

Office of Student Financial Aid

103 Wilder Tower Memphis, TN 38152

Phone: 901.678.4825 Fax: 901.678.3590

Web: www.memphis.edu/financialaid
Online: Contact Us

2021 - 2022 APPEAL FOR SPECIAL CONSIDERATION – PARENT (APSP)

INSTRUCTIONS:

A. STUDENT INFORMATION

earnings).

This form should be completed <u>after</u> a 2021-2022 Free Application for Federal Student Aid (FAFSA) has been submitted, <u>after</u> consultation with a financial aid representative, and <u>only</u> if there has been be a significant decrease in you or your spouse's 2020 or 2021 taxable or non-taxable income. A financial aid representative will assist you in determining whether additional documentation will be required beyond what is listed on this form. Return this form <u>with all required documentation</u> to our office using the contact information above. Our office reserves the right to request any additional documentation to fully review and document your appeal. **Appeals will be accepted on or after April 1, 2021.**

tudent Name:		U ID Number:		
SN (last four): XXX-XX		Phone Number:		
B. VE	ERIFICATION			
depend 2019 fe and da	lent verification process and submit supporting documenta	cted for verification, you must first complete the full 2021-2022 tion including but not limited to a copy of you and your spouse's D federal tax return transcript (if the student filed) or a signed s complete our office will consider this appeal.		
	the condition below which applies to you (A-E), answer <u>EA</u> ted information.	CH question under the condition you check, and provide ALL		
_1.	You (or your spouse) worked full-time in 2019 and you and/o2020 OR2021. You must choose one. 1A. Indicate whose income was affected:yours oryour 1B. Indicate the reason for unemployment:			
	 preparer ID AND all W2s and 1099s received) or 202 from your former employer). 1E. Did you or your spouse or will you or your spouse file for 	e (federal tax return transcripts or signed tax return with tax 1 income (last/most recent pay stubs showing final earnings r unemployment benefits? Compensation Office showing the maximum amount of 021.		
2.	You or your spouse received untaxed income or benefits (for income or benefit in2020 OR2021. You must choose of 2A. Indicate whose benefit:yours oryour spouse's AN 2B. Type and source of benefit:2C. Reason for loss of benefit:2D. Attach a statement from the agency providing the total process.	D date when untaxed income or benefit ended://		
_3.		e (tax return transcript or <u>signed</u> tax return with tax preparer (three most recent pay stubs showing current and year-to-date		

2021-2022 APSP (cont.)								
 You and your spouse separated or divorced <u>after the FAFSA was submitted</u>. 4A. Indicate the date of separation or divorce:/_/_ 4B. Attach 2020 or 2021 federal tax return transcripts and 2020 or 2021 W2s for <u>both</u> parents. 4C. Attach appropriate supporting documentation (example: divorce decree, official court documents, or letter from lawyer). 								
5. Your spouse had income in 2019 and died 5A. Indicate the date your spouse died: 5B Attach a copy of the obituary, fun 5C. Attach documentation of your 202 W2s and 1099s received) or 2021 in	//_ eral annour 20 income (1	ncement, dea tax return tr	ath certificate, etc anscript or <u>signec</u>	d tax return with				
D. PROJECTED PARENT INCOME								
1. Parent's Household Information								
Unmarried (single, single, divorced, widowed)	spouse, any from you, ar	of your child nd others who	ers in 2021-2022. ren who get more to now live with you ive more than half	than half of their so a and currently rec	apport eive			
B. State of legal residence. 1D. Of the number in 3, write in the number who will be in college at least half-time during 2021-2022 including the student who is submitting the appeal.								
 Actual 2020 Calendar Year Taxable and No Income and Current Assets (If an item does Note: If filing this form due to separation, diversity of the Income: Taxable Income:	not apply,	write in zero h of spouse, i ncome	o.) Please indicate nclude only your i	which year you a necome. ed Income				
 2A. Income earned from work-Student 2B. Income earned from work-Parent/s 2C. Unemployment compensation 2D. Other taxable income - <i>Please specify</i>: 	\$ \$ \$.00 .00 .00	\$ \$ \$.00 .00 .00				
	\$.00	\$.00				
Total Taxable Income Untaxed Income:	\$\$.00	\$ \$.00				
 2E. Child support received (12 months) 2F. Tax deductible payments to IRA/Keough *2G. Other untaxed income and benefits - <i>Please specify:</i> 	\$ \$.00	\$ \$.00 .00				
benefits - Fleuse spectyy.	\$ \$.00	\$ \$.00				
*INCLUDE: Welfare benefits, workmen's comp or any money paid on your/your sp DO NOT INCLUDE: Student aid untaxed Social Security benefits.	ouse's beha	ılf, untaxed p	ortions of 401(K) a	and $403(B)$ plans in	f reported on tax return.			
Student Signature:(TYPED SIGNATUR			Da	te:				
(TYPED SIGNATUR	ES CANNO	OT BE ACC	EPTED)					
Parent Signature:(TYPED SIGNATUR	ES CANNO	OT BE ACC	EPTED) Date	te:				

U ID Number: