University of Texas at Arlington Office of Financial Aid

Office Use Only

□ Yes □ No

□ Yes □ No

2023-2024 Verification of Household

Office: UAB, 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:			
Please	comple	te the househo	old information chart	below	according to the follow	ving guidelines.		
DEPENDENT Student Guidelines					INDEPENDENT Student Guidelines			
(parent information was required on the FAFSA)				(parent information was NOT required on the FAFSA)				
Include information in the list below for:				Include information in the list below for:				
Yourself				Yourself				
 Your custodial parent(s) – including a stepparent if applicable 				 Your spouse – if you are legally married and not separated 				
• Your parents' other children – only if they will receive more than				• Your children – only if they will receive more than 50% of their				
50% of their support from your parent(s) from July 1, 2023 through				support from you from July 1, 2023 through June 30, 2024. Do				
June 30, 2024. <u>Do not include children for whom your parents paid</u> child support in 2021				not include children for whom you or your spouse paid child support in 2021				
 Your parents' other dependents – only if they live with your 				• Other dependents – only if they live with you AND you will				
parent(s) AND your parent(s) will provide more than 50% of their				provide more than 50% of their support from July 1, 2023 through				
support from July 1, 2023 through June 30, 2024				June 30, 2024				
• For each household member – indicate if he/she will be enrolled at				• For each household member – indicate if he/she will be enrolled				
<u>least half-time</u> in a degree program (<u>not dual credit</u>) at an eligible				<u>at least half-time</u> in a degree program (<u>not dual credit</u>) at an				
Title IV postsecondary institution between July 1, 2023 and June 30,				eligible Title IV postsecondary institution between July 1, 2023				
2024, including the name and location of the college/university				and June 30, 2024, including the name and location of the				
he/she will be attending – "undecided" will not be counted. <u>Parents</u> enrolled in college are not counted as enrolled for this purpose.				college/university he/she will be attending – "undecided" will not be counted.				
					Junted.			
Name of 2023-2024		Individual's	Enrolled at least half		Name of college or	City/State of	Enrolled in both	
dependent household member	Age	relationship to Student	time as a degree-		niversity individual is	college or	college & high school courses	
member		to student	seeking college student in 2023-2024		tending in 2023-2024	university attending	in 2023-2024?	
Student:		Self	Yes 🗆 No	Univ	ersity of TX at Arlington	Arlington, TX	🗆 Yes 🖬 🕅 Yo	
			🗆 Yes 🛛 No				🗆 Yes 🗆 No	
			🗆 Yes 🛛 No				🗆 Yes 🗆 No	
			🗆 Yes 🗆 No				🗆 Yes 🗆 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.

□ Yes □ No

□ Yes □ No

Certification and Signature(s) Signatures must be hand-written and not typed or forged I certify by my signature below that the information reported on this form is complete and accurate. 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.