

## 2018-2019 Verification of Household Form

**UTA Office of Financial Aid**  
 Email: [fao@uta.edu](mailto:fao@uta.edu) Office: Davis Hall, Room 252  
 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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Please complete the household information chart below according to the guidelines provided.

Parent FAFSA Household Guidelines (Dependent Student)	Student FAFSA Household Guidelines (Independent Student)
<b>Include in the list below:</b> <ul style="list-style-type: none"> <li>• Yourself</li> <li>• <b>Your custodial parent(s)</b> – including a stepparent</li> <li>• <b>Your parents' other children</b> – only if they will receive more than 50% of their support from your parent(s) from July 1, 2018 through June 30, 2019. <u>Do not include:</u> children for whom your parents pay child support</li> <li>• <b>Other dependents of your parents</b> – only if they live with your parent(s) AND your parent(s) will provide more than 50% of their support from July 1, 2018 through June 30, 2019</li> </ul>	<b>Include in the list below:</b> <ul style="list-style-type: none"> <li>• Yourself</li> <li>• <b>Your spouse</b> – only if you are legally married</li> <li>• <b>Your children</b> – only if they will receive more than 50% of their support from you from July 1, 2018 through June 30, 2019. <u>Do not include:</u> children for whom you or your spouse pay child support</li> <li>• <b>Other dependents</b> – only if they live with you AND you will provide more than 50% of their support from July 1, 2018 through June 30, 2019</li> </ul>
FAFSA Household Members' College Enrollment Guidelines	
<b>Indicate for each household member:</b> if he/she will be enrolled <u>at least half-time</u> in a degree or certificate program ( <u>not dual credit</u> ) at an eligible postsecondary educational institution between July 1, 2018 and June 30, 2019, and the name of the college/university he/she will be attending. <u>Parents of dependent students who are enrolled in college will not be counted as enrolled for this purpose.</u>	

Full Name of FAFSA Household Member	Age	Relationship To Student	College/University Attending	Enrolling at Least Half-Time
Student:		Self	University of Texas at Arlington	(YES) / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

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

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