STATE OF NEW JERSEY • HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY

2024-2025 Dependent Student Household Worksheet

Student's Name:



N.IHESAA ID#:

Otadonto Harrio.			<u> </u>	ID#.
Last		First	M.I.	
Permanent Address: _		City:	State: Zip	o:
If your parent has reIf your parent was diIf your biological par	rently lives in your parely-married include your steppare, ivorced or separated before filing rents are unmarried, but living to 4 years and older, exclude their	<u>nt's</u> information. g the FAFSA, exclude their info gether, report both of them on t	ormation.	
	rently living in your pare demic year? (Include yo		attending college	
their name, date of bir	individuals who are incl th, last 3 digits of ssn# a nd at least half time dur	and relationship to you	. Include college name	• •
NAME (Required)	DATE OF BIRTH mm/dd/yy (Required)	SOCIAL SECURITY# (Last 3 digits only)(Required)	RELATIONSHIP (to student) (Required)	NAME OF COLLEGE/ YEAR IN COLLEGE

I (We) certify that all the information above is correct a	nd complete to the best of my (our) knowledge.
Student's Signature (required):	Date:
Parent's Signature (required):	Date:
PRINT AND S	SIGN

To submit this form along with supporting Documentation, log into NJFAMS, go to your "To Do List", and select "Upload Document" for the document you are uploading. To view Grants & Scholarships instructions visit: https://www.hesaa.org/Pages/uploaddocuments.aspx