

University of Texas at Arlington Office of Financial Aid

Office Use Only	

2021-2022 Verification of Dependent Support – PARENT

Office: University Administration Building, 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:					
Your parent(s) indicated on your 2021-2022 FAFSA that he/she supports one or more dependents and will continue to provide the support from July 1, 2021 through June 30, 2022. Please verify below for whom your parent(s) provides support (food, clothing, shelter, medical needs, etc.), the person's age and relationship to your parent(s), the % of the person's support your parent(s) provides, and the financial resources your parent(s) uses to provide the support.							
Provide the person's name, age, and relationship to your parent(s).	Does this person live with your parent(s) in his/her/their home?	% of the person's support your parent(s) provide:	your parent(s) use to pro-	vide			
Name: Relationship: Age:	□ Yes	☐ None ☐ 1 to 25% ☐ 26% to 50% ☐ 51% to 75% ☐ 76% to 100%	☐ Earned income ☐ Untaxed income/benefits: ☐ Child support payments to the custod ☐ Child support received from the non- ☐ Other:				
Name: Relationship: Age:	□ Yes	☐ None ☐ 1 to 25% ☐ 26% to 50% ☐ 51% to 75% ☐ 76% to 100%	☐ Earned income ☐ Untaxed income/benefits: ☐ Child support payments to the custor ☐ Child support received from the non-				
Name: Relationship: Age:	□ Yes	☐ None ☐ 1 to 25% ☐ 26% to 50% ☐ 51% to 75% ☐ 76% to 100%	☐ Earned income ☐ Untaxed income/benefits: ☐ Child support payments to the custod ☐ Child support received from the non- ☐ Other:	custodial parent			
Name: Relationship: Age:	□ Yes	☐ None ☐ 1 to 25% ☐ 26% to 50% ☐ 51% to 75% ☐ 76% to 100%	☐ Earned income ☐ Untaxed income/benefits: ☐ Child support payments to the custor ☐ Child support received from the non-	dial parent			
☐ Check here if more space is needed for dependents and provide a separate page with the student's name and UTA ID at the top.							
Certification and Signature							
The student and one parent whose information was reported on the FAFSA must sign and date below. Each person signing below certifies that all of the information reported on this form is complete and accurate. Signatures must be hand-written and not forged. Typed names or digitally configured signatures in lieu of hand-written signatures will not be accepted.							
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.							