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

2021-2022 Verification of Dependent Support – STUDENT

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:		
July 1, 2021 through June 30, 2022.	Please verify below for	or whom you provid	dents and will continue to provide the support from le support (food, clothing, shelter, medical needs, etc.), provide, and the financial resources you use to provide	
Provide the person's name, age, and relationship to you.	Does the person live with you in a house/apt which you rent or own?	% of the person's support you provide?	What financial resources do you use to provide support for this person?	
Name:  Relationship:  Age:	□ Yes	☐ None ☐ 1 to 25% ☐ 26% to 50% ☐ 51% to 75% ☐ 76% to 100%	<ul> <li>□ Earned income</li> <li>□ Untaxed income/benefits:</li> <li>□ Child support payments to the custodial parent</li> <li>□ Child support received from the non-custodial parent</li> <li>□ Other:</li> </ul>	
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 custodial parent ☐ Child support received from the non-custodial parent ☐ 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 custodial parent ☐ Child support received from the non-custodial parent ☐ 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 custodial parent ☐ Child support received from the non-custodial parent ☐ Other:	
$\Box$ 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 must sign and date below certifying that all of the information reported on this form is complete and accurate. The signature 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				
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.				