

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



University of Texas at Arlington
Office of Financial Aid



2021-2022
Verification of Dependent
Support – STUDENT

Office: University Administration Building, 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: _____
------------------------------	----------------------

You indicated on your 2021-2022 FAFSA that you support one or more dependents and will continue to provide the support from July 1, 2021 through June 30, 2022. Please verify below for whom you provide support (food, clothing, shelter, medical needs, etc.), the person's age and relationship to you, the % of the person's support you provide, and the financial resources you use to provide the support.

Provide the person's name, age, and relationship to you.	Does the person live with you?	% of the person's support you provide?	What financial resources do you 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 must sign and date below certifying that all of the information reported on this form is complete and accurate. The signature must be hand-written and not forged. Typed names or digitally configured signatures in lieu of hand-written signatures will not be accepted.</p>	
<p>_____ Student's Signature (Required)</p>	<p>_____ Date</p>
<p>WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.</p>	