



University of the Incarnate Word Supplemental 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.

PART A: BASIS OF CLAIM TO RESIDENCY		
1. Do you file your own federal income tax as an independent tax payer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you claimed as a dependent on or are you eligible to be claimed as a dependent by a parent or court-appointed legal guardian on their federal income taxes? (To be eligible to be claimed as a dependent, your parent or legal guardian must provide at least one half of your support. A step-parent does not qualify as a parent if he/she has not adopted the student.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If you answered "No" to questions 1 and 2, who provides the majority of your support? Self _____ Parent or Legal Guardian _____ Other (list) _____		

INSTRUCTIONS FOR APPLICANTS:

- If you answered "yes" to question 1 in Part A, continue to Part B.
- If you answered "Yes" to question 2 in Part A, continue to Part C.
- If you answered "No" to questions 1 and 2 and "self" in question 3 of Part A, continue to Part B.
- If you answered "No" to questions 1 and 2 and "parent or guardian" in question 3 of Part A, skip to Part C.
- If you answered "No" to questions 1 and 2 and "other" in question 3 of Part A, skip Part D and provide an explanation; then complete Part E.

PART B: QUESTIONS FOR STUDENTS WHO ANSWERD “YES” TO QUESTION 1 OR “SELF” TO QUESTION 3 OF PART A.

1. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you a foreign national whose application for Permanent Resident status has been preliminarily reviewed? (You should have received a fee/filing receipt or Notice of Action (I-797) from USCIS showing your I-485 has been reviewed and has not been rejected.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you a foreign national here with a visa or are you a Refugee, Asylee, Parolee or here under Temporary Protective Status? If yes, what type of visa do you hold? _____ What is your status? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you currently live in Texas? (If you are out of state due to a temporary assignment by your employer or other temporary purpose, please explain in Part D.) How long have you lived in Texas? ____ years ____ months ____ days What is your main purpose for being in Texas? (If for reasons other than those listed, explain in Section D.) __ go to college __ establish/maintain a home __ work assignment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If you are a member of the U.S. military, is Texas your Home of record? If you answered “No,” what state is listed as your military legal residence for tax purposes on your Leave and Earnings Statement? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you hold title to real property (home/land) in Texas? (The date you acquired this property was ____/____/____.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you own a business in Texas? (The date you acquired this business was ____/____/____.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you hold a state or local license to conduct a business or practice a profession in Texas? (The date you acquired this license was ____/____/____.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. While living in Texas have you been gainfully employed for a period of at least 12 consecutive months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. While living in Texas, have you received services from a social service agency that provides services to homeless persons for a period of at least 12 consecutive months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you married to a person who could answer “Yes” to items 6-10 (any one or more) above? If yes, which question(s) could your spouse answer “Yes” to? _____ How long have you been married to this individual? ____ months ____ years	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART C: QUESTIONS FOR STUDENTS WHO ANSWERD “PARENT” OR “LEGAL GUARDIAN” IN QUESTION 3 OF PART A.

1	Is your parent or legal guardian a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is your parent or legal guardian a foreign national whose application for Permanent Resident status has been preliminarily reviewed? (You parent or legal guardian should have received a fee/filing receipt or Notice of Action (I-797) from USCIS showing the I-485 has been reviewed and has not been rejected.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Is your parent or legal guardian a foreign national here with a visa or is he/she a Refugee, Asylee, Parolee or here under Temporary Protective Status? If yes, what type of visa does your parent hold? _____ What is his/her status? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Does your parent or legal guardian currently live in Texas? (If he/she is out of state due to a temporary assignment by an employer or other temporary purpose, please explain in Part D.) How long has he/she lived in Texas? ____ years ____ months ____ days What is his/her main purpose for being in Texas? (If for reasons other than those listed, explain in Section D.) __ go to college __ establish/maintain a home __ work assignment	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	If your parent or legal guardian is a member of the U.S. military, is Texas his/her Home of Record? If you answered “No,” what state is listed as his/her military legal residence for tax purposes on your Leave and Earnings Statement? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Does your parent or legal guardian hold title to real property (home/land) in Texas? (The date he/she acquired this property was ____/____/____.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Does your parent or legal guardian own a business in Texas? (The date he/she acquired this business was ____/____/____.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Does your parent hold a state or local license to conduct a business or practice a profession in Texas? (The date he/she acquired this license was ____/____/____.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	While living in Texas has your parent or legal guardian been gainfully employed for a period of at least 12 consecutive months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	While living in Texas, has your parent or legal guardian received services from a social service agency that provides services to homeless persons for a period of at least 12 consecutive months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Is your parent or legal guardian married to a person who could answer “Yes” to items 6-10 (any one or more) above? If yes, which question(s) could his/her spouse answer “Yes” to? _____ How long have you been married to this individual? ____ months ____ years	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART D: GENERAL COMMENTS.

Is there any additional information that you believe UIW should know in evaluating your eligibility to be classified as a Texas resident?

Yes

No

If so, please provide this information below:

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: _____