



CHADRON STATE COLLEGE

Return Form to: CSC START Office
1000 Main Street, Chadron NE 69337
Fax: (308)432-6474
Phone: (308)432-6061

2023-2024 Spouse Statement of Income

Student's Last Name	Student's First Name	Student's M.I.	Student's NUID or Social Security #
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.

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

Check the box that applies:

Spouse Name: _____

- Spouse was not employed and had no income earned from work in 2021.
- Spouse was employed, and had income earned from work in 2021. ***If you checked this box, you must complete the table below, and submit the required supporting documentation.***

In the table below, list the names of all employers, the amount earned from each employer in 2021, 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 document attached?	Amount earned in 2021
	___ 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 student must sign and date below.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Electronic Signatures are not accepted.

STUDENT SIGNATURE: _____ DATE: _____

SPOUSE SIGNATURE (optional): _____ DATE: _____