# 2013–2014 Texas Application for State Financial Aid (TASFA)

(for House Bill 1403/Senate Bill 1528 students only)

| Name   |  |   |  |
|--|--|---|--|
| Street address   |  |   |  |
| City   | State Z  | IP code   |  |
| Telephone  |  |   |  |
| Email address  |  |   |  |
| Date of birth (MM/DD/YYYY)   | College Student ID#  |   |  |
| foreign-born and immigrant students in the State 54, Section 54.052(a)(3). This state law allows such education in Texas, and be classified as state residudent financial aid programs offered by the State Please note: For a student to qualify for <b>state</b> students residency status. Also, keep in mind that the state?   | ession /Senate Bill 1528 from 2005 State Legislative Sele of Texas can meet state requirements for residency und histudents to pay the resident tuition rate while attending dents for tuition purposes. As Texas residents, such stude te of Texas.  Texas residents dents first make to select the college of university must first make to definition of residency does not make a student eligible to the college of th | er Texas Educat<br>g public institu<br>nts are eligible t<br>the determination  | ion Code, Chapte<br>tions of higher<br>to apply for some<br>on on the student                              |
| Section I: Student Information   |  |   |  |
|  |  |   |  |
| 1. Were you born before January 1, 1990?   |  | ☐ Yes   | □ No   |
| 1. Were you born before January 1, 1990? ?   |  | ☐ Yes   | □ No   |
| <ol> <li>Were you born before January 1, 1990?</li> <li>As of today, are you married?</li> <li>Are you in a graduate program of study? (e.g., r</li> </ol>   |  | ☐ Yes   | □ No   |
| <ol> <li>Were you born before January 1, 1990?</li> <li>As of today, are you married?</li> <li>Are you in a graduate program of study? (e.g., r</li> <li>Do you have at least one child that you support</li> </ol>  | t? ?   | ☐ Yes☐ Yes☐ Yes   | □ No □ No □ No   |
| <ol> <li>Were you born before January 1, 1990?</li> <li>As of today, are you married?</li> <li>Are you in a graduate program of study? (e.g., r</li> <li>Do you have at least one child that you suppor</li> <li>Do you have dependents other than your child</li> </ol>   | t? ?   | ☐ Yes ☐ Yes ☐ Yes ☐ Yes   | □ No □ No □ No □ No  |
| <ol> <li>Were you born before January 1, 1990?</li> <li>As of today, are you married?</li> <li>Are you in a graduate program of study? (e.g., r</li> <li>Do you have at least one child that you suppor</li> <li>Do you have dependents other than your child</li> <li>Are you an orphan or ward of the court?</li> </ol>  | t? ?   | ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes   | □ No □ No □ No □ No □ No   |
| 1. Were you born before January 1, 1990?  2. As of today, are you married?  3. Are you in a graduate program of study? (e.g., r.g., p.g.,  | t? ?  Iren or spouse that you support? ?  determined by the state's court? ?   | <ul> <li>☐ Yes</li> <li>☐ Yes</li> <li>☐ Yes</li> <li>☐ Yes</li> <li>☐ Yes</li> <li>☐ Yes</li> </ul>  | No No No No No No No No  |
| 1. Were you born before January 1, 1990?  2. As of today, are you married?  3. Are you in a graduate program of study? (e.g., r. d. Do you have at least one child that you support to you have dependents other than your child. Are you an orphan or ward of the court?  3. Are you or were you an emancipated minor as deep you or were you in legal guardianship as deep you have you or were you in legal guardianship as deep you have you or were you in legal guardianship as deep you have you or were you in legal guardianship as deep you have you were you in legal guardianship as deep you have you have you have you in legal guardianship as deep you have | determined by the state's court?   | ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes   | □ No □ No □ No □ No □ No   |
| 1. Were you born before January 1, 1990?  2. As of today, are you married?  3. Are you in a graduate program of study? (e.g., r.g., r.g., r.g.)  4. Do you have at least one child that you support that you have dependents other than your child.  5. Are you an orphan or ward of the court?  7. Are you or were you an emancipated minor as the support of the your or were you in legal guardianship as decrease.   | dren or spouse that you support?  determined by the state's court? etermined by the state's court?   | <ul> <li>☐ Yes</li> <li>☐ Yes</li> <li>☐ Yes</li> <li>☐ Yes</li> <li>☐ Yes</li> <li>☐ Yes</li> </ul>  | No No No No No No No No  |
| <ol> <li>Were you born before January 1, 1990?</li> <li>As of today, are you married?</li> <li>Are you in a graduate program of study? (e.g., r.g., r.g.)</li> <li>Do you have at least one child that you supported.</li> <li>Do you have dependents other than your child.</li> <li>Are you an orphan or ward of the court?</li> <li>Are you or were you an emancipated minor as the are you or were you in legal guardianship as deep.</li> <li>Did your high school or school district homeless?</li> </ol>  | determined by the state's court? etermined by the state's court? ss liaison determine that you were an am funded by the U.S. Department of Housing and   | ☐ Yes   | No No No No No No No No No   |
| <ol> <li>Were you born before January 1, 1990?</li> <li>As of today, are you married?</li> <li>Are you in a graduate program of study? (e.g., ref.)</li> <li>Do you have at least one child that you support of the your child of the you an orphan or ward of the court?</li> <li>Are you an orphan or ward of the court?</li> <li>Are you or were you an emancipated minor as the your or were you in legal guardianship as defended in the your high school or school district homeless unaccompanied youth who was homeless?</li> <li>Did the director of an emergency shelter progressing the your homeless your they are your homeless your homele</li></ol>                   | determined by the state's court? etermined by the state's court? ess liaison determine that you were an am funded by the U.S. Department of Housing and an unaccompanied youth who was homeless?   | Yes   Yes | <ul> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul> |

