



2024-2025

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 2024-2025 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 2024-2025 Family Size Verification Form**. Do **NOT** include **Foster children**.

****Provide the documentation requested for Parent, or Independent Student and/or Spouse ON YOUR FAFSA.****

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| 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 2024-2025 Non-Immediate Family Member Support Form required for Dependent and Independent Students | | | |
| 2. Signed statement | From: PARENT listed on your FAFSA <ul style="list-style-type: none"> Specify how parent provides support for each non-immediate family member listed on your Family Size Verification Form | From: STUDENT AND/OR YOUR SPOUSE <ul style="list-style-type: none"> Specify how you provide support for each non-immediate family member listed on your Family Size Verification Form | |
| 3. Provide one or more of the following (REQUIRED) | Documents below in your PARENT'S name: <ul style="list-style-type: none"> Parents' signed 2022 and/or 2023 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: <ul style="list-style-type: none"> Your and/or your spouse's signed 2022 and/or 2023 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 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 | |

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 HANDWRITTEN; 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 _____