MISSISSIPPI STATE UNIVERSITY™
STUDENT FINANCIAL AID

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Mississippi State, MS 39762-6035
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2023-2024
Non-Immediate Family Member Support Form

_____	_____	_9 ___ ___ ___ ___ ___ ___ ___ ___
Student's Name	**Student's MSU Net ID**	**MSU ID (9 digit)**

Your application has been selected for verification. **We are required by federal law** to compare the information from your 2023-2024 Free Application for Federal Student Aid (FAFSA) with the information provided on this form.

INSTRUCTIONS: You are **required** to provide the information requested on this **form if you have listed any non-immediate family as a member of your household on the 2023-2024 Household Size/College Verification Form. Do NOT include Foster children. **Provide the documentation requested for Parent, or Independent Student and/or Spouse ON YOUR FAFSA.****

DEPENDENT Student (use parent data): You are considered a DEPENDENT student if you **were** required to provide parental data on FAFSA.		**INDEPENDENT Student (use student/spouse data):** You are considered an INDEPENDENT student if you were **NOT** required to provide parental data on FAFSA.
1. This signed form	**2023-2024 Non-Immediate Family Member Support Form**	
2. Signed statement	**From: PARENT listed on your FAFSA** • Specify **how parent provides support for each non-immediate family member** listed on your Household Size/College Verification Form	**From: STUDENT AND/OR YOUR SPOUSE** • Specify **how you provide support for each non-immediate family member listed** on your Household Size/College Verification Form
3. Provide one or more of the following (REQUIRED)	**Documents below in your PARENT'S name:** • Parents' **signed** 2021 and/or 2022 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 documentation 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**	**Documents below in Student/Spouse's name:** • Your and/or your spouse's **signed** 2021 and/or 2022 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 documentation that details student'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**

Once reviewed, the decision is final. If the documentation is not considered sufficient, you will be required to complete a new Household Size/College Verification Form to remove the non-immediate family member listed on the previous form.

Signatures *(Signatures MUST BE HANDWITTEN; electronic signatures/initials will not be accepted)*

By signing this form, I certify that I have provided complete and accurate information to the best of my knowledge.
Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.

Student Signature _____ **Date** _____

Student Spouse Signature _____ **Date** _____

Parent Signature _____ **Date** _____