

2016-2017 Texas Application for State Financial Aid (TASFA)

(For House Bill 1403/Senate Bill 1528 students only- Texas Residents) Deadline: March 15, 2016

Name		UH ID:	
Street Address			
City	State	Zip Code	
Telephone			
Email Address			
Date of Birth (MM/DD/YYYY)			
High School:	City:	Graduation Date:	

NOTE: The following enrollment requirements apply to all recipients under the TASFA program. All applicants must be meeting the Satisfactory Academic Progress (SAP) requirements to receive TASFA funding. Students must also meet the enrollment minimums to maintain eligibility for TASFA funding. If you are not meeting the minimums or SAP, your aid is subject to adjustment and cancellation. See the enrollment minimums below:

Towards Excellence, Access and Success (TEXAS) – 9 hours
Texas Public Educational Grant (TPEG) – 9 hours

Section I: Dependency Status (Do not leave any blanks.)

- | | | |
|--|-----|----|
| 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) | 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 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 a legal guardianship as determined by the state’s court? | Yes | No |
| 9. Did your high school or school district 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 of 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 |

If you answered “No” to all of the questions above, you are considered a Dependent student and **must** include parental information and income on this form.

If you answered “Yes” to any of the questions above, you are considered an Independent student and you are **not** required to include parental information. If you are married, you must include information and income for your spouse.

Section II: Household Information (Do not leave any blanks.)

12. Dependent students: List the names of ALL family members, including parent(s), which are supported by your parent(s) from July 1, 2016 to June 30, 2017. Note that if your parents are divorced or separated at time you complete the application, then list the parent and household for the parent that will provide a majority of your support during the academic year. Also, if your parents are not married but are living together, both parents must be included.

Independent students: List the names of ALL family members, including spouse or children that are supported by you from July 1, 2016 to June 30, 2017. Note that if you are divorced or separated at time you complete the application, then list yourself and those in your household for which you provide a majority of their support during the academic year. Also, if you are not married but are living together, both you and your partner must be included.

Names	Age	Relationship to Student	College/University
		Self	University of Houston
Total number in household:		Total number in college in 2016-2017:	

Section III: Additional Information (Do not leave any blanks.)

Student:

- | | |
|---|--|
| <p>13. Independent student only: as of today, are you or your spouse a dislocated worker? Yes No Don't Know</p> <p>14. Did you work in 2015: Yes No</p> <p style="margin-left: 20px;">If Yes, did you file a U.S. federal (or foreign) income tax return for 2015?
Yes (Attach tax return transcript) No Will File</p> <p>15. What is your marital status? Date: _____
 Married/Remarried Single
 Widowed Separated/Divorced</p> <p>16. Have you been convicted of a felony or a crime involving a controlled substance?
 Yes No</p> <p>17. Do you have authorization (e.g. DACA) to work in the U.S.?
 Yes No</p> | <p>18. Housing plans for 2016-2017: Where do you plan to live?
 On campus Off campus
 Commuter/with parent or relative</p> <p>19. At the start of the 2016-2017 school year, you will enroll:
 Full-time ¾ time
 ½ time Less than ½ time
 Not sure</p> <p>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. If you are transferring from a prior institution, did you earn an Associate Degree?
 Yes (enter date degree earned _____)
 No
 N/A</p> |
|---|--|

Parent:

- | | |
|--|---|
| <p>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 transcript) No Will File</p> <p>22. Is either of your parents a dislocated worker?
 Yes No</p> <p>23. What is your parent's marital status? Date: _____
 Married/Remarried Single
 Widowed Separated/Divorced</p> | <p>24. Mother/Stepmother's highest level of education completed
 Middle school/Jr. High High School
 College or beyond Other/unknown</p> <p>25. Enter your mother's/stepmother's age:
 Date of birth:</p> <p>26. Father/Stepfather's highest level of education completed
 Middle school/Jr. High High School
 College or beyond Other/unknown</p> <p>27. Enter your father's/stepfather's age:
 Date of birth:</p> |
|--|---|

Section IV: Income and Assets (Do not leave any blanks.)

Dependent students need to complete both student and parent columns.

Independent students need to complete the student column only.

	Student/Spouse		Parent(s)	
Part A. Annual Untaxed Income				
28. Child support received	\$		\$	
29. Tax-exempt interest income	\$		\$	
30. Housing, food and other living allowance paid on your behalf	\$		\$	
31. Other untaxed income not reported, such as worker's compensation, disability, etc.	\$		\$	
32. Money you received (or bills someone else paid for you) not reported elsewhere on this form	\$			
33. Cash earning (wages not listed on taxes or W-2 forms)	Student	Spouse	Mother	Father
	\$	\$	\$	\$
Total Untaxed Income		\$		\$
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 2014 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: \$

Spouse'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.

Living Expenses	Cost for the year
Rent/Mortgage	\$
Food	\$
Utilities	\$
Transportation	\$
Other	\$
Other	\$
Other	\$

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

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 a copy of your 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.

Please attach a copy of your exemption documentation.

I certify that I have not reached my 18th birthday and understand that I will be required by law to register at that time.

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 (blue/black ink, no electronic signatures accepted)

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. I also certify that the information 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 is 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 _____