



2026-2027 Independent Confirmation of Financial Support

SECTION A: STUDENT INFORMATION

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

SECTION B: STUDENT CONFIRMATION OF DEPENDENTS

On the **2026-2027 Independent Household Size & Number in College Verification**, 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.

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. **Electronic signatures are not accepted.**

Student Signature

Date

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 TASFA@untDallas.edu*