



2020-2021

Independent Student Household Worksheet

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

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

Number of people in your household in the 2020-2021 academic year.

Number of college students in your 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
			<i>Self</i>	

I (We) certify that the information above is correct and complete to the best of my (our) knowledge.

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

Spouse's Signature: _____ Date: _____

PRINT AND SIGN

To submit this form, visit www.njgrants.org select the "Grants" tab then click "Upload Document".