STATE OF NEW JERSEY

HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY

2026-2027 Independent Student Household Worksheet

Please upload the completed and signed form 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

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

Last First M.I.

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

Email Address: _____

Student's Marital Status (check one) ☐Single (Never Married) ☐Married (not separated) ☐Remarried ☐Divorced ☐Separated ☐Widowed

Student's Marital Status Date (Required): mm/dd/yyyy _____

How many people currently lives in your household? (*Include yourself*) _____

- If you are married include your spouse information (Do *Not* include – If ***not legally*** married)
- Include your and your spouse dependent children (***under 24 years old***) that live with you and If attending college that live with you (or live apart because of college enrollment), they receive more than half of their support from you, and you will continue to provide more than half of their support from July 1, 2026 through June 30, 2027.

How many people currently living in your household will be attending college for the 2026-2027 academic year? (*Include yourself*) _____

List information for ***all*** individuals who are included in the amounts above. For individuals not in college, provide their full name, date of birth, last 3 digits of their social security number and relationship to you. Include college name and year in college for those who will attend at least half time during the 2026-2027 academic year.

FULL NAME of *ALL* Members of your household (INCLUDING YOURSELF) (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 all the information above is correct and complete to the best of my (our) knowledge.

This worksheet must be signed by the student.

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

Spouse's Signature (*optional*): _____ Date:_____

Last Updated: 2/3/26