



2026-2027
Independent
Verification of
Support

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

This form is requested because your 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 can use section "B" to provide additional information.

A. Student (and spouse if applicable) Information (MUST PROVIDE PROOF OF ANY STATE AND/OR FEDERAL ASSISTANCE)

Use this chart to document how you (and your spouse) pay your basic living expenses.

| 2025 Expenses | Annual Amount | How is this expense paid? Example: paycheck, 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 Signature _____

Date: _____