



2025-2026 Independent Student Civil Union Worksheet

Please upload the completed and signed worksheet along with supporting documentation via NJFAMS:

To Log into NJFAMS visit: <https://njfams.hesaa.org/NJFAMS/login.aspx?ReturnUrl=/NJFAMS/int/FinAid/index.aspx>

Go to your "To Do List" and select "Upload Document" For upload instructions visit: <https://www.hesaa.org/Pages/uploaddocuments.aspx>

A: Student's Information

Student's name

First

M.I.

Last

Student's
permanent

mailing address

Number, street and apartment number

(do not give

college address)

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 2025

☐

Spring 2026

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, 2025 and June 30, 2026

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Number of college students in 2025-2026

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.

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D: Income, Earnings and Benefits Information

1. The following 2023 U.S. income tax figures are from ...

(Check only one box.)

1. A completed 2023 IRS Form 1040

2. An estimated 2023 IRS Form 1040

3. A 2023 tax return will not be filed

2. 2023 adjusted gross income

3. 2023 income tax paid

4. 2023 income earned from work

5. 2023 untaxed income

6. 2023 untaxed Social Security benefits

7. 2023 taxable Social Security Benefits

8. 2023 Unemployment Compensation

Civil Union Partner

1A. 1. ☐
2. ☐
3. ☐

2A. \$ _____ .00

3A. \$ _____ .00

4A. \$ _____ .00

5A. \$ _____ .00

6A. \$ _____ .00

7A. \$ _____ .00

8A. \$ _____ .00

Student

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 you or your civil union partner lives, unless part of the home is rented)

11. Business/Investment farm

12. Child Support Received

Civil Union Partner

9A. \$ _____ .00

10A. \$ _____ .00

11A. \$ _____ .00

12A. \$ _____ .00

Student

9B. \$ _____ .00

10B. \$ _____ .00

11B. \$ _____ .00

12B. \$ _____ .00

F: Other Income/Resource Information

12. In 2023 or 2024, 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)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC)
- ☐ Federal Housing Assistance

Student

- ☐ Medicaid
- ☐ Supplemental Security Income (SSI)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC)
- ☐ Federal Housing Assistance

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) _____