



# Dependent Student HOUSEHOLD WORKSHEET

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

Number of people in the parent's household in the 2018-2019 academic year.

Number of college students in the parent's household in the 2018-2019 academic 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 2018-2019 academic year.

NAME	DATE OF BIRTH mm/dd/yy	SOCIAL SECURITY # (Optional)	RELATIONSHIP (to student)	NAME OF COLLEGE/ YEAR IN COLLEGE
			<i>Self</i>	

I (We) certify that the information above is correct and complete to the best of my (our) knowledge.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRINT AND SIGN**

**To submit this form, visit [www.njgrants.org](http://www.njgrants.org) then click on 'Electronic Document Collection'.**