STATE OF NEW JERSEY • HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY

Independent Student HOUSEHOLD WORKSHEET



Student's Name:	s Name: Cust. ID#			
Last		First		
Number of people in your household in the 2016-2017 academic year.				
Number of college students in your	· household in t	he 2016-2017 ac	eademic year.	
List information for all individuals who are included in the amounts above. For individuals not in school, give name, date of birth, and relationship only. Include college name and year in college for those who will attend at least half time during the 2016-2017 academic year.				
NAME	DATE OF BIRTH mm/dd/yyyy	SOCIAL SECURITY # (Optional)	RELATIONSHIP (to student)	NAME OF COLLEGE/ YEAR IN COLLEGE
		•	Self	/
				/
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				1
				<i>1</i>
				/
I (We) certify that the inform	nation above is	correct and comp	olete to the best of my	(our) knowledge.
Student's Signature:				ate:
Spouse's Signature:				Pate:
PRINT AND SIGN To submit this form, visit <u>www.njgrants.org</u> then click on 'Electronic Document Collection'.				