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, 2013 to June 30, 2014*. 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.

|      | ,  |                  |                            |   |  |  |
|------|--|------------------|----------------------------|---|--|--|
|      | Names [Include parent(s) and sibling(s), or spouse (if applicable)]  | Age              | Relationship<br>to student | Which college/university will student be attending? |  |  |
|      |  |                  | Self                       |   |  |  |
|      |  |                  |                            |   |  |  |
|      |  |                  |                            |   |  |  |
|      |  |                  |                            |   |  |  |
|      |  |                  |                            |   |  |  |
|      |  |                  |                            |   |  |  |
|      |  |                  |                            |   |  |  |
|      |  |                  |                            |   |  |  |
|      |  |                  |                            |   |  |  |
|      |  |                  |                            |   |  |  |
|      | Total number in household:   |                  | Total number in o          | college in 2013–2014:                               |  |  |
|      | Independent students only: As of today, are you or your  | r spouse a       | dislocated worker?         | □ Yes □ No □ Don't know (?)                         |  |  |
|      | udent:   |                  |                            | 7   |  |  |
|      | 4. Did you file a federal income tax return for 2012?   Yes (Please attach copy)  No  Will file  |                  |                            |   |  |  |
| 15.  | 5. Have you been convicted of a felony or a crime involving a controlled substance?  |                  |                            |   |  |  |
| 16.  | Do you have a visa that allows you to be employed in the   | ne U.S.?         | ☐ Yes ☐ No                 | (3)   |  |  |
| 17.  | Housing plans for 2013–2014: Where do you plan to liv $\Box$ On campus $\Box$ Off campus $\Box$ Commute  | e?<br>er/With pa | rent or relative           |   |  |  |
| 18.  | B. At the start of the 2013–2014 school year, you will enroll:  ☐ Full time ☐ 3/4 time ☐ 1/2 time ☐ Less than 1/2 time ☐ Not sure  |                  |                            |   |  |  |
| 19.  | <ul> <li>Have you received funds from either of the following grant programs while attending a prior institution?</li> <li>a. TEXAS Grant Program</li> <li>Yes</li> <li>No</li> <li>No</li> </ul> b. Top 10% Scholarship Program <ul> <li>Yes</li> <li>No</li> </ul> |                  |                            |   |  |  |
| Pa   | rent:  |                  |                            |   |  |  |
| 20.  | Did you file a federal income tax return for 2012? $\Box$ Yes (Please attach copy) $\Box$ No $\Box$ Will file  |                  |                            |   |  |  |
| 21.  | As of today, are either of your parents a dislocated worker?   Yes   No  |                  |                            |   |  |  |
| 22.  | . Marital status □ Married/Remarried □ Single □ Widowed □ Separated/Divorced 🍞   |                  |                            |   |  |  |
| 23.  | <ul> <li>Mother/Stepmother's highest level of education completed</li> <li>         ☐ Middle school/Jr. high</li> <li>         ☐ High school</li> <li>         ☐ College or beyond</li> <li>         ☐ Other/unknown</li> <li>         ☐ Other/unknown</li> </ul>    |                  |                            |   |  |  |
| 24.  | Enter your mother's/stepmother's age: Da   | ite of birth     | :                          |   |  |  |
| 25.  | Father/Stepfather's highest level of education completed. Middle school/Jr. high High school   | ed<br>College c  | or beyond $\Box$ Otl       | ner/unknown   |  |  |
| 26.  |  | te of birth:     | ,                          |   |  |  |
| Prir | nt full name here:   |                  |                            |   |  |  |

