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.

Name

Street address

City State ZIP code

Telephone

Email address SSN or ITIN

Date of birth (MM/DD/YYYY) College Student ID#

High School (where you received or will receive your high school diploma):

High School City: Date of Graduation:

Grade 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-degree program)  
☐ Graduate or professional degree  
☐ Other/Undecided

Section 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) ☐ 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 you support? ☐ 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 state’s court? ☐ Yes ☐ No
8. Are you or were you in legal guardianship as determined by the state’s court? ☐ Yes ☐ No
9. Did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? ☐ Yes ☐ No
10. Did the director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? ☐ Yes ☐ No
11. Did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? ☐ Yes ☐ No

For purposes of this application, if you answered “No” to all of the questions above, you are considered a dependent student and must include parental income information on this form.

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

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.

<table>
<thead>
<tr>
<th>Names (Include parent(s) and sibling(s), or spouse if applicable)</th>
<th>Age</th>
<th>Relationship to student (e.g. sister, son)</th>
<th>Which college/university will student be attending?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td></td>
</tr>
<tr>
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<tr>
<td>Total number in household:</td>
<td>Total number in college in 2016–2017:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section III: Additional Information

Student:

13. Independent students only:
   - As of today, are you or your spouse a dislocated worker?
     - [ ] Yes  [ ] No  [ ] Don't know

14. Did you work in 2015?
   - [ ] Yes  [ ] No
   - If yes, did you file a U.S. federal (or foreign) income tax return for 2015?
     - [ ] Yes (Attach tax return, tax transcript, and W-2's)
     - [ ] No  [ ] Will file

15. Marital status (as of today):
   - [ ] Single
   - [ ] Married or Remarried
   - [ ] Divorced or Widowed
   - Month and year married, remarried, separated, divorced or widowed

16. Have you been convicted of a felony or a crime involving a controlled substance?  
   - [ ] Yes  [ ] No

17. Do you have authorization (e.g. DACA) to work in the U.S.?
   - [ ] Yes  [ ] Enter SSN.
   - [ ] No

   - [ ] On campus
   - [ ] Off campus
   - [ ] Commuter/With parent or relative

19. At the start of the 2016–2017 school year, you will enroll:
   - [ ] Full time
   - [ ] 3/4 time
   - [ ] 1/2 time
   - [ ] Less than 1/2 time
   - [ ] Not sure

20. Have you received funds from either of the following grant programs while attending a prior institution?
   a. Texas Grant Program  - [ ] Yes  [ ] No
   b. Top 10% Scholarship Program  - [ ] Yes  [ ] No
   c. TEOG  - [ ] Yes  [ ] No
   d. If you are transferring from a prior institution, did you earn an Associate Degree?
      - [ ] Yes (Enter date earned the Associate Degree __________________)
      - [ ] No  [ ] N/A (not applicable)

Parent:

21. Did your parents work in 2015?
   - [ ] Yes  [ ] No
   - If yes, did they file a U.S. federal (or foreign) income tax return for 2015?
     - [ ] Yes (Attach tax return, tax transcript, and W-2's)
     - [ ] No  [ ] Will file

22. Is either of your parents a dislocated worker?
   - [ ] Yes  [ ] No

23. What is your parent's marital status?
   - Never married
   - Married or Remarried
   - Divorced or Separated
   - Widowed
   - Unmarried and both parents living together
   - Month and year married, remarried, separated, divorced or widowed

24. Mother/Stepmother's highest level of education completed
   - [ ] Middle school/Jr. high
   - [ ] College or beyond
   - [ ] High school
   - [ ] Other/unknown

25. Enter your mother's/stepmother's date of birth: __________________

26. Father/Stepfather's highest level of education completed
   - [ ] Middle school/Jr. high
   - [ ] College or beyond
   - [ ] High school
   - [ ] Other/unknown

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.

<table>
<thead>
<tr>
<th>Part A. Annual Untaxed Income</th>
<th>Student/Spouse</th>
<th>Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. Child support received</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>29. Tax exempt interest income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>30. Housing, food, and other living allowances paid on your behalf</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>31. Other untaxed income not reported, such as worker’s compensation, disability, etc.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>32. Money you received (or bills someone else paid for you) not reported elsewhere on this form</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>33. Cash earnings (wages not listed on taxes or W-2 forms)</td>
<td>Student: $</td>
<td>Spouse: $</td>
</tr>
<tr>
<td><strong>Total Untaxed Income</strong></td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>

**Part B. Annual Income Exclusions**

| 34. Child support paid | $ |
| 35. Taxable earnings from work-study or other need-based work programs | $ |
| 36. Taxable scholarships and grants reported on 2015 federal income tax return | $ |

**Part C. Assets**

| 37. As of today, balance of cash, savings, and checking accounts | $ |
| 38. As of today, investment net worth (do not include the home you live in or the balance of retirement plans) | $ |
| 39. As of today, net worth of current business(es) or investment farm(s) | $ |

Section V: Total Family Income

40. **a. Earnings:** How much were your total family earnings in 2015?

   Student's earnings: $  
   Parent's earnings: $  

   If your parent's earned at least $20,600 during 2015, they are required to file taxes according to IRS guidelines. (Check your and/or parent's specific filing requirements since the income threshold varies depending on filing status and age. For more details, see IRS Publication 17 (www.irs.gov/uac/About-Publication-17), Table 1-1: Filing Requirements for Most Taxpayers).

**b. Self-employment:** Are you and/or your parent's self-employed (e.g. own a business)?  
   □ Yes   □ No  
   If you and/or your parent(s) are "self-employed," you and/or your parents will be required to file an income tax return if net earnings (e.g. business expenses minus business income) from self-employment were $400 or more. For more details go to www.irs.gov/Individuals/Self-Employed.

**c. Non-tax filers:** If you and/or your parents did not meet either of the IRS Income filing thresholds from earnings or self employment, and did not file taxes, please provide a breakdown of your living expenses (e.g. rent, food, utilities, etc.). Explain what sources of income or public assistance you and/or your family used to pay for those living expenses. Your financial aid office may request additional information.

<table>
<thead>
<tr>
<th>Living Expenses</th>
<th>Cost for the year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
</tr>
<tr>
<td>Utilities</td>
<td>$</td>
</tr>
</tbody>
</table>

To pay for living expenses, I and/or my family used the following sources of income:

____________________________________________________________________________________________________________________

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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 registered with the Selective Service System.

Please attach copy of registration acknowledgement card.

☐ I certify that I am not of an age required to register with Selective Service System. (That is, I am over 25.)

☐ I certify that I have been determined by the Selective 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.

Section 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 students)

b. High School Counselor: Not required if parent signature already provided above.

________________________________________________________________________
High school counselor signature

________________________________________________________________________
Date

Printed name

Title

Street address

City

State

ZIP code

Telephone

Email address