

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 Dependent Family Member(s)

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 complete the family member information below using the following guidelines:

DEPENDENT* Student Guidelines		INDEPENDENT* Student Guidelines		
D	*Parent information WAS required on the FAFSA	I	*Parent information WAS NOT required on the FAFSA	
Parent's family members to be included below: <ul style="list-style-type: none">• Student• Parent of record – the parent who was included on the FAFSA.• Parent's spouse or other parent in the household• Parent's other family members who meet all of the following criteria – <u>do not include unborn children</u>:<ol style="list-style-type: none">1. they live in the parent's home (a child who temporarily lives apart because of his/her full-time college enrollment or other IRS defined temporary absence can be included);2. they receive the majority of their financial support from the parent now and will through June 30, 2025; AND3. they qualify as an exemption on the parent's US tax return.• Parent's other exemptions/dependents – see IRS guidelines		Student's family members to be included below: <ul style="list-style-type: none">• Student• Student's spouse – if legally married and not divorced, separated, or widowed.• Student's family members who meet all of the following criteria – <u>do not include unborn children</u>:<ol style="list-style-type: none">1. they live in the student's home (a child who temporarily lives apart because of his/her full-time college enrollment or other IRS defined temporary absence can be included);2. they receive the majority of their financial support from the student now and will through June 30, 2025; AND3. they qualify as an exemption on the student's US tax return.• Student's other exemptions/dependents – see IRS guidelines		
Full name of family member:	Age:	Relationship to the student:	Qualifies as an exemption on:	
			D US Taxes of Dependent Student's Parent?	I US Taxes of Independent Student/Spouse?
Student:		Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ 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(s)

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 if dependent)

Date

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.