



## 2025-2026 Independent Student Household Worksheet

**Please upload the completed and signed form via NJFAMS:**

To Log into NJFAMS visit: <https://njfams.hesaa.org/NJFAMS/login.aspx?ReturnUrl=/NJFAMS/int/FinAid/index.aspx>

Go to your "To Do List" and select "Upload Document" For upload instructions visit: <https://www.hesaa.org/Pages/uploaddocuments.aspx>

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

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Student's Marital Status (check one)**  Single (Never Married)  Married (not separated)  Remarried  Divorced  Separated  Widowed

**Student's Marital Status Date (Required):** mm/dd/yyyy \_\_\_\_\_

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, 2025 through June 30, 2026.

How many people currently living in your household will be attending college for the 2025-2026 academic year? *(Include yourself)* \_\_\_\_\_

List information for ***all*** individuals who are included in the amounts above. For individuals not in college, provide their full name, date of birth, last 3 digits of their social security number and relationship to you. Include college name and year in college for those who will attend at least half time during the 2025-2026 academic year.

FULL NAME of <b><i>ALL</i></b> Members of your household (INCLUDING YOURSELF) (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.

**This worksheet must be signed by the student.**

Student's Signature (***required***): \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature (***optional***): \_\_\_\_\_ Date: \_\_\_\_\_