

2023-2024 Dependent Student Household Worksheet



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

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

How many people currently lives in your parent's household? (Include yourself) _____

How many people currently living in your parent's household will be attending college for the 2023-2024 academic year? (Include yourself) _____

List information for all individuals who are included in the amounts above. For individuals not in school, provide their name, date of birth, last 3 digits of ssn# and relationship to you. Include college name and year in college for those who will attend at least half time during the 2023-2024 academic year.

NAME (Required)	DATE OF BIRTH mm/dd/yy (Required)	SOCIAL SECURITY# (Last 3 digits only)(Required)	RELATIONSHIP (to student) (Required)	NAME OF COLLEGE/ YEAR IN COLLEGE
			Student	/
				/
				/
				/
				/
				/
				/
				/
				/
				/

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 along with supporting Documentation, log into NJFAMS, go to your "To Do List", and select "Upload Document" for the document you are uploading. To view Grants & Scholarships instructions visit: <https://www.hesaa.org/Pages/uploaddocuments.aspx>.