



2021-2022 Independent Student Civil Union Worksheet

A: Student's Information

Student's name _____
First M.I. Last

Student's permanent mailing address (do not give college address) _____
Number, street and apartment number

City State Zip Code

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

College Attendance Effective ☐ Fall 2021 ☐ Spring 2022

Name of College _____

City _____

B: Student Civil Union Partner

Name _____
First Last

Social Security Number (SSN) _____ -- ____ -- ____

Date of Civil Union:

| | |
|----|----|
| | |
| MM | YY |

C: Household Information

How many people are in your and your civil union partner's household?

| | |
|--|--|
| | |
|--|--|

Include:

- yourself,
- your partner,
- your children and your partner's children if you will provide more than half of their support between July 1, 2021 and June 30, 2022

Number of college students in 2021-2022

Enter the number of family members in your and your civil union partner's household who will be in college at least half time.

Include yourself.

| | |
|--|--|
| | |
|--|--|

D: Income, Earnings and Benefits Information**1. The following 2019 U.S. income tax figures are from ...**

(Check only one box.)

1. A completed 2019 IRS Form 1040
 2. An estimated 2019 IRS Form 1040
 3. A tax return will not be filed

Tax Filers Only

2. 2019 adjusted gross income (IRS Form 1040-line 8b)**3. 2019 U.S. income tax paid** (IRS Form 1040-line 14 minus Schedule 2 - line 2)**4. 2019 income earned from work****5. 2019 untaxed income** (FAFSA questions 44a-h)**6. 2019 untaxed Social Security benefits****7. 2019 taxable Social Security Benefits****8. 2019 Unemployment Compensation****9. 2019 Earned Income Credit****Civil Union Partner**

- 1A.** 1. ☐
 2. ☐
 3. ☐

2A. \$ _____ .00**3A.** \$ _____ .00**4A.** \$ _____ .00**5A.** \$ _____ .00**6A.** \$ _____ .00**7A.** \$ _____ .00**8A.** \$ _____ .00**9A.** \$ _____ .00**Student**

- 1B.** 1. ☐
 2. ☐
 3. ☐

2B. \$ _____ .00**3B.** \$ _____ .00**4B.** \$ _____ .00**5B.** \$ _____ .00**6B.** \$ _____ .00**7B.** \$ _____ .00**8B.** \$ _____ .00**9B.** \$ _____ .00**E: Asset Information****10. Cash, savings and checking accounts****11. Other real estate and investments**

(Do not include the home in which you or your civil union partner lives, unless part of the home is rented)

12. Business/Investment farm*

* Do not include the value of a family farm that you and your civil union partner lives on and operates. Do not include the value of a small business that you and your civil union partner owns and controls, which has 100 or fewer full-time or full-time equivalent employees.

Civil Union Partner**10A.** \$ _____ .00**11A.** \$ _____ .00**12A.** \$ _____ .00**Student****10B.** \$ _____ .00**11B.** \$ _____ .00**12B.** \$ _____ .00**F: Other Income/Resource Information**

13. In 2019 or 2020, did you and/or your civil union partner or anyone in your household receive benefits from any of the Federal Benefits Program listed below? (Mark all of the programs that apply.)

Civil Union Partner

- ☐ Medicaid
☐ Supplemental Security Income (SSI)
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Free or Reduced Price School Lunch
☐ Temporary Assistance for Needy Families (TANF)
☐ Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC)

Student

- ☐ Medicaid
☐ Supplemental Security Income (SSI)
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Free or Reduced Price School Lunch
☐ Temporary Assistance for Needy Families (TANF)
☐ Special Supplemental Nutrition Program for Woman, Infants, and Children (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) _____

PRINT AND SIGN