



2016-2017 Confirm Financial Support Verifications

SECTION A: STUDENT INFORMATION

Name:	UNTD Assigned ID:	SSN (last 4 digits only):
-------	-------------------	---------------------------

SECTION B: STUDENT CONFIRMATION OF DEPENDENTS

Dependents are people who:

- now live with you, **AND**
- now get **MORE THAN HALF** of their support from you, **AND**
- will continue to get this support from you between July 1, 2016 and June 30, 2017.

You listed the following dependent(s) on your Verification Statement:

Name	Age	Relationship

Provide the requested information below indicating how you provide more than 50% support for the individual(s) listed above. Please provide the following:

- | | |
|---|----------|
| 1) Expenses for the individual(s) listed above from July 1, 2016 through June 30, 2017. | \$ _____ |
| 2) Income & assets for the individual(s) listed above from July 1, 2016 through June 30, 2017.
Please include wages, tips, untaxed income, Social Security Benefits, etc. | \$ _____ |
| 3) Amount of support you will provide for the individual(s) listed above from July 1, 2016 through June 30, 2017. | \$ _____ |

SECTION C: CERTIFICATION

I certify that all the information contained on this form is complete and correct and that there is no forgery of signature. I understand that I must sign and return this form for my financial aid to be processed. **Electronic signatures are not accepted.**

Student Signature

Date

 X _____

Return this completed form with any required documentation to:

*Student Financial Aid & Scholarships, University of North Texas at Dallas- 7300 Univeristy Hills Blvd, Dallas, TX 75241
or fax to (972) 338-1799 or save and attach as PDF and email to financialaid@untdallas.edu*