



**2026-2027 Provide Over Fifty Percent  
Dependent Support Confirmation Form**

Please use black or blue ink while filling out this form.

**Student Name**

**LMU ID**

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Please answer ALL questions. Read each section carefully and attach supporting documentation. DO NOT LEAVE ANY SECTIONS BLANK.

**Address**

**City**

**State**

**Zip Code**

- Please list the names and ages of YOUR dependents and their relationship to you. You must attach legal documentation of their relationship (e.g., Birth Certificate, Legal Guardianship, etc.). Dependents are those people that you will support between July 1, 2026 and June 30, 2027. Include your children if they get **more than half** of their support from you. Include other people only if they meet the following criteria:

- They now live with you, and
- They get more than half of their support from you, and
- They will continue to get this support from you between July 1, 2026 and June 30, 2027.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college, and similar expenses. You must provide documentation such as receipts to substantiate your claim of support for the persons listed below as dependents:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Where do the dependent(s) named above live?

- With you     
  With your parent(s)     
  Other

If Other is checked, please explain:

- What dependent care provisions have you made while you are in class?



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4. You (the student) will live:  With your parent(s)  Off-Campus  On Campus

5. Were you (the student) claimed by your parent(s) on their 2024 tax return?

Yes  No

6. Was your dependent claimed by anyone other than you (the student) on a 2024 federal tax return?

Yes  No

7. Please list **ALL** sources of your support. You must attach supporting documents (e.g., copies of most recent pay stubs, TANF check, cancelled checks or proof of child support received, WIC program eligibility notice.).

**Federal law does not allow us to use a digital signature on this form. Please print out the form, sign it by hand, and return it to our office through secure upload, by fax, or by mail. All forms must be legible in order to be accepted.**

Student's Signature

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Date

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Print Form

**Mail: LMU Financial Aid  
1 LMU Drive, Suite 270  
Los Angeles, CA90045**

**Phone: 310.338.2753  
Fax: 310.338.2793**

**How to Submit this Form:**

The Department of Education requires that documents containing personally identifiable information (PII) must be transmitted through secure means. This form cannot be submitted via email. You may mail or fax this form to the address or fax number listed to the left, or you may submit it as a PDF through our Secure Upload page available at [financialaid.lmu.edu/upload](http://financialaid.lmu.edu/upload)

For Office Use Only:  
RRAAREQ - SUPP at C  
Etrieve - Over 50% Dependent Support Form

FAO Staff Initial \_\_\_\_\_  
Date: \_\_\_\_\_