



OFFICE OF FINANCIAL AID & SCHOLARSHIPS

2024-2025 Independent Household Size & Number in College Verification

SECTION A: STUDENT INFORMATION

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

Your application has been selected for Verification. We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form.

SUBMITTING THIS FORM

- ✓ We will update your FAFSA, if needed, based on the information provided on this form.
- ✓ We cannot continue processing your financial aid until all required financial aid documents have been submitted.

All required documents must be submitted to our office **at least** two weeks before the end of the term.

SECTION B: HOUSEHOLD INFORMATION AS OF TODAY

- List ***yourself*** (the student) below.

Full Name	Age

- IF MARRIED, list ***your spouse*** below. If your spouse will be attending college **AND** enrolled in a degree or certificate program **at least half-time between July 1, 2024 and June 30, 2025**, provide the name and state of the college.

Full Name	Age	Name and State of College

- List ***your children*** below **IF** you will provide **more than half of their support from July 1, 2024 through June 30, 2025**.
- List ***other people only*** **IF** they now live with you **AND receive more than half of their support from you AND will continue to get this support from July 1, 2024 through June 30, 2025**.
- For those listed below who will be attending college **AND** enrolled in a degree or certificate program **at least half-time between July 1, 2024 and June 30, 2025**, provide the name and state of the college. **DO NOT** include dual-enrollment for high school students.
- Attach a separate sheet if you need more space for additional household members.**

Full Name	Age	Relation To Student	Name and State of College

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(s). 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 _____ Spouse Signature (*if married*) _____ Date _____
X_____ X_____

Return this completed form with any required documentation to:

Student Financial Aid & Scholarships|University of North Texas at Dallas|7350 University Hills Blvd, Dallas, TX 75241
or fax to (972) 338-1799 or save and attach as PDF and email to verification@untdallas.edu