



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, visit www.njgrants.org, click on "Grants" tab, then select "Upload documents", then select the year.