

Student's Name: _____ **NJHESAA ID#:** _____

Last **First** **M.I.**

- You must complete **all sections** of this form. You are required to complete this form because no income was reported on your FAFSA or the income reported was low.
- Report the **actual** monthly dollar (\$) amount **paid in 2019** for each expense. If the expenses vary in amount from month to month, provide the 2019 monthly average.

IF YOU AND/OR YOUR SPOUSE RECEIVE ANY OF THE FEDERAL/STATE BENEFITS LISTED IN SECTION II AND DOCUMENTATION IS NOT ATTACHED, THIS FORM WILL NOT BE PROCESSED.

For any category in which you had no expense please record "0".

***If Rent/Home Mortgage and Property Taxes is zero. Please explain

SECTION II

Student's/Spouse's Resources – DOCUMENTATION MUST BE SUBMITTED

For any category in which you had no income, benefits or resources please record "0".

2019 Income (submit documentation)	Monthly Income Received
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Income from Work (gross amount) – All pages of IRS Tax Return Transcript. (If no tax return was filed provide proof of non-filing and IRS wage and income Transcript)	\$
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Business Income	\$
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Unemployment Compensation (Form 1099-G)	\$
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Social Security Benefits (Form SSA-1099)	\$
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Supplemental Security Income (SSI)	\$
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Workers Compensation	\$
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Disability Benefits	\$
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2019 Other Resources	Other Monthly Resources Received
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Alimony	\$
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Child Support	\$
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College Refunds (Submit documentation of amounts received during calendar year 2019)	\$
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In-Kind Support (Please include any bills paid on your behalf by someone else, but not considered a loan)	\$
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Total Monthly Income/Resources	\$
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	x 12
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Total Yearly Income/Resources	\$
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2019 Federal/State Benefits Program (Social Services) - If you and/or your spouse's only source of income is from a Federal/State Benefits Program, you must submit documented proof of at least two of the benefits in this section received by you and/or your spouse in 2019.

Did you and/or your spouse receive Medicaid benefits in 2019?

Yes

☐

No

☐

(If yes, submit **Agency Letter or Form 1095-B**)

Did you and/or your spouse receive TANF, GA benefits in 2019?

Yes

☐

No

☐

(If yes, submit **Agency Letter**) ***Do not send copy of benefit card***

Did you and/or your spouse receive Food Stamps/Snap benefits in 2019?

Yes

☐

No

☐

(If yes, submit **Agency Letter**) ***Do not send copy of benefit card***

Did you and/or your spouse receive Rental Assistance (Section 8, TRA) in 2019? (If yes, submit Agency Letter)

Yes

☐

No

☐

Explanation of Situation (Required)

Include as much detail as possible about how your family covered all expenses listed in Section I for calendar year 2019. An explanation is also required if few or no expenses were listed in Section I. If you used savings, line of credit, etc. to meet your expenses attach 3 consecutive monthly statements from those accounts.

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

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

Spouse's Signature : _____ Date: _____

PRINT AND SIGN

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