UT PERMIAN BASIN™
OFFICE OF FINANCIAL AID
& SCHOLARSHIPS

2027-2028 Legal Dependents

Documents received after priority deadline do not guarantee aid will be available before 1st class day.
It is recommended that alternative payment arrangements be made to avoid interruption in classes.

Fall Priority Deadline: July 15, 2027
Spring Priority Deadline: October 15, 2027

Student Information

Name: UT Permian Basin ID: Last 4 of SSN:

Dependent Information

Dependents are people who now live with you, get more than half of their support from you, and will continue to get this support from you between July 1, 2027 and June 30, 2028.

You listed the following dependent(s) on your Verification Statement:

Name	Age	Relationship

*If you listed a child of yours, you must submit a copy of their official birth certificate.

Provide the requested information below indicating how you provide more than 50% support for the individual(s) listed above. Please provide the following:

**Must be DOLLAR amounts*

1) Expenses for the individual(s) listed above from July 1, 2027 through June 30, 2028. $ _____

2) Amount of support **you** will provide for the individual(s) listed above from July 1, 2027 through June 30, 2028. Attach a copy of your last pay stub. $_____

3) Please check, or list under other, any benefits that you receive from July 1, 2027 through June 30, 2028.
Attach proof of benefits.
___Medicaid ___ SNAP/TANF(food stamps) ___WIC ___ Low Income housing
Other: _____

4) **If you have dependents over the age of 18:** Income & assets for the individual(s) listed above from July 1, 2027 through June 30, 2028. Please include wages, tips, untaxed income, Social Security Benefits, etc. A copy of the individual's Tax Return Transcript for 2025 is required. $ _____

Signature

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 _____ _____