If you need assistance completing this form, please contact us at 817-272-3561.

Office Use Only

# UTA Office of Financial Aid

## 2026-2027 Independent Verification of Family Member(s)

**Office:** UAB, Room B17 **Phone:** 817-272-3561 **Fax:** 817-272-3555
**Mail:** PO Box 19199, Arlington, TX 76019 **Document Upload:** uta.edu/finaidupload

| **Student's Name:** | **UTA ID:** |
|---|---|
| | |

Below, please check the box and list the name, age, and your relationship with all members of your family. Members of your family include **you, your spouse (if married), your children, and any other persons who will be receiving more than half of their financial support from you for the entire academic year (July 1, 2026 - June 30, 2027).**

☐ **By checking this box, I attest to the fact that I provide more than half of the financial support for all the persons below.**

| First and Last Name | Age | Relationship to Student |
|---|---|---|
| Student: | | Self |
| | | |
| | | |
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| | | |
| | | |
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| | | |
| | | |

☐ **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**

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