



**Student Name:** \_\_\_\_\_ **Student NUID:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

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.

The instructions and certifications below apply to the spouse of the student.

<p><b>1. Income Earned</b> – Check all boxes that apply:</p> <p>Spouse Name: _____</p> <p><input type="checkbox"/> Spouse was not employed and <u>had no income</u> earned from work in 2024.</p> <p><input type="checkbox"/> Spouse was employed, and <u>had income</u> earned from work in 2024. <i>If you checked this box, you must complete the table below, and submit the required supporting documentation.</i></p>	<p><b>2. Income Taxes Filed</b> – Check the appropriate answer:</p> <p><input type="checkbox"/> Spouse filed taxes in 2024</p> <p><input type="checkbox"/> Spouse was not required and did not file taxes in 2024.</p>
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In the table below, list the names of all employers, the amount earned from each employer in 2024, and whether or not an IRS W-2 form, or equivalent document was provided. **List every employer and amount earned even if you did not receive a W-2 or equivalent from the employer.**

Employer's Name	IRS W-2 or equivalent attached?		Amount earned in 2024
	Yes	No	
	Yes	No	\$
	Yes	No	\$
	Yes	No	\$
Total Amount of Income Earned from Work			\$

\*If additional space is needed for listing of employers, please use the back of this form and transfer total here.

**CERTIFICATION AND SIGNATURE:**

Each person signing below certifies that all of the verification information reported is complete and correct. The parent(s) and/or stepparent, if applicable, must sign and date below. **\*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: \_\_\_\_\_

**Return Form To:** CSC START Office  
1000 Main Street, Chadron NE 69337

Fax: (308) 432-6474 Phone: (308) 432-6061