## 2016–2017 Texas Application for State Financial Aid (TASFA)

For House Bill 1403/Senate Bill 1528 students only: House Bill 1403 from the 2001 State Legislative Session/Senate Bill 1528 from the 2005 State Legislative Session allows certain categories of foreign-born and immigrant students in the State of Texas to qualify for residency under Texas Education Code Chapter 54, Section 54.052(a)(3). This state law allows such students to pay the resident tuition rate while attending public institutions of higher education in Texas, and be classified as state residents for tuition purposes. As Texas residents, such students are eligible to apply for some student financial aid programs offered by the State of Texas.

Naı	me			
Str	eet address			
City	1	State ZI	P code	
Tel	ephone			
Em	ail address			
Dat	re of birth (MM/DD/YYYY)	College Student ID#		
Hig	h School (where you received or will receive your high school	diploma):		
Hig	h School City:	Date of Graduation:		
	rade Level beginning in 2016–2017:  Never attended college and 1st year undergraduate  Attended college before and 1st year undergraduate  2nd year undergraduate/sophomore  3rd year undergraduate/junior  4th year undergraduate/senior  5th year/other undergraduate  1st year graduate/professional  Continuing graduate/professional or beyond	Degree or certificate I am seeking  1st bachelor's degree  2nd bachelor's degree  Associate degree  Certificate or diploma  Teaching credential (non-deg	gree program)	
Se	ction I: Student Information			
1.	Were you born before January 1, 1993?		☐ Yes	□ No
2.	As of today, are you married?		☐ Yes	□ No
3.	Are you in a graduate program of study? (e.g., master's or doctoral program of study)	rogram)	☐ Yes	□ No
4.	Do you have at least one child that you support?		☐ Yes	□ No
5.	Do you have dependents other than your children or spouse that yo	u support? (সূ	☐ Yes	□ No
6.	Are you or were you an orphan or ward of the court?		☐ Yes	□ No
7.	Are you or were you an emancipated minor as determined by the sta		☐ Yes	□ No
8.	Are you or were you in legal guardianship as determined by the state	e's court?	☐ Yes	□ No
9.	Did your high school or school district homeless liaison determine the unaccompanied youth who was homeless?	nat you were an	☐ Yes	□ No
10.	Did the director of an emergency shelter program funded by the U.S Urban Development determine that you were an unaccompanied you	. Department of Housing and	☐ Yes	□ No
11.	Did the director of a runaway or homeless youth basic center or transi you were an unaccompanied youth who was homeless or were self-supp			□ No
	purposes of this application, if you answered "No" to all of the quest	<b>tions above</b> , you are considered a <b>d</b>	ependent stud	<i>lent</i> and must include

If you answered "Yes" to any of the questions above, you are considered an *independent student* and are not required to include parental income information on this form. An *independent student* who is married must include information about his or her spouse.

Print full name here:

## Section II: Household Information

☐ Unmarried and both parents living together

widowed\_

Month and year married, remarried, separated, divorced or

12. If you are a dependent student, please list the names of ALL family members, including your parent(s), who will be supported by your parent(s) from July 1, 2016 to June 30, 2017. If you are an independent student, you should include family members who are supported by you. (See instructions for additional information.) Attach additional sheets if necessary. Which college/university will **Names** Age Relationship [Include parent(s) and sibling(s), to student student be attending? or spouse (if applicable)] (e.g. sister, son) Self **Total number in household:** Total number in college in 2016-2017: Section III: Additional Information **Student:** 13. Independent students only: 18. Housing plans for 2016–2017: Where do you plan to live? As of today, are you or your spouse a dislocated worker? On campus ☐ Yes □ No □ Don't know ☐ Off campus ☐ Commuter/With parent or relative **14.** Did vou work in 2015? ☐ Yes ☐ No **19.** At the start of the 2016–2017school year, you will enroll: If Yes, did you file a U.S federal (or foreign) income tax return for 2015? ☐ Less than 1/2 time ☐ Full time ☐ Yes (Attach tax return, tax transcript, and W-2's) ☐ 3/4 time ☐ Not sure ☐ No ☐ Will file ☐ 1/2 time 15. Marital status (as of today): 20. Have you received funds from either of the following grant ☐ Single ☐ Separated programs while attending a prior institution? Married or Remarried ☐ Divorced or Widowed a. TEXAS Grant Program ☐ Yes □ No Month and year married, remarried, separated, divorced b. Top 10% Scholarship Program 

Yes □ No or widowed ☐ Yes □ No **16.** Have you been convicted of a felony or a crime involving d. If you are transferring from a prior institution, did you earn a controlled substance? ☐ No an Associate Degree? 17. Do you have authorization (e.g. DACA) to work in the U.S.? ☐ Yes (Enter date earned the Associate Degree \_ ☐ Yes Enter SSN: □ N/A (not applicable) Parent: 21. Did your parents work in 2015? ☐ Yes 24. Mother/Stepmother's highest level of education completed ☐ Middle school/Jr. high ☐ High school If Yes, did they file a U.S federal (or foreign) income tax return for 2015? ☐ College or beyond ☐ Other/unknown ☐ Yes (Attach tax return, tax transcript, and W-2's) □ No □ Will file 25. Enter your mother's/stepmother's date of birth: 22. Is either of your parents a dislocated worker? ☐ No ☐ Yes 26. Father/Stepfather's highest level of education completed ☐ Middle school/Jr. high ☐ High school 23. What is your parent's marital status? ☐ College or beyond ☐ Other/unknown □ Never married Married or Remarried ☐ Divorced or Separated ☐ Widowed

27. Enter your father's/stepfather's date of birth:

## **Section IV: Income and Assets**

Do not leave any blanks. Enter "0" where appropriate.

