



MAIL TO: STATE OF NEW JERSEY • HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY
 PO Box 540 • TRENTON, NJ 08625-0540
 WWW.HESAA.ORG

Dependent Student Civil Union Worksheet 2010-2011

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.)

B: Household Information

4. Date of Civil Union:
MM / YY

5. How many people are in your parents' household?
Include:
 • yourself, even if you don't live with your parents,
 • your parent and his/her civil union partner,
 • your parent's other children if your parent will provide more than half of their support between July 1, 2010 and June 30, 2011

6. Number of college students in 2010-2011
 Enter the number of family members included in item 5 who will be in college at least half-time. Include the student who is applying for aid.
Do not include parent or his/her civil union partner.

C: Income, Earnings and Benefits Information

7. The following 2009 U.S. income tax figures are from ... (Check only one box.)

1. A completed 2009 IRS Form 1040A or 1040EZ
 2. A completed 2009 IRS Form 1040
 3. An estimated 2009 IRS Form 1040A or 1040EZ
 4. An estimated 2009 IRS Form 1040
 5. A tax return will not be filed

Tax Filers Only

8. 2009 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 \$3,650 exemption for which you qualify.)

9. 2009 adjusted gross income (IRS Form 1040-line 37, 1040A-line 21, or 1040EZ-line 4.) _____

10. 2009 U.S. income tax paid (IRS Form 1040-line 55, 1040A-line 35, or 1040EZ-line 11.) _____

11. 2009 income earned from work by _____

12. 2009 untaxed income (FAFSA questions 93a-i) _____

13. 2009 untaxed Social Security benefits
Where do I find Social Security benefits? 2009 IRS form 1040-line 20a minus 20b; 2009 IRS form 1040A-line 14a-14b. If you are not required to file a federal income tax return and you received Social Security benefits, report the amount shown on your 2009 form 1099. _____

14. 2009 Earned Income Credit
Where do I find Earned Income Credit? 2009 IRS form 1040-line 64a; 2009 IRS form 1040A-line 41a; 2009 IRS form 1040EZ-line 9a. If you are not required to file a federal income tax return, enter zero "0". _____

Civil Union Partner

7A. 1.
 2.
 3.
 4.
 5.

8A.

9A. \$ _____ .00

10A. \$ _____ .00

11A. \$ _____ .00

12A. \$ _____ .00

13A. \$ _____ .00

14A. \$ _____ .00

Parent

7B. 1.
 2.
 3.
 4.
 5.

8B.

9B. \$ _____ .00

10B. \$ _____ .00

11B. \$ _____ .00

12B. \$ _____ .00

13B. \$ _____ .00

14B. \$ _____ .00

D: Asset and Expense Information	<u>Civil Union Partner</u>	<u>Parents</u>
15. Cash, savings and checking accounts	15A. \$ _____ .00	15B. \$ _____ .00
16. Other real estate and investments (Don't include the home)	16A. \$ _____ .00	16B. \$ _____ .00
17. Business/Investment farm* * Do not include the value of a family farm that parents and/or student live on and operate. Do not include the value of a small business that parents and/or student own and control that has 100 or fewer full-time or full-time equivalent employees.	17A. \$ _____ .00	17B. \$ _____ .00

E: Other Information and Signatures													
18. COLLEGE ATTENDANCE	Effective <input type="checkbox"/> Fall 2010 <input type="checkbox"/> Spring 2011 Name of College _____ City _____												
19. Will the student have an associate degree by July 1, 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
20. In 2009, did the parent (and/or civil union partner) or anyone in their household receive benefits from any of the federal benefit programs listed? (Mark all of the programs that apply.)	<table border="1"> <thead> <tr> <th data-bbox="776 737 1182 764"><u>Civil Union Partner/Other Household Member</u></th> <th data-bbox="1193 737 1266 764"><u>Student</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="776 766 1105 793">20A. <input type="checkbox"/> Supplemental Security Income</td> <td data-bbox="1193 766 1518 793">20F. <input type="checkbox"/> Supplemental Security Income</td> </tr> <tr> <td data-bbox="776 821 971 848">20B. <input type="checkbox"/> Food stamps</td> <td data-bbox="1193 821 1377 848">20G. <input type="checkbox"/> Food stamps</td> </tr> <tr> <td data-bbox="776 875 1096 903">20C. <input type="checkbox"/> Free or Reduced Price Lunch</td> <td data-bbox="1193 875 1502 903">20H. <input type="checkbox"/> Free or Reduced Price Lunch</td> </tr> <tr> <td data-bbox="776 930 911 957">20D. <input type="checkbox"/> TANF</td> <td data-bbox="1193 930 1317 957">20I. <input type="checkbox"/> TANF</td> </tr> <tr> <td data-bbox="776 984 906 1012">20E. <input type="checkbox"/> WIC</td> <td data-bbox="1193 984 1312 1012">20J. <input type="checkbox"/> WIC</td> </tr> </tbody> </table>	<u>Civil Union Partner/Other Household Member</u>	<u>Student</u>	20A. <input type="checkbox"/> Supplemental Security Income	20F. <input type="checkbox"/> Supplemental Security Income	20B. <input type="checkbox"/> Food stamps	20G. <input type="checkbox"/> Food stamps	20C. <input type="checkbox"/> Free or Reduced Price Lunch	20H. <input type="checkbox"/> Free or Reduced Price Lunch	20D. <input type="checkbox"/> TANF	20I. <input type="checkbox"/> TANF	20E. <input type="checkbox"/> WIC	20J. <input type="checkbox"/> WIC
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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.

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.



Signature of Parent(s) _____ Date ___/___/___

Name(s) (Please print) _____

