University of Texas at Arlington
Office of Financial Aid

2021-2022
Verification of Dependent Support – PARENT

Student’s Name: ____________________________  UTA ID: ____________________________

Your parent(s) indicated on your 2021-2022 FAFSA that he/she supports one or more dependents and will continue to provide the support from July 1, 2021 through June 30, 2022. 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.

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Does the person live with your parent(s)?</th>
<th>% of the person’s support your parent(s) provide?</th>
<th>What financial resources do your parent(s) use to provide support for this person?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship: _____________________</td>
<td>□ Yes</td>
<td>□ None</td>
<td>□ Earned income</td>
</tr>
<tr>
<td>Age: _______</td>
<td>□ No</td>
<td>□ 1 to 25%</td>
<td>□ Untaxed income/benefits: _________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ 26% to 50%</td>
<td>□ Child support payments to the custodial parent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ 51% to 75%</td>
<td>□ Child support received from the non-custodial parent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ 76% to 100%</td>
<td>□ Other: _____________________________________________</td>
</tr>
</tbody>
</table>

Name: ____________________________
Relationship: _____________________
Age: _______

□ Yes
□ No

□ None
□ 1 to 25%
□ 26% to 50%
□ 51% to 75%
□ 76% to 100%

□ Earned income
□ Untaxed income/benefits: _________________________
□ Child support payments to the custodial parent
□ Child support received from the non-custodial parent
□ 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

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 or digitally configured signatures in lieu of hand-written signatures will not be accepted.

Student’s Signature (Required) ____________________________  Date ____________
Parent’s Signature (Required) ____________________________  Date ____________

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.