditions forms can take up to three weeks to process, so please be aware of all financial aid priority deadlines and bill due dates when submitting this information.

1. **Reason for Special Conditions Consideration:**
   - There has been a significant change in my family’s income since filing my 2017 taxes due to:
     - Loss of employment (to be considered for review, the loss of employment must be longer than 90 days)
     - Death of a Wage Earner
     - Loss of untaxed income or benefits
   - I have been separated or divorced since I filed my 2017 taxes.
   - I have significant medical expenses not covered by insurance.

2. **Personal Statement**
   The appeal letter is a one- to two-page letter explaining the reason for your Special Condition consideration. Please include the dates of loss of income or medical expenses, names of the family members impacted and the relationship to you (the student), and a discussion of how the loss of income or medical expenses are impacting the family’s ability to afford educational expenses. The letter should be brief and concentrate on financial matters. Many appeal letters stress the student’s high academic abilities. Unfortunately, we cannot consider academic ability during this appeal process.

3. **Documentation to Support your Letter**
   Please include as much documentation as possible to support your appeal. Some examples of documentation students have used in the past include:
   - Letter of termination or layoff signed by the employer and on company letterhead.
   - Unemployment statement showing full benefits to be distributed.
   - Final pay stub showing year-to-date earnings prior to layoff or termination.
   - Death certificate of the wage earner.
   - Documentation of outstanding medical expenses not covered by insurance.
   - Documentation of the loss of untaxed income (alimony, child support, SSI, SSDI, TAFDC, etc.)
   - Any other documentation that can support the case you have described in your appeal letter.
   The Financial Aid Office cannot process your appeal without supporting documentation, so please be sure to provide it when turning in your application. Failure to provide adequate supporting documentation may result in your appeal being denied.
4. **Estimated Financial Situation**

*Please provide a copy of your 2017 IRS tax transcript.* If you have filed 2018 federal income taxes and they show your loss of income, please include a copy with this form. Students that are considered Dependent for FAFSA purposes must provide documentation for both themselves and their parent(s). If your 2018 federal taxes do not reflect the change in financial situation, please provide an estimate of your income for the 2019-2020 academic year on the lines below:

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Student Estimated Information</th>
<th>Parent Estimated Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted Gross Income</td>
<td>$_________________________</td>
<td>$_________________________</td>
</tr>
<tr>
<td>US Income Tax Paid</td>
<td>$_________________________</td>
<td>$_________________________</td>
</tr>
<tr>
<td>Income Earned from Work</td>
<td>$_________________________</td>
<td>$_________________________</td>
</tr>
<tr>
<td>Annual Social Security Benefits</td>
<td>$_________________________</td>
<td>$_________________________</td>
</tr>
<tr>
<td>Annual TAFDC/TADC</td>
<td>$_________________________</td>
<td>$_________________________</td>
</tr>
<tr>
<td>Annual Child Support Received</td>
<td>$_________________________</td>
<td>$_________________________</td>
</tr>
<tr>
<td>Other Untaxed Income or Benefits</td>
<td>$_________________________</td>
<td>$_________________________</td>
</tr>
</tbody>
</table>

5. **Certification**

By signing this form, I am certifying that the information in this Special Condition Form is accurate and that it represents a *one time* re-evaluation of my financial aid eligibility. I may not be eligible for a re-evaluation in future years. I understand that this request will be processed in accordance with federal regulations. I understand that my request may not meet the federal guidelines and that I may not see an increase in my financial aid award. I also understand all decisions made by the Financial Aid Office are final.

_________________________________  __________________________________
Student’s Signature    Date                                     Parent’s Signature    Date

_________________________________  __________________________________
Spouse’s Signature    Date                                     Parent’s Signature    Date

Please return to Student Central online at https://www.bhcc.edu/financialaid/financialaidforms/financialaidformupload/