

### 2026-2027 Independent Confirmation of Financial Support

#### SECTION A: STUDENT INFORMATION

Name:	UNTD Assigned ID:	SSN (last 4 digits only):
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#### SECTION B: STUDENT CONFIRMATION OF DEPENDENTS

On the **2026-2027 Independent Household Size** form, you reported that you have a dependent(s) for whom you will provide more than 50% of the financial support. You must complete this form to certify you will provide more than 50% of the individual(s) financial support from July 1, 2026 to June 30, 2027.

Dependents are people whom:

- now live with you, **AND**
- will receive **MORE THAN HALF** of their support from you, **AND**
- **WILL CONTINUE** to get this support from you between July 1, 2026 and June 30, 2027.

Please select one of the below statements as appropriate:

I will not provide more than half of the financial support for the individual(s) listed on the **Independent Household Size & Number in College Verification**. I understand that the individuals will be removed from the household.

I will provide more than half of the financial support for the individual(s) other than my spouse and/or child(ren) included on the **Independent Household Size & Number in College Verification** form; I have listed those individual(s) below. Please explain how you provide **MORE THAN HALF** of their support in the space provided below.

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Name	Age	Relationship

#### 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.

**Student Signature**

**Date**

X \_\_\_\_\_

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*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@untallas.edu](mailto:verification@untallas.edu)*