#### **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.* 

|   | Student/Spouse  |        | Parent(s) | Parent(s) |  |
|---|-----------------|--------|-----------|-----------|--|
| Part A. Annual Untaxed Income   |                 |        | ,         |           |  |
| 27. Child support received  | \$              |        | \$        | \$        |  |
| 28. Tax exempt interest income  | \$              |        | \$        | \$        |  |
| <b>29.</b> Housing, food, and other living allowances paid on your behalf   | \$              |        | \$        |           |  |
| <b>30.</b> Other untaxed income not reported, such as worker's compensation, disability, etc.                         |                 |        |           |           |  |
| 31. Money received, or paid on your behalf (e.g., bills) not reported elsewhere on this form                          | \$              |        |           |           |  |
| <b>32.</b> Cash earnings (wages not listed on taxes or W-2 forms)   | Student         | Spouse | Mother    | Father    |  |
| <b>32.</b> Cash earnings (wages not listed on taxes or W-2 forms)   | \$              | \$     | \$        | \$        |  |
| Total Untaxed Income  | \$              |        | \$        | \$        |  |
| Part B. Annual Income Exclusions  |                 |        |           |           |  |
| 33. Child support paid  | \$              |        | \$        |           |  |
| <b>34.</b> Taxable earnings from work-study or other need-based work programs   | \$              |        | \$        | \$        |  |
| 35. Taxable scholarships and grants reported on 2012 federal income tax return  | ) <sub>\$</sub> |        | \$        |           |  |
| Part C. Assets  |                 |        |           |           |  |
| <b>36.</b> As of today, balance of cash, savings, and checking accounts   | \$              |        | \$        |           |  |
| <b>37.</b> As of today, investment net worth (do not include the home you live in or the balance of retirement plans) | \$              |        | \$        |           |  |
| <b>38.</b> As of today, net worth of current business(es) or investment farm(s)_                                      | \$              |        | \$        |           |  |

## **Section V: Total Family Income**

| 39. | Was your TOTAL FAMILY INCOME less than \$6,700 in 2012? (TOTAL FAMILY INCOME is the income reported on your parent's and your W-2 IRS tax forms plus the Total Untaxed Income reported on Section IV, Part A of this form for you and your parent(s)) |      |  |  |  |                     |                     |
|-----|---|------|--|--|--|---------------------|---------------------|
|     | ☐ Yes   | □ No |  | 0  |  |                     |                     |
|     |   |      |  | enses (e.g., rent, food, u<br>. Attach additional shee |  | de a written summar | y that explains how |
|     |   |      |  |  |  |                     |                     |
|     |   |      |  |  |  |                     |                     |
|     |   |      |  |  |  |                     |                     |
|     |   |      |  |  |  |                     |                     |
|     |   |      |  |  |  |                     |                     |
|     |   |      |  |  |  |                     |                     |
|     |   |      |  |  |  |                     |                     |

Print full name here:

# **Section VI: Statement of Selective Service Registration Status**

|     |  |  | (3)  |          |  |  |  |  |  |
|-----|--|--|--|----------|--|--|--|--|--|
| 40. | Ce   | Certification of registration status (Please check the appropriate box.)   |  |          |  |  |  |  |  |
|     | $\square$ I certify that I am female and, therefore, not required to register with the Selective Service System.   |  |  |          |  |  |  |  |  |
|     | $\ \square$ 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.   |  |  |          |  |  |  |  |  |
|     | $\Box$ I certify that I am not of an age required to register with Selective Service System. (That is, I am over 25.)  |  |  |          |  |  |  |  |  |
|     | <ul> <li>I certify that I have been determined by the Selective Service System to be exempt from registration.</li> <li>I certify that I have not reached my 18th birthday and understand that I will be required by law to register at that time</li> </ul> |  |  |          |  |  |  |  |  |
|     |  |  |  |          |  |  |  |  |  |
|     |  | I certify that I do not have a Social Security Number, but have submitted my Selective Service registration form to the<br>Selective Service System and will provide proof of registration to the financial aid office as soon as I receive my registration number   |  |          |  |  |  |  |  |
| Sec | tic  | on VII: Signatures   |  |          |  |  |  |  |  |
| 41. | a.   | Student and Parent signatures  |  |          |  |  |  |  |  |
|     |  | I understand that under Texas Education Code, Section 51.9095, requirements of federal law in order to receive student financial requirement. I also certify that I will use state student financial air and that the information provided on this form is true, complete statements may void my eligibility for state financial aid. I also ce evaluation of eligibility for state financial aid and that I may need for state financial aid. | as, and hereby certify that I meet this<br>ding an institution of higher education,<br>knowledge. I understand that any false<br>ided on this form will be used only for |          |  |  |  |  |  |
|     |  | Student signature  |  | Date     |  |  |  |  |  |
|     |  | Parent signature*  |  | Date     |  |  |  |  |  |
|     |  | (*Parent signature required only for dependent students)   |  |          |  |  |  |  |  |
|     | b.   | High School Counselor: Not required if parent signature all  | ready provided above.  | Date     |  |  |  |  |  |
|     |  |  |  |          |  |  |  |  |  |
|     |  | Printed name   |  |          |  |  |  |  |  |
|     |  | Title  |  |          |  |  |  |  |  |
|     |  | Street address   |  |          |  |  |  |  |  |
|     |  | City   | State  | ZIP code |  |  |  |  |  |
|     |  | Telephone  |  |          |  |  |  |  |  |
|     |  |  |  |          |  |  |  |  |  |

Print full name here: