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					

## 2024-2025 Verification of Financial **Support of Dependent Family**

Office: UAB, Room 252 Phone: 817-272-3561 Fax: 817-272-3555 Mail: PO Box 19199, Arlington, TX 76019 Email: <a href="mailto:fao@uta.edu">fao@uta.edu</a> PLEASE DO NOT SUBMIT SENSITIVE PERSONAL INFORMATION VIA EMAIL

Member(s) – STUDENT						
Student's Name:	UTA ID:	UTA ID:				
You indicated on your 2024-2025 FAFSA that you financially support one or more family members and will continue to financially suppor the family member(s) through June 30, 2025. Please complete the following information concerning each dependent family member in your (the student's) household. Do not include unborn children.						
Provide the dependent family member's full name, age, and relationship to you (the student):	Indicate if the family member lives with you in a residence you own/rent, or lives apart from you due to an IRS defined temporary absence:	Indicate the % of the family member's financial support you provide:	Does this family member qualify as a dependent on your (the student's) US taxes?	Indicate the financial resources(s) you use to financially support this family member:		
Name: Relationship: Age:	☐ Lives with you ☐ Lives apart due to a temporary absence: ☐ Neither of the above	□ None □ 1 to 25% □ 26% to 50% □ 51% to 75% □ 76% to 100%	□ Yes	☐ Taxable income ☐ Untaxed income ☐ Child support pd ☐ Child support rec'd ☐ Other:		
Name: Relationship:	☐ Lives with you ☐ Lives apart due to a temporary absence: ☐ Neither of the above	☐ None ☐ 1 to 25% ☐ 26% to 50% ☐ 51% to 75% ☐ 76% to 100%	□ Yes	☐ Taxable income ☐ Untaxed income ☐ Child support pd ☐ Child support rec'd ☐ Other:		
Name: Relationship: Age:	☐ Lives with you ☐ Lives apart due to a temporary absence: ☐ Neither of the above	□ None □ 1 to 25% □ 26% to 50% □ 51% to 75% □ 76% to 100%	□ Yes	☐ Taxable income ☐ Untaxed income ☐ Child support pd ☐ Child support rec'd ☐ Other:		
Name: Relationship: Age:	☐ Lives with you ☐ Lives apart due to a temporary absence: ☐ Neither of the above	☐ None ☐ 1 to 25% ☐ 26% to 50% ☐ 51% to 75% ☐ 76% to 100%	□ Yes	☐ Taxable income ☐ Untaxed income ☐ Child support pd ☐ Child support rec'd ☐ 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 Signature						
I certify that the information reported on this form is complete and correct.						
Student's Handwritten Signature (required)  WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.						