

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



University of Texas at Arlington

Office of Financial Aid



2024-2025 Verification of Financial Support of Dependent Family Member(s) – 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

Student's Name:	UTA ID:
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You indicated on your 2024-2025 FAFSA that your parent financially supports one or more family members and will continue to financially support the family member(s) through June 30, 2025. Please complete the following information concerning each dependent family member in your parent's household. Do not include unborn children.

Provide the dependent family member's full name, age, and relationship to your parent:	Indicate if the family member lives with your parent in their home, or lives apart due to an IRS defined temporary absence:	Indicate the % of the family member's financial support your parent provides:	Does this family member qualify as a dependent on your parent's US taxes?	Indicate the financial resource(s) your parent uses to financially support this family member:
Name: _____ Relationship: _____ Age: _____	<input type="checkbox"/> Lives with parent(s) <input type="checkbox"/> Lives apart due to a temporary absence: _____ <input type="checkbox"/> Neither of the above	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Taxable income <input type="checkbox"/> Untaxed income <input type="checkbox"/> Child support pd <input type="checkbox"/> Child support rec'd <input type="checkbox"/> Other: _____
Name: _____ Relationship: _____ Age: _____	<input type="checkbox"/> Lives with parent(s) <input type="checkbox"/> Lives apart due to a temporary absence: _____ <input type="checkbox"/> Neither of the above	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Taxable income <input type="checkbox"/> Untaxed income <input type="checkbox"/> Child support pd <input type="checkbox"/> Child support rec'd <input type="checkbox"/> Other: _____
Name: _____ Relationship: _____ Age: _____	<input type="checkbox"/> Lives with parent(s) <input type="checkbox"/> Lives apart due to a temporary absence: _____ <input type="checkbox"/> Neither of the above	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Taxable income <input type="checkbox"/> Untaxed income <input type="checkbox"/> Child support pd <input type="checkbox"/> Child support rec'd <input type="checkbox"/> Other: _____
Name: _____ Relationship: _____ Age: _____	<input type="checkbox"/> Lives with parent(s) <input type="checkbox"/> Lives apart due to a temporary absence: _____ <input type="checkbox"/> Neither of the above	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Taxable income <input type="checkbox"/> Untaxed income <input type="checkbox"/> Child support pd <input type="checkbox"/> Child support rec'd <input type="checkbox"/> Other: _____

Check here if more space is needed and attach an additional sheet with the dependent information and the student's name/ID.

Certification and Signatures			
Each person signing below certifies that the information reported on this form is complete and correct.			
Student's Handwritten Signature (Required)	Date	Parent's Handwritten Signature (Required)	Date
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.			