

2026-2027 Independent 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

- IF MARRIED, list *your spouse* below.

Full Name	Age

- List *your children* below **IF** you 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 you **AND receive more than half of their support from you** **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

Spouse Signature (*if married*)

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*