



**SPECIAL CONDITION FORM FOR 2019-2020
FOR STUDENT**

The purpose of this form is to report reductions in income or special circumstances that were not reported on the original FAFSA filed. The FAFSA must be filed prior to completion of this form.

Step 1. Student's Name

_____/_____
Student's Last Name Student's First Name

Step 2. Special Condition - Please complete all sections that apply to your situation. You must provide documentation to support the condition indicated such as copy of death certificate, proof of unemployment, loss of other income.

A) Death of parent/spouse after original application was filed:

Date of death ____/____/____
 month day year

B) Parent/ Student has become separated or divorced after submission of FAFSA

Date of separation or divorce ____/____/____
 month day year

C) Parent/ Student has experienced a reduction in income due to unemployment, illness or disability and has remained out of work for at least 10 weeks(need not be continuous). Check one:

Date of employment loss: from ____/____/____ to ____/____/____
 month day year month day year

D) Parent/ Student had a loss or reduction in unemployment compensation or untaxed income for 2018 such as disability payments, untaxed pension distributions, etc.

Source of Income Value for 2018 Value for 2019

Date that income/benefit ceased or was reduced: ____/____/____
 month day year

E) If none of the conditions listed are applicable to your situation and change in financial status, please provide details below – attach a separate sheet if necessary:

Step 3 – Expected 2018 Income

In order to evaluate your need for financial assistance, complete the worksheet below providing estimates of all income you and/ or your parent(s) expect to receive in 2019. If you are separated, divorced, or your spouse is deceased, report expected income for only yourself. **Do Not Leave Blanks**, enter a **zero** for questions that don't apply to you.

Expected 2019 Taxable Income	Student's Income	Parents's Income
Income		
Wages, salaries tips	\$ _____	\$ _____
Severance pay	\$ _____	\$ _____
Pensions and annuities	\$ _____	\$ _____
Interest and dividend income	\$ _____	\$ _____
Business or farm net income	\$ _____	\$ _____
Capital gains	\$ _____	\$ _____
Income received from rents after expenses paid for mortgage interest, taxes and insurance	\$ _____	\$ _____
Alimony which will be received	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Any other taxed income	\$ _____	\$ _____
Total 2019 Taxable Income	\$ _____	\$ _____

Expected Untaxed Income and Benefits

Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings); include untaxed portion of 401(k) and 403(b) plans	\$ _____	\$ _____
Retirement or disability benefits	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____
Welfare benefits including AFDC/ADC or TANF (excluding food stamps)	\$ _____	\$ _____
Untaxed portion of pensions	\$ _____	\$ _____
Living and housing allowances for clergy, military, and others (excluding rent subsidies for low income housing) including cash payments or cash value of benefits	\$ _____	\$ _____
Child support or maintenance payments which will be received	\$ _____	\$ _____
Cash support or money paid on student's behalf	\$ _____	\$ _____
Veterans benefits except student's educational benefits	\$ _____	\$ _____
Railroad retirement benefits	\$ _____	\$ _____
Any other untaxed income and benefits such as Black Lung Benefits, Refugee Assistance, etc.	\$ _____	\$ _____
Total 2019 Untaxed Income	\$ _____	\$ _____

Expected Child Support You Will Pay in 2019 \$ _____ \$ _____

Step 3 – Certification

All of the information on this form is true and complete to the best of my (our) knowledge. I (we) agree to provide supporting documentation and understand that if requested proof is not provided, I may not receive aid.

Student's Signature Date

Parent/Spouse's Signature Date

Return completed form along with a signed copy of your and your spouse's 2018 federal tax return(s), including W-2 form(s) to:

Geisinger Commonwealth School of Medicine
Financial Aid Office
525 Pine Street
Scranton, PA 18509
Fax (570) 504-2815