

University of Texas at Arlington Office of Financial Aid

Office Use Only

2021-2022 Verification of Household

Office: Davis Hall, 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:								
Please complete the household information chart below according to the following guidelines.											
	ent Guidelines		INDEPENDENT Student Guidelines								
(parent information was required on the FAFSA)					(parent information was NOT required on the FAFSA)						
 Include information in the list Yourself Your custodial parent(s) – inc Your parents' other children 50% of their support from yo June 30, 2022. Do not includ child support in 2019 Your parents' other dependence parent(s) AND your parent(s) support from July 1, 2021 thr For each household member least half-time in a degree product of the control of the control	a stepparent if a if they will receivent(s) from July 1 ren for whom younly if they live wovide more than une 30, 2022 cate if he/she wil (not dual credit)	we more than , 2021 through ur parents paid with your 50% of their I be enrolled at at an eligible	 Include information in the list below for: Yourself Your spouse – if you are legally married and not separated Your children – only if they will receive more than 50% of their support from you from July 1, 2021 through June 30, 2022. Do not include children for whom you or your spouse paid child support in 2019 Other dependents – only if they live with you AND you will provide more than 50% of their support from July 1, 2021 through June 30, 2022 For each household member – indicate if he/she will be enrolled at least half-time in a degree program (not dual credit) at an 								
Title IV postsecondary institu 2022, including the name and he/she will be attending – "u enrolled in college are not co	on of the college ed" will not be co	/university ounted. <u>Parents</u>	eligible Title IV postsecondary institution between July 1, 2021 and June 30, 2022, including the name and location of the college/university he/she will be attending – "undecided" will not be counted.								
Name of 2021-2022 Household Member	Age	Relationship To Student	College/Ur Attending in 2			City/State of College/University	Enrolled in College at Least ½-Time in 2021-2022?	Enrolled in Dual Credit Courses in 2021-2022?			
Student:		Self	University of TX at Ar		on	Arlington, TX	XYes □ No	☐ Yes 🗷 No			
							☐ Yes ☐ No	☐ Yes ☐ No			
							☐ Yes ☐ No	☐ Yes ☐ No			
							☐ Yes ☐ No	☐ Yes ☐ No			
							☐ Yes ☐ No	☐ Yes ☐ No			
							☐ Yes ☐ No	☐ Yes ☐ No			
☐ Check here if more space is	☐ Check here if more space is needed for household members and provide a separate page with the student's name and UTA ID at the top.										
		(Certification an	d Signat	ture	(s)					
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			nature (Required if Dependent) Date Date								