



2025-2026

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 2025-26 Free Application for Federal Student Aid (FAFSA) with the information provided on this form.

You are **REQUIRED** to provide **ALL** the information requested in **items #1 through 4** if you have listed any non-immediate family as a member of your household on the 2025-26 Family Size Verification Form. Do **NOT** include **foster children**.

****Provide the requested documentation 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 form, signed by student and parent on your 2526 FAFSA		This form, 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 listed 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 listed on your Family Size Verification Form
3. Provide one or more of the following from either PARENT or STUDENT and/or Student's SPOUSE	<ul style="list-style-type: none"> Parent(s)' SIGNED 2023 and/or 2024 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 2023 and/or 2024 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

Our decision is final. If the documentation is considered inadequate, you will be required to complete a new Family Size Verification Form to remove the non-immediate family member listed on the previous form.

4. 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 _____