



CHADRON STATE COLLEGE

2023-2024 Student Statement of Income

Return Information to: CSC START Office

1000 Main Street, Chadron NE 69337

Fax to: (308) 432-6474

Phone: (308) 432-6061

| | | | |
|---|--|----------------|-------------------------------------|
| 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 student and/or spouse of the student, as applicable.

Check the boxes that apply:

Student:

- Student was not employed and had no income earned from work in 2021.
- Student 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.***

Spouse Name: (if applicable) _____

- 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 | Who earned this income? (Please circle one) | IRS W-2 or equivalent document attached? | Amount earned in 2021 |
|--|---|--|-----------------------|
| | Student/Spouse | ___ Yes ___ No | |
| | Student/Spouse | ___ Yes ___ No | |
| | Student/Spouse | ___ 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 and/or spouse, 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: _____