



Independent Student Civil Union Worksheet 2016-2017

A: Student's Information

1. Student's name _____
First M.I. Last

2. Student's permanent mailing address (do not give college address) _____
Number, street and apartment number
City State Zip Code

3. Student's Social Security Number (SSN) _____ -- _____ -- _____ Is this a change in SS#? Yes No
(If "Yes", attach a copy of the SS# card.)

4. Date of Civil Union:

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MM / YY

B: Student's Civil Union Partner

5. Student's Civil Union Partner's name _____
First Last

5A. Student's Civil Union Partner's Social Security Number (SSN) _____ -- _____ -- _____

C: Household Information

6. How many people are in your household? Include:

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• yourself,
• your partner,
• your children and your partner's children if you will provide more than half of their support between July 1, 2016 and June 30, 2017

7. Number of college students in 2016-2017
Enter the number of family members included in item 6 who will be in college at least half time. Include yourself – the student who is applying for aid.

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D: Income, Earnings and Benefits Information

8. The following 2015 U.S. income tax figures are from ...
(Check only one box.)

1. A completed 2015 IRS Form 1040A or 1040EZ
2. A completed 2015 IRS Form 1040
3. An estimated 2015 IRS Form 1040A or 1040EZ
4. An estimated 2015 IRS Form 1040
5. A tax return will not be filed

Tax Filers Only

9. 2015 total number of exemptions (IRS Form 1040-line 6d or 1040A-line 6d. Form 1040EZ filers – use the 1040EZ line 5 worksheet & enter 00, 01, or 02 to equal each \$4,000 exemption for which you qualify.)

10. 2015 adjusted gross income (IRS Form 1040-line 37, 1040A-line 21, or 1040EZ-line 4.)

11. 2015 U.S. income tax paid (IRS Form 1040-line 56 minus line 46, 1040A-line 28 minus line 36; or 1040EZ-line 10.)

12. 2015 income earned from work by

13. 2015 untaxed income (FAFSA questions 45a-j)

14. 2015 untaxed Social Security benefits

15. 2015 taxable Social Security Benefits

16. 2015 Unemployment Compensation

17. 2015 Earned Income Credit

Civil Union Partner

- 8A. 1.
2.
3.
4.
5.

9A.

10A. \$ _____ .00

11A. \$ _____ .00

12A. \$ _____ .00

13A. \$ _____ .00

14A. \$ _____ .00

15A. \$ _____ .00

16A. \$ _____ .00

17A. \$ _____ .00

Student

- 8B. 1.
2.
3.
4.
5.

9B.

10B. \$ _____ .00

11B. \$ _____ .00

12B. \$ _____ .00

13B. \$ _____ .00

14B. \$ _____ .00

15B. \$ _____ .00

16B. \$ _____ .00

17B. \$ _____ .00

E: Asset Information

18. Cash, savings and checking accounts

19. Other real estate and investments
(Don't include the home you live in)

20. Business/Investment farm*

* Do not include the value of a family farm that the student (and civil union partner) live on and operate. Do not include the value of a small business that student (and civil union partner) own and control that has 100 or fewer full-time or full-time equivalent employees.

Civil Union Partner

18A. \$ _____ .00

19A. \$ _____ .00

20A. \$ _____ .00

Student

18B. \$ _____ .00

19B. \$ _____ .00

20B. \$ _____ .00

F: Other Information and Signatures

21. COLLEGE ATTENDANCE Effective Fall 2016 Spring 2017

Name of College _____

City _____

22. In 2014 or 2015, did the student and/or civil union partner or anyone in the household receive benefits from any of the federal benefit programs listed?

(Mark all of the programs that apply.) →

Civil Union Partner/Other Household Member

22A. Supplemental Security Income

22B. SNAP

22C. Free or Reduced Price Lunch

22D. TANF

22E. WIC

Student

22F. Supplemental Security Income

22G. SNAP

22H. Free or Reduced Price Lunch

22I. TANF

22J. WIC

Please be advised that the New Jersey Higher Education Student Assistance Authority has the right to audit/verify this information to ensure your State student aid eligibility was accurately determined.

By signing, I (we) certify that the information provided herein is true and accurate to the best of my (our) knowledge. I (we) understand that this information will be used by the New Jersey Higher Education Student Assistance Authority (HESAA) to determine eligibility for State student financial aid programs, such as the Tuition Aid Grant program. I (we) recognize that the information provided herein will be transferred as required to institutions designated as authorized recipients on the Free Application for Federal Student Aid or other notification of change in college choice and I (we) specifically authorize HESAA to release that information for those purposes.

Student's Signature _____ Date ____/____/____

(Please print) _____

Student's Civil Union Partner's Signature _____ Date ____/____/____

(Please print) _____