



2024-2025
Independent Student Household Worksheet

Student's Name: _____ NJHESAA ID#: _____
Last First M.I.

Permanent Address: _____ City: _____ State: ___ Zip: _____

How many people currently lives in your household? (Include yourself) _____

- If you are married include your spouse information (Do Not include – If **not** legally married)
- Include your and your spouse dependent children (**under 24 years old**) that live with you and If attending college that live with you (or live apart because of college enrollment), they receive more than half of their support from you, and you will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.

How many people currently living in your household will be attending college for the 2024-2025 academic year? (Include yourself) _____

List information for **all** individuals who are included in the amounts above. For individuals not in school, provide their name, date of birth, last 3 digits of ssn# and relationship to you. Include college name and year in college for those who will attend at least half time during the 2024-2025 academic year.

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
			Student	/
				/
				/
				/
				/
				/
				/
				/
				/
				/

I (We) certify that all the information above is correct and complete to the best of my (our) knowledge.

Student's Signature (required): _____ Date: _____

Spouse's Signature (required): _____ Date: _____

PRINT AND 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>