



**University of the Incarnate Word
Office of Financial Assistance
UIW Supplemental Texas Residency Form**

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RESID2

(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.

PART A: BASIS OF CLAIM TO RESIDENCY		
1. Do you file your own federal income tax as an independent tax payer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you claimed as a dependent on or are you eligible to be claimed as a dependent by a parent or court-appointed legal guardian on their federal income taxes? (To be eligible to be claimed as a dependent, your parent or legal guardian must provide at least one half of your support. A step-parent does not qualify as a parent if he/she has not adopted the student.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If you answered "No" to questions 1 and 2, who provides the majority of your support? Self _____ Parent or Legal Guardian _____ Other (list) _____		

INSTRUCTIONS FOR APPLICANTS:

- If you answered "Yes" to question 1 in Part A, continue to Part B.
- If you answered "Yes" to question 2 in Part A, continue to Part C.
- If you answered "No" to questions 1 and 2 in Part A, continue to Part B.
- If you answered "No" to questions 1 and 2 in Part A, skip to Part C.
- If you answered "No" to questions 1 and 2 in Part A, skip to Part D and provide an explanation; then complete Part E.

(Black Ink Only)

Please return to the Office of Financial Assistance

PART D: GENERAL COMMENTS.

(Black Ink Only)

Please return to the Office of Financial Assistance