SPECIAL CONDITION FORM FOR 2020-2021
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   / / year

B) Parent/Student has become separated or divorced after submission of FAFSA
Date of separation or divorce   / / 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   / / year to   / / year

D) Parent/Student had a loss or reduction in unemployment compensation or untaxed income for 2019 such as disability payments, untaxed pension distributions, etc.

Source of Income Value for 2019 Value for 2020

Date that income/benefit ceased or was reduced:   / / 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 2020 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 2020. 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 2020 Taxable Income

<table>
<thead>
<tr>
<th>Income</th>
<th>Student’s Income</th>
<th>Parent’s Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, salaries tips</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Severance pay</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Pensions and annuities</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Interest and dividend income</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Business or farm net income</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Capital gains</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Income received from rents after expenses paid for mortgage interest, taxes and insurance</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Alimony which will be received</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Unemployment compensation</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Any other taxed income</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td><strong>Total 2020 Taxable Income</strong></td>
<td>$_________</td>
<td>$_________</td>
</tr>
</tbody>
</table>

### 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 2020 Untaxed Income**          | $_________        | $_________      |

### Expected Child Support You Will Pay in 2020

$_________ $_________

### 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

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Return completed form along with a signed copy of your and your spouse’s 2019 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