



**CHADRON
STATE COLLEGE**

Return Information to: CSC START Office
1000 Main Street, Chadron NE 69337
Scan & Email to: start@csc.edu
Fax to: (308) 432-6474 or (308) 432-6058
Phone: (308) 432-6060

2016-2017 Dependent Household Verification Form

Student's Last Name	Student's First Name	Student's M.I.	Student's NUID or Social Security #
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

• The Financial Aid Office is required to verify the accuracy of information reported on your FAFSA and to make corrections if necessary. Financial Aid Awards cannot be finalized and aid cannot be paid to the student account until verification is complete.

FAMILY HOUSEHOLD INFORMATION:

List the following people below:

- Yourself, even if you don't live with your parents
- Your parent(s): father or stepfather and mother or stepmother. If the parent is remarried as of today's date, then complete this form based on both the parent and stepparent's information.
- Include your parents' other children, even if they don't live with your parents **if**:
 - your parents will provide more than half of their support from July 1, 2016 through June 30, 2017,
 - they are in college and they would be required to include parent income and asset information on their FAFSA,
 - they were born after January 1, 1993, are not married, are not providing more than half of the support for a child of their own, are not enrolled in a graduate or doctorate program and are not on "active duty" or a veteran.
- Other people if they now live with your parents, and your parents will provide more than half of their support, and will continue to provide more than half of their support from July 1, 2016, through June 30, 2017.

* Include the name of the college for any family member, excluding the parent(s), who will be attending college at least halftime in between July 1, 2016 through June 30, 2017 and will be enrolled in a degree or certificate program.

Full Name	Age	Relationship	College
		<i>Self</i>	<i>Chadron State College</i>

CERTIFICATION AND SIGNATURE:

Each person signing below certifies that all of the verification information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Electronic Signatures are not accepted.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail or both.

STUDENT SIGNATURE: _____ DATE: _____

PARENTS SIGNATURE: _____ DATE: _____