

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 Household

Office: Univ Admin Bldg, 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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Please complete the household information chart below according to the following guidelines.

DEPENDENT Student Guidelines (parent information was required on the FAFSA)	INDEPENDENT Student Guidelines (parent information was NOT required on the FAFSA)
<p>Include information in the list below for:</p> <ul style="list-style-type: none"> • Yourself • Your custodial parent(s) – including a stepparent if applicable • Your parents' other children – only if they will receive <u>more than 50%</u> of their support from your parent(s) from July 1, 2021 through June 30, 2022. <u>Do not include children for whom your parents paid child support in 2019</u> • Your parents' other dependents – only if they live with your parent(s) AND your parent(s) will provide more than 50% of their support from July 1, 2021 through June 30, 2022 • For each household member – indicate if he/she will be enrolled <u>at least half-time</u> in a degree program (<u>not dual credit</u>) at an eligible Title IV postsecondary institution between July 1, 2021 and June 30, 2022, including the name and location of the college/university he/she will be attending – “undecided” will not be counted. <u>Parents enrolled in college are not counted as enrolled for this purpose.</u> 	<p>Include information in the list below for:</p> <ul style="list-style-type: none"> • Yourself • Your spouse – if you are legally married and not separated • Your children – only if they will receive <u>more than 50%</u> of their support from you from July 1, 2021 through June 30, 2022. <u>Do not include children for whom you or your spouse paid child support in 2019</u> • Other dependents – only if they live with you AND you will provide more than 50% of their support from July 1, 2021 through June 30, 2022 • For each household member – indicate if he/she will be enrolled <u>at least half-time</u> in a degree program (<u>not dual credit</u>) at an eligible Title IV postsecondary institution between July 1, 2021 and June 30, 2022, including the name and location of the college/university he/she will be attending – “undecided” will not be counted.

Name of 2021-2022 Household Member	Age	Relationship To Student	College/University Attending in 2021-2022	City/State of College/University	Enrolled in College at Least ½-Time in 2021-2022?	Enrolled in Dual Credit Courses in 2021-2022?
Student:		Self	University of TX at Arlington	Arlington, TX	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Certification and Signature(s)			
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 if Dependent)	_____ Date
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.			