

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 Income – STUDENT

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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Section 1 – 2018 Income Information for Student

Please check **only one** box that applies to you:

- I was not employed in 2018 and had no earned income.
- I was employed in 2018 and filed a 2018 income tax return.
- I was employed in 2018 but did **not** file a 2018 income tax return. Below are the names of my employers and the amounts earned from each employer in 2018. Copies of my 2018 W-2's or the equivalent must be submitted to the UTA Office of Financial Aid to confirm these amounts.

Employer's Name	2018 Income Earned	W-2 Attached
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2 – 2018 Income Information for Student's Spouse

I do not have a spouse – SKIP TO SECTION 3

My spouse's name is: _____

Please check **only one** box that applies to your spouse:

- My spouse was not employed in 2018 and had no earned income.
- My spouse was employed in 2018 and filed a 2018 income tax return.
- My spouse was employed in 2018 but did **not** file a 2018 income tax return. Below are the names of his/her employers and the amounts earned from each employer in 2018. Copies of his/her 2018 W-2's or the equivalent must be submitted to the UTA Office of Financial Aid to confirm these amounts.

Employer's Name	2018 Income Earned	W-2 Attached
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 – Certification and Signature(s)

The student and, if dependent, 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.

Student's Signature (Required)	Date	Parent's Signature (Required if Dependent)	Date
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WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.