STATE OF NEW JERSEY • HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY

## **Independent Student** HOUSEHOLD WORKSHEET



Student's Name:			NJ HESAA ID#:	
Last		First	_	
Number of people in your household in the 2017-2018 academic year.				
Number of college students in your	household in t	he 2017-2018 ac	rademic year.	
List information for all individuals v name, date of birth, and relationship least half time during the 2017-2018	only. Include	college name an		, 0
NAME	DATE OF BIRTH mm/dd/yy	SOCIAL SECURITY # (Optional)	RELATIONSHIP (to student)	NAME OF COLLEGE/ YEAR IN COLLEGE
		•	Self	/
				/
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				/
				/
				/
I (We) certify that the inform	ation above is	correct and comp	plete to the best of my	(our) knowledge.
Student's Signature:				Pate:
Spouse's Signature:				Oate:
To submit this form, visit w		RINT AND SIGN org then click o	n 'Electronic Docu	ment Collection'.