



2026-2027

Non-Immediate Family Member Support Form

Students Name _____

MSU Net ID _____

9 _____

MSU ID (9 digit) _____

Your application has been selected for verification, and federal law requires us verify the family members and non-immediate family members for whom a dependent student's parents (or independent student and spouse) provides more than 50% of their support July 1, 2025, through June 30, 2026. **Do NOT include foster children.**

Documentation Required:	Dependent Student: (parental data required)	Independent Student: (student and spouse data required)
1. This form	Signed by student and parent on your 2526 FAFSA	Signed by student (and spouse if married)
2. Signed Statement	From: PARENT listed on your FAFSA <ul style="list-style-type: none"> Detail how parent provides support for each non-immediate family member on your Family Size Verification Form 	From: STUDENT AND/OR YOUR SPOUSE <ul style="list-style-type: none"> Detail how you provide support for each non-immediate family member on your Family Size Verification Form
3. 2026-2027 Family Size Verification form	https://www.sfa.msstate.edu/forms	
4. Provide one or more of the documents to the right: Dependent students (parent documents) Independent students (student and student's spouse if married)	<ul style="list-style-type: none"> Parent(s)' SIGNED 2024 and/or 2025 Federal tax return with the non-immediate family dependent listed Parent's Health Insurance policy showing they provide insurance for the non-immediate family member Other credible records that details parent(s) support for the dependent Federal or State assistance (TANF, WIC, SNAP, Social Security, Disability, etc.) that shows benefits PAID to PARENT (on FAFSA) on BEHALF of the non-immediate family member Benefit statement addressed to the non-immediate family member listed that shows their name and the address listed on your FAFSA 	<ul style="list-style-type: none"> Student's and/or spouse's SIGNED 2024 and/or 2025 Federal tax return with the non-family dependent listed Student and/or Spouse's Health Insurance policy showing student and/or spouse provides insurance for the non-immediate family member Other credible records that details student's and/or spouse's support for the dependent Federal or State assistance (TANF, WIC, SNAP, Social Security, Disability, etc.) that shows benefits PAID to student or spouse on BEHALF of the non-immediate family member Benefit statement addressed to the non-immediate family member listed that shows their name and the address listed on student's FAFSA

Certification Statement – Handwritten Signatures REQUIRED. No Electronic signatures or initials.

Each person signing below certifies that all of the information reported is complete and accurate. **Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.**

DEPENDENT Student – Both Student AND Parent signatures and Date Signed are required.

Student Signature _____ Date _____
 Parent Signature _____ Date _____

INDEPENDENT Student – Student AND Spouse signatures and Date Signed are required (if married).

Student Signature _____ Date _____
 Spouse Signature _____ Date _____