



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 Independent 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 and your spouse if you have one.
- Your children or your spouses if you will provide more than half of their support from July 1, 2016 through June 30, 2017
- Other people if they now live with you and you or your spouse will provide more than half of their support through June 30, 2017.

* Include the name of the college for any family member, 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 SIGNATURES:

Each person signing below certifies that all of the verification information reported is complete and correct.

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: _____

SPOUSE SIGNATURE (Optional): _____

DATE: _____