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 Income – PARENT

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

Studer	nt's Name:		UTA ID:			
Section 1 – 2021 Income Information for Student's Custodial Parent 1						
The following information is for the student's $\square$ biological parent $\square$ stepparent $\square$ adoptive parent:						
This parent's name is: Last 4 digits of SSN or ITIN:						
Please check only one box that applies to this parent:						
$\square$ This parent was not employed in 2021 and had no earned income.						
	nis parent was employed in 2021 and filed a 2021 income tax return.					
	This parent was employed in 2021 but did <u>not</u> file a 2021 income tax return. Below are the names of his/her employers and the amounts earned from each employer in 2021. Copies of his/her 2021 W-2's or the equivalent must be submitted to the UTA Office of Financial Aid to confirm these amounts.					
	Employer's Name	2021 Income Earned		W-2 Attached		
		\$		☐ Yes ☐ No		
		\$		☐ Yes ☐ No		
		۶		☐ Yes ☐ No		
Section 2 – 2021 Income Information for Student's Custodial Parent 2  The student does not have a 2 <sup>nd</sup> custodial parent – SKIP TO SECTION 3						
The fo	llowing information is for the student's $\square$ biological pare	ent 🗆 stepp	parent $\square$ adoptive	e parent:		
This parent's name is: Last 4 digits of SSN or ITIN:						
Please check <u>only one</u> box that applies to this parent:						
	This parent was not employed in 2021 and had no earned income.					
	This parent was employed in 2021 but did <u>not</u> file a 2021 income tax return. Below are the names of his/her employers and the amounts earned from each employer in 2021. Copies of his/her 2021 W-2's or the equivalent must be submitted to the UTA Office of Financial Aid to confirm these amounts.					
	Employer's Name	2021 lr	ncome Earned	W-2 Attached		
		\$		☐ Yes ☐ No		
		\$		☐ Yes ☐ No		
		\$		☐ Yes ☐ No		
Section 3 – Certification and Signatures Signatures must be hand-written and not typed or forged						
I certify 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.						