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2023-2024 Dependent 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 2023 Spring 2024

Name of College _____

City _____

B: Parent Civil Union Partner

Name _____
First Last

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

Date of Civil Union:

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MM / YY

C: Household Information

How many people are in your parent's and his/her civil union partner's household?
Include:

- yourself, even if you don't live with your parent.
- your parent and his/her civil union partner.
- your parent's other children and his/her civil union partner's other children, if your parent and/or his/her civil union partner will provide more than half of their support between July 1, 2023 and June 30, 2024.

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Number of college students in 2023-2024
 Enter the number of family members in your parent and his/her civil union partner's household who will be in college at least half time.
Do not include your parent or his/her civil union partner.

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D: Income, Earnings and Benefits Information

1. The following 2021 U.S. income tax figures are from ...
(Check only one box.)

1. A completed 2021 IRS Form 1040
2. An estimated 2021 IRS Form 1040
3. A 2021 tax return will not be filed

Tax Filers Only

2. 2021 adjusted gross income (IRS Form 1040 - line 11)
3. 2021 income tax paid (IRS Form 1040 - line 22 minus Schedule 2 - line 2)

4. 2021 income earned from work

5. 2021 untaxed income (FAFSA questions 89a-h)

6. 2021 untaxed Social Security benefits

7. 2021 taxable Social Security Benefits

8. 2021 Unemployment Compensation

Civil Union Partner

- 1A. 1.
2.
3.

2A. \$ _____ .00

3A. \$ _____ .00

4A. \$ _____ .00

5A. \$ _____ .00

6A. \$ _____ .00

7A. \$ _____ .00

8A. \$ _____ .00

Parent

- 1B. 1.
2.
3.

2B. \$ _____ .00

3B. \$ _____ .00

4B. \$ _____ .00

5B. \$ _____ .00

6B. \$ _____ .00

7B. \$ _____ .00

8B. \$ _____ .00

E: Asset Information

9. Cash, savings and checking accounts

10. Other real estate and investments

(Do not include the home in which your parent and his/her civil union partner lives, unless part of the home is rented).

11. Business/Investment farm*

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

Civil Union Partner

9A. \$ _____ .00

10A. \$ _____ .00

11A. \$ _____ .00

Parent

9B. \$ _____ .00

10B. \$ _____ .00

11B. \$ _____ .00

F: Other Income/Resource Information

12. In 2021 or 2022, did your parent, your parent's civil union partner or anyone in their 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)

Parent

- 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) _____

Parent's Signature _____ Date ____/____/____

(Please print) _____

Civil Union Partner's Signature _____ Date ____/____/____

(Please print) _____

PRINT AND SIGN