

## 2018-2019 Verification of Dependent Support Form

UTA Office of Financial Aid

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Fax: 817-272-3555 Phone: 817-272-3561

Mail: PO Box 19199, Arlington, TX 76019

<b>Student's Name:</b>	<b>UTA ID:</b>
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You have indicated on your 2018-2019 FAFSA that you support a child(ren) and/or another person(s) and will continue to provide his/her support from July 1, 2018 through June 30, 2019. Please verify below for whom you are providing support (food, clothing, shelter, medical needs, etc.), his/her relationship to you, the % of the person's support you are providing, and the resources you use to provide the support.

Person's name and relationship to you	Does the person live with you?	% of the person's support you provide	Your resources used to provide support
<b>Name:</b>  <b>Relationship:</b>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> None <input type="checkbox"/> 1 to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> 76% to 100%	<input type="checkbox"/> Earned income <input type="checkbox"/> Untaxed income/benefits: _____ <input type="checkbox"/> Child support payments to the custodial parent <input type="checkbox"/> Child support received from the non-custodial parent <input type="checkbox"/> Other: _____
<b>Name:</b>  <b>Relationship:</b>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> None <input type="checkbox"/> 1 to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> 76% to 100%	<input type="checkbox"/> Earned income <input type="checkbox"/> Untaxed income/benefits: _____ <input type="checkbox"/> Child support payments to the custodial parent <input type="checkbox"/> Child support received from the non-custodial parent <input type="checkbox"/> Other: _____
<b>Name:</b>  <b>Relationship:</b>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> None <input type="checkbox"/> 1 to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> 76% to 100%	<input type="checkbox"/> Earned income <input type="checkbox"/> Untaxed income/benefits: _____ <input type="checkbox"/> Child support payments to the custodial parent <input type="checkbox"/> Child support received from the non-custodial parent <input type="checkbox"/> Other: _____
<b>Name:</b>  <b>Relationship:</b>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> None <input type="checkbox"/> 1 to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> 76% to 100%	<input type="checkbox"/> Earned income <input type="checkbox"/> Untaxed income/benefits: _____ <input type="checkbox"/> Child support payments to the custodial parent <input type="checkbox"/> Child support received from the non-custodial parent <input type="checkbox"/> Other: _____
<b>Name:</b>  <b>Relationship:</b>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> None <input type="checkbox"/> 1 to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> 76% to 100%	<input type="checkbox"/> Earned income <input type="checkbox"/> Untaxed income/benefits: _____ <input type="checkbox"/> Child support payments to the custodial parent <input type="checkbox"/> Child support received from the non-custodial parent <input type="checkbox"/> Other: _____

If more space is needed, please provide a separate page with your name and UTA ID at the top.

<b>Certification and Signature</b>	
I certify that the information provided on this form is complete and accurate, and that the signature below is hand-written and not forged ( <u>electronic signatures are unacceptable</u> ).	
_____ <b>Student's Signature</b> (Required)	_____ <b>Date</b>