

sfa.msstate.edu/dawg-documents
Post Office Box 6035
Mississippi State, MS 39762-6035

2025-2026 Family Size Verification Form

Student's Name		Student's	MSU Net ID	9 MSU ID (9) digit)	
Your application has been selected for V Application for Federal Student Aid (FAF dependent and independent students ar Instructions: Please complete th	SA) with nd list all	on. We are required the information pro I the people in the h	by federal law to ovided on this for ousehold as indi	o compare the information. The second compare the follocated below.	on from yowing info	ormation about
	FAMIL	Y MEMBERS THA	T MUST BE IN	CLUDED:		
\square <u>DEPENDENT</u> STUDENT – list below in household:			☐ <u>INDEPENDENT</u> STUDENT – list below in household:			
 You (student) Your parent(s) whose information even if you don't live with them. In part of parent household. Your parent(s) other children If your parent(s) will provide support from July 1, 2025, to Your parent(s) other dependents and your parent(s) provide more than will continue to do so through 	e more to June 30 who now	chan 50% of their 0, 2026. w live with them 6 of their support	7	e, if married.		their support
			WHO MEET T	HE ABOVE CRITERIA.		
Family Member – Full Name (First, Middle Initial, Last Name)	Age	Relationship to Student	elationship Family Member – Full Name		Age	Relationship to Student
		STUDENT				
		+				
	+					
If more space is needed, attach a separate REQUIRED Signatures: By signing the and accurate to the best of my knowle imprisonment, or both. Handwritten s	nis form dge. <i>W</i> ignatu	, I certify that all th arning: Purposely gi res required – no	ne information o iving false or misl o initials or ele	n this form and any atta eading information may ectronic signatures.		•
				atures are required:		
Student Signature Parent Signature						
INDEPENDENT stu	dents -	- Student <u>AND</u> Sp	ouse signature	es are required (if ma	rried):	
Student Signature						
Student's Spouse Signature				Date		