



**2026-2027 Dependent
Verification of
Support**

Name:	LU Student ID: A
Date of Birth:	Phone Number:

This form is being requested because your 2024 income as reported on your Free Application for Federal Student Aid (FAFSA) is exceptionally low. Please complete the chart below to document how your living expenses are paid. **YOU ARE A DEPENDENT STUDENT AND ARE REQUIRED TO PROVIDE CONTRIBUTOR INFORMATION ON THE FAFSA, THEREFORE YOUR CONTRIBUTOR MUST COMPLETE SECTION A.**

A. CONTRIBUTOR'S INFORMATION (MUST PROVIDE PROOF OF ANY STATE AND/OR FEDERAL ASSISTANCE)

Use this chart to document how your Contributor(s) pay their basic living expenses.

2024 Expenses	Annual Amount	How is this expense paid? Example: pay check, loans, Pell grant, child support, social security/SSI, etc.
Rent or Mortgage	\$	
Utilities	\$	
Food and Groceries	\$	
Car Payment/Gas	\$	
Insurance	\$	
Child Care/ Day Care	\$	
Diapers and Baby Food	\$	
Personal- clothing, cell phone, entertainment, etc.	\$	

Source(s) of Untaxed Income Received: _____ **Amount \$** _____

B. ADDITIONAL INFORMATION

Please, use this space to provide additional information about how your living expenses are paid:

Student's Signature _____ **Date:** _____

Contributor's Signature _____ **Date:** _____