

2022 – 2023 APPEAL FOR SPECIAL CONSIDERATION – PARENT (APSP)

INSTRUCTIONS:

This form should only be completed **after** a 2022-2023 Free Application for Federal Student Aid (FAFSA) has been submitted, **after** consultation with a financial aid representative, and **only** if there has been a **significant** decrease in you or your spouse's 2021, 2022, or 2023 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 **with all required documentation** to our office using the contact information above. Our office reserves the right to request any additional information to fully review and document your appeal. All appeal decisions are final and cannot be appealed. **Appeals will be accepted on or after April 1, 2022.**

A. STUDENT INFORMATION

Student Name: _____ U ID Number: _____

SSN (last four): XXX-XX-_____ Phone Number: _____

B. VERIFICATION

PARENTS OF DEPENDENT STUDENTS: If your student is selected for verification, you must first complete the full 2022-2023 dependent verification process and submit supporting documentation including but not limited to a copy of you and your spouse's 2020 federal tax return transcript and a copy of the student's 2020 federal tax return transcript (if the student filed). Once verification is complete our office will consider this appeal.

C. EXTENUATING CIRCUMSTANCES

Check the circumstances below which applies to you (1-5), answer **EACH** question under the circumstance you check, and provide **ALL** requested information.

 1. You (or your spouse) worked full-time in 2020 and you and/or your spouse have been unemployed for **at least** 10 weeks in 2021 OR 2022. **You must choose one.**

1A. Indicate whose income was affected: yours or your spouse's dates of unemployment from / / to / /

1B. Indicate the reason for unemployment: _____

1C. Attach documentation from employer(s) indicating the last day of employment for 2021 or 2022.

1D. Attach documentation of the reduction in 2021 income (federal tax return transcripts AND all W2s and 1099s received) or 2022 income (last three pay stubs showing final earnings from your former employer).

1E. Did you or your spouse or will you or your spouse file for unemployment benefits?

 Yes. **For unemployment received in 2021, attach the 2021 1099G. For unemployment received in 2022, attach documentation of the week-by-week benefits paid from the Unemployment Office.**

 No. Explain why not: _____

 2. You or your spouse received untaxed income or benefits (for example, social security, TANF, etc.) in 2020 *but have lost* that income or benefit in 2021 OR 2022. **You must choose one.**

2A. Indicate whose benefit: yours or your spouse's AND date when untaxed income or benefit ended: / /

2B. Type and source of benefit: _____

2C. Reason for loss of benefit: _____

2D. **Attach a statement from the agency providing the total amount of benefits received in 2020 or 2021.**

 3. You or your spouse experienced a reduction in income in 2021 OR 2022, which does not meet either of the above conditions.

3A. Whose income was reduced: yours your spouse's.

3B. Explain: _____

3C. **Attach documentation of the reduction in 2021 income (federal tax return transcript AND all W2s and 1099s received) or 2022 income (last three pay stubs showing current and year-to-date earnings).**

2022-2023 APSP (cont.)

- ___ 4. You and your spouse separated or divorced **after the FAFSA was submitted**.
 4A. Indicate the date of separation or divorce: ___/___/___
 4B. **Attach 2021 or 2022 federal tax return transcripts and 2021 or 2022 W2s and 1099s for both parents.**
 4C. **Attach appropriate supporting documentation (example: divorce decree or official court documents).**
- ___ 5. Your spouse had income in 2020 and died **after** the FAFSA was submitted.
 5A. Indicate the date your spouse died: ___/___/___
 5B **Attach a copy of the death certificate.**

D. PARENT & STUDENT INCOME**1. Parent's Household Information**

- 1A. Current marital status
 _____ Unmarried (single,
 divorced, widowed)
 _____ Married
 _____ Separated
- 1B. State of legal residence.

- 1C. Number of family members in 2022-2023. Include yourself, and your spouse, any of your children who get more than half of their support from you, and others who now live with you and currently receive and will continue to receive more than half of their support from you. _____
- 1D. Of the number in 1C, write in the number who will be in college at least half-time during 2022-2023, including the student who is submitting the appeal. _____

2. Actual 2021 Calendar Year Taxable and Non-taxable income OR estimated 2022 Calendar Year Taxable and Non-taxable Income. If an item does not apply, write in zero. NOTE: If filing this form due to separation, divorce or death of spouse, include only your income.

	Actual Income 2021	<u>OR</u>	Estimated Income 2022
Taxable Income:			
2A. Income earned from work-Student	\$ _____ .00		\$ _____ .00
2B. Income earned from work-Parent/s	\$ _____ .00		\$ _____ .00
2C. Unemployment compensation	\$ _____ .00		\$ _____ .00
2D. Other taxable income - <i>Please specify:</i> _____	\$ _____ .00		\$ _____ .00
	\$ _____ .00		\$ _____ .00
Total Taxable Income	\$ _____ .00		\$ _____ .00
Untaxed Income:			
2E. Child support received (12 months)	\$ _____ .00		\$ _____ .00
2F. Tax deductible payments to IRA/Keough	\$ _____ .00		\$ _____ .00
*2G. Other untaxed income and benefits - <i>Please specify:</i> _____	\$ _____ .00		\$ _____ .00
	\$ _____ .00		\$ _____ .00

***INCLUDE:** Welfare benefits, workmen's compensation, VA non-educational benefits, housing food and other living allowances, cash or any money paid on your/your spouse's behalf, untaxed portions of 401(K) and 403(B) plans if reported on tax return.

DO NOT INCLUDE: Student aid, VA education benefits, TANF, rent subsidies for low-income housing or food stamps, untaxed Social Security benefits.

E. CERTIFICATION AND SIGNATURE

By signing this form, I hereby certify that all statements and information provided on this form are true, complete, and correct to the best of my knowledge and will provide proof if requested. I authorize University of Memphis officials to verify any information on this form by contacting any person/organization. I understand it is a crime and a violation of the University of Memphis Student Code of Conduct to purposefully give false or misleading information on this form, which may be subject to a fine, imprisonment, and University of Memphis sanctions.

Student Signature: _____ Date: _____
 (TYPED SIGNATURES CANNOT BE ACCEPTED)

Parent Signature: _____ Date: _____
 (TYPED SIGNATURES CANNOT BE ACCEPTED)