

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

### 2025-2026 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](mailto:fao@uta.edu)

**PLEASE DO NOT SUBMIT SENSITIVE PERSONAL INFORMATION VIA EMAIL**

Student's Name:	UTA ID:
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Please complete the dependent family member information below using the following guidelines:

<div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-right: 5px;">D</div> <b>DEPENDENT* Student Guidelines</b> *Parent information <b>WAS</b> required on the FAFSA	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-right: 5px;">I</div> <b>INDEPENDENT* Student Guidelines</b> *Parent information <b>WAS NOT</b> required on the FAFSA
<b>Parent's family members to be included below:</b> <ul style="list-style-type: none"> <li>Student</li> <li>Parent of record – the parent who was included on the FAFSA.</li> <li>Parent's spouse or other parent in the household</li> <li>Parent's other family members who meet <b>ALL</b> of the following criteria – <u>do not include unborn children</u>:                             <ol style="list-style-type: none"> <li>1. lives in the parent's home (a child who temporarily lives apart because of full-time college enrollment or other IRS defined temporary absence can be included);</li> <li>2. receives the majority of financial support from the parent now and will through June 30, 2026; <b>AND</b></li> <li>3. included as a dependent on the parent's tax return.</li> </ol> </li> <li>Parent's other dependents – see IRS guidelines</li> </ul>	<b>Student's family members to be included below:</b> <ul style="list-style-type: none"> <li>Student</li> <li>Student's spouse – if legally married (includes common law) and not divorced, separated, or widowed.</li> <li>Student's family members who meet <b>ALL</b> of the following criteria – <u>do not include unborn children</u>:                             <ol style="list-style-type: none"> <li>1. lives in the student's home (a child who temporarily lives apart because of full-time college enrollment or other IRS defined temporary absence can be included);</li> <li>2. receives the majority of financial support from the student now and will through June 30, 2026; <b>AND</b></li> <li>3. included as a dependent on the student's tax return.</li> </ol> </li> <li>Student's other dependents – see IRS guidelines</li> </ul>

Full name of family member:	Age:	Relationship to you (the student):	Complete only ONE column below based on your FAFSA status as a dependent or independent student – see above*	
			<div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-right: 5px;">D</div> Dependent Student Individual a dependent on your parent's taxes?	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-right: 5px;">I</div> Independent Student Individual a dependent on your (the student's) taxes?
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

Check here if more space is needed and attach an additional sheet with the required information and 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
<b>WARNING:</b> If you purposely give false or misleading information, you may be fined, sent to prison, or both.			