

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 Financial Support of Dependent Family Member(s) – STUDENT**

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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You indicated on your 2025-2026 FAFSA that you financially support one or more family members and will continue to financially support the family member(s) through June 30, 2026. Please complete the following information concerning each dependent family member in your (the student's) household. Do not include unborn children.

Provide your (the student's) dependent family member's full name, age, and relationship to you:	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:	Is this family member a dependent on your (the student's) taxes?	Indicate the financial resources(s) you use to financially support this family member:
Name: _____ Relationship: _____ Age: _____	<input type="checkbox"/> Lives with you <input type="checkbox"/> Lives apart due to a temporary absence: _____ <input type="checkbox"/> Neither of the above	<input type="checkbox"/> None <input type="checkbox"/> 1 to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> 76% to 100%	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Taxable income <input type="checkbox"/> Untaxed income <input type="checkbox"/> Child support pd <input type="checkbox"/> Child support rec'd <input type="checkbox"/> Other: _____
Name: _____ Relationship: _____ Age: _____	<input type="checkbox"/> Lives with you <input type="checkbox"/> Lives apart due to a temporary absence: _____ <input type="checkbox"/> Neither of the above	<input type="checkbox"/> None <input type="checkbox"/> 1 to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> 76% to 100%	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Taxable income <input type="checkbox"/> Untaxed income <input type="checkbox"/> Child support pd <input type="checkbox"/> Child support rec'd <input type="checkbox"/> Other: _____
Name: _____ Relationship: _____ Age: _____	<input type="checkbox"/> Lives with you <input type="checkbox"/> Lives apart due to a temporary absence: _____ <input type="checkbox"/> Neither of the above	<input type="checkbox"/> None <input type="checkbox"/> 1 to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> 76% to 100%	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Taxable income <input type="checkbox"/> Untaxed income <input type="checkbox"/> Child support pd <input type="checkbox"/> Child support rec'd <input type="checkbox"/> Other: _____
Name: _____ Relationship: _____ Age: _____	<input type="checkbox"/> Lives with you <input type="checkbox"/> Lives apart due to a temporary absence: _____ <input type="checkbox"/> Neither of the above	<input type="checkbox"/> None <input type="checkbox"/> 1 to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> 76% to 100%	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Taxable income <input type="checkbox"/> Untaxed income <input type="checkbox"/> Child support pd <input type="checkbox"/> Child support rec'd <input type="checkbox"/> 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.	
_____ <b>Student's Handwritten Signature (required)</b>	_____ <b>Date</b>
<b>WARNING:</b> If you purposely give false or misleading information, you may be fined, sent to prison, or both.	