



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

2017-2018 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 are married.
- Your children or your spouse's, if you will provide more than half of the children's support from July 1, 2017 through June 30, 2018
- Other people if they now live with you, and you or your spouse will provide more than half of their support through June 30, 2018.

* Include the name of the college for any household member, who is, or will be enrolled at least halftime in a degree, diploma, or certificate program at an eligible postsecondary educational institution between July 1, 2017, through June 30, 2018.

| Full Name | Age | Relationship | College |
|-----------|-----|--------------|------------------------------|
| | | <i>Self</i> | <i>Chadron State College</i> |
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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: _____