



## University of the Incarnate Word Basic Residency Questionnaire

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The information requested below is used to determine your state residency status. The Texas Higher Education Coordinating Board requires each student applying for financial aid to supply the following information for the purpose of determining your eligibility for state-funded financial aid.

<b>OPTION I (Answers to 1 and 2 must be "Yes" to qualify under this option.)</b>		
1. Did you graduate from a Texas high school or complete a GED in Texas AND did you live in Texas for the 36 months prior to your graduation/GED attainment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did you live in Texas the 12 months prior to the semester you started at UIW?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you a U.S. citizen or permanent resident? (If no, you must complete the Affidavit of Intent and have the item notarized before submitting this form to the UIW Office of Financial Assistance.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>OPTION II (Answers to 1 and 2 must be "Yes" to qualify under this option.)</b>		
1. Is one of your parents an active duty member of the U.S. military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is "Texas" listed as your parent's official home of record? (Texas must be listed as parent's military legal residence for tax purposes on the "Leave and Earnings Statement.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### CERTIFICATION STATEMENT

I understand that officials of my college/university will use the information submitted on this form to determine my status for residency eligibility. I authorize the college/university to verify the information I have provided. I agree to notify the proper officials of the institution of any changes in the information provided. I certify that the information on this application is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, and/or appropriate disciplinary action.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

