



**University of the Incarnate Word**  
**Office of Financial Assistance**  
**Basic Texas Residency Questionnaire**

4301 Broadway, Box 308  
 San Antonio, TX 78209  
 Phone: (210) 829-6008  
 Fax: (210) 283-5053

[finaid@uiwtx.edu](mailto:finaid@uiwtx.edu)  
[www.uiw.edu/finaid](http://www.uiw.edu/finaid)

Revised 11/2014

TEXAS

(Black Ink Only)

Name: \_\_\_\_\_ Student ID/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 (public, private or home-school program) 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: \_\_\_\_\_

(Black Ink Only)

**Affidavit of Intent to Become Permanent Resident  
(complete ONLY if you answered "No" to Question 3 in Option I)**

Affidavit of Intent

State of Texas §  
  §  
County of \_\_\_\_\_ §

Before me, the undersigned Notary Public, on this day personally appeared  
\_\_\_\_\_, known to me, who being by me duly sworn  
upon his/her oath, deposed and said:

1. My name is \_\_\_\_\_, I am \_\_\_\_\_ years of age and have personal knowledge of the facts stated herein and they are all true and correct.
2. I graduated or will graduate from a Texas high school or received my GED certificate in Texas.
3. I resided in Texas for three years leading up to graduate from high school or receiving my GED certificate.
4. I have resided or will have resided in Texas for the 12 months prior to the census date of the semester in which I will enroll in the UNIVERSITY OF THE INCARNATE WORD.
5. I have filed or will file an application to become a permanent resident at the earliest opportunity that I am eligible to do so.

In witness whereof, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Student's Printed Name)

\_\_\_\_\_  
(Student's ID #)

**SUBSCRIBED TO AND SWORN TO BEFORE ME**, on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_, to certify which witness my hand and  
official seal.

\_\_\_\_\_  
Notary Public in and for the State of Texas