**Dependent students:** Complete both the *Student and Parent(s) columns*. **Independent students**: Complete the *Student/Spouse column only*.

	Studen	Student/Spouse		Parent(s)	
Part A. Annual Untaxed Income					
28. Child support received	?) \$		\$		
29. Tax exempt interest income	? \$	\$		\$	
<b>80.</b> Housing, food, and other living allowances paid on your behalf	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$		\$	
31. Other untaxed income not reported, such as worker's compensati disability, etc.					
82. Money you received (or bills someone else paid for you) not repor elsewhere on this form	rted \$				
33. Cash earnings (wages not listed on taxes or W-2 forms)	Studen	t Spouse	Mother	Father	
	(?)\$	\$	\$	\$	
Total Untaxed Inco	ome \$		\$		
art B. Annual Income Exclusions					
<b>4.</b> Child support paid	\$		\$		
5. Taxable earnings from work-study or other need-based work program	ms \$		\$		
<b>36.</b> Taxable scholarships and grants reported on 2015 federal income tax return	? <sup>\$</sup>		\$		
Part C. Assets					
7. As of today, balance of cash, savings, and checking accounts	(?)\$	\$ \$			
<b>8.</b> As of today, investment net worth (do not include the home you live in or the balance of retirement plans)	(?) (?)	1 S		\$	
<b>89.</b> As of today, net worth of current business(es) or investment farm(	(s) \$		\$		
ection V: Total Family Income	?				
<b>a. Earnings</b> : How much were your total family earnings in 2015?	?				
Student's earnings: \$ Parent's earning	<b>js:</b> \$				
If your parent's <b>earned</b> at least <b>\$20,600</b> during 2015, they are not parent's specific filing requirements since the income threshold IRS Publication 17 (www.irs.gov/uac/About-Publication-17), Tab	old varies de	pending on filing stat	tus and age. For m		
b. Self-employment: Are you and/or your parent's self-employed If you and/or your parent(s) are "self-employed", you and or your earnings (e.g. business expenses minus business income) from www.irs.gov/Individuals/Self-Employed.	r parents will	be required to file an	income tax return		
c. Non-tax filers: If you and/or your parents did not meet either of did not file taxes, please provide a breakdown of your living exp	enses (e.g. rer	nt, food, utilities, etc.).	Explain what sour	ces of income or	

Living Expenses	Cost for the year	To pay for living expenses, I and/or my family used the following sources of income:
Rent	\$	
Food	\$	
Utilities	\$	

public assistance you and/or your family used to pay for those living expenses. Your financial aid office may request additional information.

## Section VI: Statement of Selective Service Registration Status

41.	Certification of registration status (Please check the	appropriate box.)					
	☐ I certify that I am female and, therefore, not required to register with the Selective Service System.						
	☐ I certify that I am a male age 18 to 25 and am re	gistered with the Selective Service System.					
	Please attach copy of registration acknowle	lgement card.					
	☐ I certify that I am not of an age required to regi	ter with Selective Service System. (That is, I am over 25.)					
	$\square$ I certify that I have been determined by the Se	ective Service System to be exempt from registration.					
		I certify that I have not reached my 18th birthday and understand that I will be required by law to register at that time and will provide proof of registration once I receive my Selective Service Registration Acknowledgement Card.					
	I certify that I do not have a Social Security Number, but have submitted my Selective Service registration form to the Selective Service System and will provide proof of registration to the financial aid office as soon as I receive my registration number.						
Sec	ction VII: Signatures						
42.	a. Student and Parent signatures						
	I understand that under Texas Education Code, Section 51.9095, I must be registered with the Selective Service System according to the requirements of federal law in order to receive student financial aid funds from the State of Texas, and hereby certify that I meet this requirement. I also certify that I will use state student financial aid to pay only the cost of attending an institution of higher education, and that the information provided on this form is true, complete, and correct to the best of my knowledge. I understand that any false statements may void my eligibility for state financial aid. I also certify that the information provided on this form will be used only for evaluation of eligibility for state financial aid and that I may need to provide additional information for my school to determine eligibility for state financial aid.						
	Student signature	Date					
	Parent signature*	Date					
	(*Parent signature required only for dependent sto	dents)					
	b. High School Counselor: Not required if parer High school counselor signature	t signature already provided above. Date					
	Printed name						
	Title						
	Street address						
	City	State ZIP code					
	Telephone						
	Email address						