



2020-2021

## Dependent Student Household Worksheet

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

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of people in the parent's household in the 2020-2021 academic year.

Number of college students in the parent's household in the 2020-2021 academic year.

List information for all individuals who are included in the amounts above. For individuals not in school, provide name, date of birth, last 4 digits of ssn# and relationship. Include college name and year in college for those who will attend at least half time during the 2020-2021 academic year.

NAME (Required)	DATE OF BIRTH mm/dd/yy (Required)	SOCIAL SECURITY # (Last 4 digits only) required	RELATIONSHIP (to student) (Required)	NAME OF COLLEGE/ YEAR IN COLLEGE
			Self	

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**

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