

UNT | DALLAS™

Financial Aid & Scholarships

2026-2027 Dependent Household Size 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

- List ***your parent(s)*** below.
 - If your legal parents are married to each other or are not married to each other but live together, list both below.
 - If your legal parent is married/remarried, list your **legal parent and your stepparent** below.
 - If your legal parents are **separated or divorced**, list only the parent whose information you provided on the FAFSA.

Full Name	Age	Relation to Student

- List ***your parent(s)' other children*** below **IF** your parent(s) will provide more than half of their support from July 1, 2026 through June 30, 2027.
- List ***other people only*** **IF** they now live with your parent(s) **AND receive more than half of their support from your parent(s), AND will continue to get this support from July 1, 2026 through June 30, 2027.**
- ***Attach a separate sheet if you need more space for additional household members.***

Full Name	Age	Relation To Student

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.

Student Signature _____ Date _____ Parent Signature _____ Date _____
X _____ X _____

Return this completed form with any required documentation to:

Office of 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