SPECIAL CONDITION FINANCIAL AID APPLICATION FOR
PARENT(S) OF DEPENDENT STUDENTS
2020-2021 Academic Year

Please check one of the following: ☐ Continuing Student ☐ New Student

_________________________________ /__________________________ /___

Student's Last Name   First       M.I.       Royal ID #

If your family’s projected 2020 income will be significantly less than the 2018 tax data provided on the 2020-2021 FAFSA, you may complete this form and return it to address listed on side 2, for further consideration of your 2020-2021 financial aid. If you have questions concerning this matter, please contact the Financial Aid Office at (570) 941-7701. If you are unable to estimate the total income your family will receive from January 1, 2020 until December 31, 2020, at this time, keep this form until you can provide an accurate estimate. If the form is submitted after October 31, 2020, a copy of the 2020 tax return may be required.

University of Scranton requires W-2 Forms, Household Size Form, and may require third party verification of your financial changes. If Data Retrieval Tool was not used on the FAFSA, a signed copy of your parent(s)/stepparent 2018 federal tax return or paper copy of 2018 IRS Return Transcripts will be required. Additional documents may be requested after initial review. If your parent(s) and/or stepparent have an interest in a corporation and/or partnership, you also need to submit copies of the most recent U.S. Partnership and/or Corporation Tax Return(s), including the completed balance sheet(s) and K-1 schedule(s). If you do not submit ALL of the requested 2018 tax documents, University of Scranton will be unable to give further consideration to your request for reduced income processing.

Please review the sections below and indicate which explanation(s) applies to the reason(s) your family’s 2020 income will be reduced.

A. Death of Parent/Stepparent (death must have occurred ON OR AFTER January 1, 2019).

Date: _______________________ (Month/Day/Year)    Relationship to Student: _______________________

B. Permanent and total (unable to work again) disability of parent, or stepparent (must have occurred ON OR AFTER January 1, 2019).

Date: _______________________ (Month/Day/Year)    Relationship to Student: _______________________

C. Parent(s) and/or stepparent has retired, has been or will be unemployed, or has experienced a change in employment status which will result in an income reduction ON OR AFTER January 1, 2019.

Parent 1/Step-Parent 1 Occurrence Date: _______________________ Parent 2/Step-Parent 2 Occurrence Date: _______________________ (Month/Day/Year) (Month/Day/Year)

D. Sources of taxed or untaxed income, as reportable on the Free Application for Federal Student Aid (FAFSA), has ceased or been reduced; include business loss(es) here.

Occurrence Date: _______________________ (Month/Day/Year)

E. Separation/divorce of parents after original FAFSA was filed:

Occurrence Date: _______________________ (Month/Day/Year)    Parent with whom you now reside _____________

F. Other

Occurrence Date: _______________________ (Month/Day/Year)

COMPLETION REQUIRED: YOU MUST PROVIDE AN EXPLANATION DETAILING ALL REASONS AND DATE(S) YOUR FAMILY’S 2020 INCOME WILL BE SIGNIFICANTLY REDUCED AND COMPLETE THE REST OF THE FORM. FAILURE TO PROPERLY COMPLETE THIS QUESTION WILL RESULT IN THE FORM BEING RETURNED TO YOU.
G. Complete both of the sections (Gross Taxed and Untaxed) below with income (prior to exemptions, adjustments or deductions) your family expects to receive from January 1, 2020 until December 31, 2020. **DO NOT LEAVE BLANKS; IF NONE, ENTER ZERO.** **EXCLUDE amount received in Economic Impact Payment.** Please do not give monthly amounts. **IF YOU DO NOT COMPLETE THIS FORM IN ITS ENTIRETY OR DO NOT PROVIDE THE REQUESTED 2018 TAX DOCUMENTS, THE FINANCIAL AID OFFICE WILL BE UNABLE TO GIVE FURTHER CONSIDERATION TO YOUR REQUEST FOR REDUCED INCOME PROCESSING.**

### TOTAL EXPECTED 2020 GROSS TAXED INCOME

<table>
<thead>
<tr>
<th>Description</th>
<th>Parent 1’s Yearly Taxed Income</th>
<th>Parent 2’s Yearly Taxed Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wages, salaries, tips</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>2. Severance pay</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>3. Taxable portions of pensions, annuities, 401(K), and/or IRA Distributions</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>4. Taxable portions of interest and dividend income</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>5. Business or farm income</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>6. Capital gains</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>7. Net Income received from rents after expenses paid for mortgage interest, taxes, and insurance</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>8. Alimony which will be received</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>9. Unemployment Compensation (State and/or SUB); <strong>include extra $600/week</strong></td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>10. Taxable portions of all Social Security benefits received</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>11. Any other taxed income</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
</tbody>
</table>

**Total 2020 Gross Taxed Income**

### TOTAL EXPECTED 2020 UNTAXED INCOME

<table>
<thead>
<tr>
<th>Description</th>
<th>Parent 1’s Yearly Untaxed Income</th>
<th>Parent 2’s Yearly Untaxed Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts which would be reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S.</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>2. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>3. Child support received for all children</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>4. Tax exempt interest income</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>5. Untaxed portions of IRA distributions</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>6. Untaxed portions of pensions</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>7. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits)</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>8. Veterans’ non-education benefits such as Disability, Death Pension, or Dependency &amp; Indemnity Compensations (DIC) and/or VA Educational Work-Study allowances</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>9. Other untaxed income not reported elsewhere, such as workers compensation, disability, etc.</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
<tr>
<td>10. Money received, or paid on your family's behalf (e.g., bills, living/college expenses, etc.) not reported elsewhere on this form</td>
<td>$__________________________</td>
<td>$__________________________</td>
</tr>
</tbody>
</table>

**Total 2020 Untaxed Income**

**NOTE:** YOU MUST NOTIFY FINANCIAL AID OFFICE AT THE UNIVERSITY OF SCRANTON IMMEDIATELY OF ANY INCREASE IN YOUR INITIAL 2020 INCOME ESTIMATE. FAILURE TO IMMEDIATELY NOTIFY THE UNIVERSITY OF SCRANTON OF ANY INCREASE TO YOUR FAMILY’S INCOME MAY RESULT IN CANCELATION OF NEED BASED GRANTS FOR WHICH YOU OR OTHER MEMBERS OF YOUR FAMILY WERE NOT ENTITLED.

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**Signature of Parent/Stepparent**  
**Date**  
**Signature of Student**  
**Date**

Please provide Parent’s daytime telephone number: ____________________________

Return completed form along with Parents’ 2018 return transcripts or signed 2018 tax return, including W-2 form(s) & 2020-21 Household Size Form to:  
**Financial Aid Office, The University of Scranton, Scranton, PA 18510-4689 or Fax: 570-941-4370**  
**DO NOT EMAIL**