

4301 Broadway, Box 308 San Antonio, TX 78209 Phone: (210) 829-6008 Fax: (210) 283-5053 finaid@uiwtx.edu www.uiw.edu/finaid Revised 11/2014

TEXAS

(Black Ink Only) Student ID/SSN: Address: 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. **OPTION I** (Answers to 1 and 2 must be "Yes" to qualify under this option.) 1. Did you graduate from a Texas high school (public, private or home-school ☐ Yes \square No program) or complete a GED in Texas AND did you live in Texas for the 36 months prior to your graduation/GED attainment? 2. Did you live in Texas the 12 months prior to the semester you started at ☐ Yes □ No UIW? 3. Are you a U.S. citizen or permanent resident? (If no, you must complete the ☐ Yes □ No Affidavit of Intent and have the item notarized before submitting this form to the UIW Office of Financial Assistance.) **OPTION II** (Answers to 1 and 2 must be "Yes" to qualify under this option.) 1. Is one of your parents an active duty member of the U.S. military? ☐ Yes □ No 2. Is "Texas" listed as your parent's official home of record? (Texas must be ☐ Yes □ No listed as parent's military legal residence for tax purposes on the "Leave and Earnings Statement.) **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	8		
County of	\$ \$ 		
Before me, the undersigned Not		Ily appeared	
upon his/her oath, deposed and		known to me, who being by me duly sworn	
•		Low years of any and have	
		, I am years of age and have	
	the facts stated herein and they		
	_	or received my GED certificate in Texas.	
I resided in Texas for the certificate.	ree years leading up to graduate	e from high school or receiving my GED	
	ave resided in Texas for the 12 i	months prior to the census date of the semester	
	the UNIVERSITY OF THE IN	•	
		nanent resident at the earliest opportunity that I	
	in application to become a peril	tailent resident at the earnest opportunity that I	
am eligible to do so.	day of	, 20	
in withess whereof, this	day or	, 20	
	(Stude	(Student's Signature)	
	(Stude	ent's Printed Name)	
	(Stud		
	(Stude	ent's ID #)	
SUBSCRIBED TO AND SWO	DRN TO BEFORE ME , on the	e day of	
	, 20	, to certify which witness my hand and	
official seal.			
	Noton	y Public in and for the State of Toyog	

Notary Public in and for the State of Texas $\ensuremath{\text{Revised }11/04/2014}$