

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



2026-2027 Verification of Financial Support of Dependent Family Member(s) – PARENT

Office: UAB, Room 252 Phone: 817-272-3561 Fax: 817-272-3555
 Mail: PO Box 19199, Arlington, TX 76019 Email: faorecords@uta.edu
PLEASE ONLY SUBMIT DOCUMENTATION FROM YOUR UTA EMAIL

Student's Name: _____	UTA ID: _____
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You indicated on your 2026-2027 FAFSA that your parent financially supports one or more family members and will continue to financially support the family member(s) through June 30, 2027. Please complete the following information concerning each dependent family member in your parent's household. Do not include unborn children.

Provide your parent's dependent family member's full name, age, and relationship to your parent:	Indicate if the family member lives with your parent in their home, or lives apart due to an IRS defined temporary absence:	Indicate the % of the family member's financial support your parent provides:	Is this family member a dependent on your parent's taxes?	Indicate the financial resources(s) your parent uses to financially support this family member:
Name: _____ Relationship: _____ Age: _____	<input type="checkbox"/> Lives with parent(s) <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 parent(s) <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 parent(s) <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 parent(s) <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 Signatures			
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)	_____ Date
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.			