

UA Northark

2026 – 2027 Verification of Household Size

Financial Aid Office * 1515 Pioneer Drive * Harrison, AR 72601 * 870-391-3266 * Fax 870-391-3340
financial-aid@northark.edu

Student ID Number	Last Name	First Name	Middle Initial
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Social Security Number	Date of Birth	Phone Number
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Priority submission dates:
Fall | August 1st
Spring | December 1st
Summer | May 1st

Documentation submitted after the priority submission date(s) will be processed in the order of receipt, but it is not guaranteed to be completed by the payment due date(s). It is recommended that you contact the Student Accounts Office at 870-391-3292 or at studentaccounts@northark.edu to discuss payment options if your aid is not awarded by the payment deadline.

A student is considered **DEPENDENT** if they were required to provide parental data on the FAFSA
 A student is considered **INDEPENDENT** if they were not required to provide parental data on the FAFSA

DEPENDENT STUDENT

- List the people in your parent(s)' household:
- Yourself and your parent(s) (including stepparent),
Even if you do not live with your parent(s)
 - Your parent(s)' other children, if your parent(s) will provide more than 1/2 their support from 7-1-2026 through 6-30-2027
 - Anyone who lives with your parent(s) and your parent(s) provide more than 1/2 their support and will continue to provide more than 1/2 their support through 6-30-2027

INDEPENDENT STUDENT

- List the people in your household:
- Yourself and your spouse, if married
 - Your children if you will provide more than 1/2 their support from 7-1-2026 through 6-30-2027
 - Other people, if they now live with you and you provide more than 1/2 their support and will continue to provide more than 1/2 their support through 6-30-2027

Full Name	Age	Relationship	Name of College if attending	Enrolled at Least Half Time
		<i>SELF</i>	<i>UA Northark</i>	

I certify that all of the information reported on this worksheet is complete and correct. The student and parent (if dependent) must sign this worksheet.

Student's Signature	Date
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Parent's Signature (only if dependent student)	Date
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Office Use:
 ISIR: Fam ___ Coll ___
 Corr Y / N ___ ___
 DRT: Stu ___ Par ___

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.