



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

FAFSA Dependents Informational Worksheet/Verification

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)			Alternate or Cell Phone Number

Please provide detailed information regarding dependents you claimed on your FAFSA.

Dependents: Defined as people that you provide more than half of their support.

Support: Defined as money, housing, food, clothes, and medical and dental care.

- List all household members residing with you July 1, 2016 – June 30, 2017.

Name	Age	Relationship to You

- List all dependents you will provide more than half their support from July 1, 2016 – June 30, 2017.

Name	Age	Relationship to You

- Where will the dependents reside from July 1, 2016 – June 30, 2017?

With you. OR With someone other than you.

If the dependents will not live with you during that timeframe, who will the dependents be living with and what is their relationship?

Name: _____ Relationship to dependent: _____

Address: _____

4. Do you receive child support? ___ Yes ___ No

If you receive child support, how much do you receive monthly? \$ _____

5. Do you pay child support? ___ Yes ___ No

If you pay child support, how much do you pay monthly? \$ _____

6. Please provide other financial assistance that you receive monthly.

Type	Amount
ADC	\$
Food Stamps	\$
Daycare	\$
Housing	\$

7. Does anyone else in your household receive the above listed benefits? ___ Yes ___ No

8. What are your plans for childcare while you are in class?

9. How much daycare will you pay each month? \$ _____

10. Is there anyone else living with you that also supports your dependents? ___ Yes ___ No

If yes, please provide the name of this person: _____

11. Please explain how you provide more than 50% of your dependents' financial support.

I certify that all of the above information is true and correct to the best of my knowledge and if I am asked, I agree to provide supporting documentation.

STUDENT SIGNATURE: _____ DATE: _____