## STATE OF NEW JERSEY • HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY



## 2023-2024 Independent Student Household Worksheet

Student's Name:			NJHESAA ID#:	
Last		First	M.I.	
Permanent Address:		City:	State: _	Zip:
How many people cur	rently lives in your hou	sehold? (Include yours	self)	
	rently living in your hou demic year? (Include y		ng college	
heir name, date of bir	individuals who are ind th, last 3 digits of ssn# nd at least half time du	and relationship to yo	u. Include college nan	not in school, provide ne and year in college
NAME (Required)	DATE OF BIRTH mm/dd/yyyy (Required)	SOCIAL SECURITY# (Last 3 digits only) (Required)	RELATIONSHIP (to student) (Required)	NAME OF COLLEGE/ YEAR IN COLLEGE
			Student	/
				/
				/
				/
				/
				/
				/
				/
				/
				/
I (We) certify that	at the information abov	re is correct and comp	lete to the best of my (	our) knowledge.
Student's Signature (required):				Date:
Spouse's Signature (required):				Date:
- `				

## **PRINT AND SIGN**

To submit this form along with supporting Documentation, visit <a href="www.njgrants.org">www.njgrants.org</a>, click on "Grants' tab, then select "Upload documents", then select the year.