

**2021-2022****Dependent Student Household Worksheet**

Student's Name: _____ NJHESAA ID#: _____
Last First M.I.

Permanent Address: _____ City: _____ State: _____ Zip: _____

Number of people in the parent's household in the 2021-2022 academic year.

Number of college students in the parent's household in the 2021-2022 academic year.

List information for all individuals who are included in the amounts above. For individuals not in school, provide name, date of birth, at least last 4 digits of ssn# and relationship. Include college name and year in college for those who will attend at least half time during the 2021-2022 academic year.

NAME (Required)	DATE OF BIRTH mm/dd/yy (Required)	SOCIAL SECURITY # (Last 4 digits only) required	RELATIONSHIP (to student) (Required)	NAME OF COLLEGE/ YEAR IN COLLEGE
			Self	

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

Student's Signature (required): _____ Date: _____

Parent's Signature (required): _____ Date: _____

PRINT AND SIGN

To submit this form, visit www.njgrants.org select the "Grants" tab then click "Upload Document".