

If you need assistance completing this form, please contact us at 817-272-3561.



University of Texas at Arlington
Office of Financial Aid

Office Use Only

2020-2021

Verification of Dependent Support – PARENT

Office: Davis Hall, Room 252 Phone: 817-272-3561 Fax: 817-272-3555

Mail: PO Box 19199, Arlington, TX 76019 Email: fao@uta.edu

PLEASE DO NOT SUBMIT SENSITIVE PERSONAL INFORMATION VIA EMAIL

Student's Name: _____	UTA ID: _____
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Your parent(s) indicated on your 2020-2021 FAFSA that he/she supports one or more dependents and will continue to provide the support from July 1, 2020 through June 30, 2021. Please verify below for whom your parent(s) provides support (food, clothing, shelter, medical needs, etc.), the person's age and relationship to your parent(s), the % of the person's support your parent(s) provides, and the financial resources your parent(s) uses to provide the support.

Provide the person's name, age, and relationship to your parent(s).	Does the person live with your parent(s)?	% of the person's support your parent(s) provide?	What financial resources do your parent(s) use to provide support for this person?
Name: _____ Relationship: _____ Age: _____	<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: _____
Name: _____ Relationship: _____ Age: _____	<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: _____
Name: _____ Relationship: _____ Age: _____	<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: _____
Name: _____ Relationship: _____ Age: _____	<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: _____

Check here if more space is needed for dependents and provide a separate page with the student's name and UTA ID at the top.

Certification and Signature			
<p>The student and one parent whose information was reported on the FAFSA must sign and date below. Each person signing below certifies that all of the information reported on this form is complete and accurate. Signatures must be hand-written and not forged. Typed names in lieu of hand-written signatures will not be accepted.</p>			
_____ Student's Signature (Required)	_____ Date	_____ Parent's Signature (Required)	_____ Date
<p>WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.</p>			