

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

**2023-2024**

**Verification of Dependent Support – STUDENT**

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

Mail: PO Box 19199, Arlington, TX 76019 Email: [fao@uta.edu](mailto:fao@uta.edu)

**PLEASE DO NOT SUBMIT SENSITIVE PERSONAL INFORMATION VIA EMAIL**

<b>Student's Name:</b> _____	<b>UTA ID:</b> _____
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You indicated on your 2023-2024 application that you support one or more dependents and will continue to provide the support from July 1, 2023 through June 30, 2024. Please verify below for whom you provide support (food, clothing, shelter, medical needs, dependent care, 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 this person live with you in a house/apt which you rent or own?	% of the person's financial 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.

<b>Certification and Signature</b>	
Signature must be hand-written and not typed or forged	
I certify that the information reported on this form is complete and accurate.	
_____ <b>Student's Signature (Required)</b>	_____ <b>Date</b>
<b>WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.</b>	