Special Conditions Form
2023-2024

Student Name_________________________________  Student BHCC ID_________________________

When you filed your FAFSA for the 2023-2024 academic year, you used your 2021 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 2023-2024 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 2021 taxes due to:
     - □ Loss of employment (to be considered for review, the loss of employment must be longer than 30 days)
     - □ Death of a Wage Earner
     - □ Loss of untaxed income or benefits
   - □ I have been separated or divorced since I filed my 2021 taxes.
   - □ I have significant medical expenses not covered by insurance.
   - □ Other situation to be explained in my personal statement

2. **Personal Statement**
   The appeal letter is a one- to two- page letter explaining the reason for your Special Conditions
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 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 delayed or denied.

Student Name_________________________________ Student BHCC ID________________

4. Estimated Financial Situation

*Please provide a copy of your 2020 IRS tax transcript.* If you have filed 2022 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 2022 federal taxes do not reflect the change in financial situation, please provide an estimate of your income for the 2023-2024 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>New Adjusted Gross Income (best estimate)</td>
<td>$_________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>US Income Tax Paid (best estimate)</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/