



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 student and student's spouse, as applicable.

1. Income Earned – Check all boxes that apply:	2. Income Taxes Filed – Check the appropriate answer:
<p>Student</p> <p><input type="checkbox"/> Student was not employed and <u>had no income</u> earned from work in 2024.</p> <p><input type="checkbox"/> Student 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>Spouse Name: (if applicable) _____</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><input type="checkbox"/> Student filed taxes in 2024.</p> <p><input type="checkbox"/> Student was not required and did not file taxes in 2024.</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>

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 and your spouse did not receive a W-2 or equivalent from the employer.**

Employer's Name	Name of who earned this income	IRS W-2 or equivalent attached?	Amount earned in 2024
		___ 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 (if applicable): _____ DATE: _____

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



Fax: (308) 432-6474



Phone: (308) 432-6061