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## 2024-2025 Dependent Student Civil Union Worksheet

### A: Student's Information

Student's name \_\_\_\_\_  
First M.I. Last

Student's permanent mailing address (do not give college address) \_\_\_\_\_  
Number, street and apartment number

\_\_\_\_\_ City State Zip Code

Student's Social Security Number (SSN) \_\_\_\_\_ -- \_\_\_\_ -- \_\_\_\_  
 Is this a change in SS#?  Yes  No  
 (If "Yes", attach a copy of the SS# card.)

College Attendance Effective  Fall 2024  Spring 2025

Name of College \_\_\_\_\_

City \_\_\_\_\_

### B: Parent Civil Union Partner

Name \_\_\_\_\_  
First Last

Social Security Number (SSN) \_\_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

Date of Civil Union: 

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MM / YY

### C: Household Information

How many people are in your parent's and their civil union partner's household?  
 Include:  
 • yourself, even if you don't live with your parent.  
 • your parent and their civil union partner.  
 • your parent's other children and their civil union partner's other children, if your parent and/or their civil union partner will provide more than half of their support between July 1, 2024 and June 30, 2025.

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Number of college students in 2024-2025  
 Enter the number of family members in your parent and their civil union partner's household who will be in college at least half time.  
**Do not include your parent or their civil union partner.**

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## D: Income, Earnings and Benefits Information

1. The following 2022 U.S. income tax figures are from ...  
(Check only one box.)

1. A completed 2022 IRS Form 1040  
2. An estimated 2022 IRS Form 1040  
3. A 2022 tax return will not be filed

Tax Filers Only

2. 2022 adjusted gross income  
3. 2022 income tax paid

4. 2022 income earned from work

5. 2022 untaxed income

6. 2022 untaxed Social Security benefits

7. 2022 taxable Social Security Benefits

8. 2022 Unemployment Compensation

### Civil Union Partner

- 1A. 1.   
2.   
3.

2A. \$ \_\_\_\_\_ .00

3A. \$ \_\_\_\_\_ .00

4A. \$ \_\_\_\_\_ .00

5A. \$ \_\_\_\_\_ .00

6A. \$ \_\_\_\_\_ .00

7A. \$ \_\_\_\_\_ .00

8A. \$ \_\_\_\_\_ .00

### Parent

- 1B. 1.   
2.   
3.

2B. \$ \_\_\_\_\_ .00

3B. \$ \_\_\_\_\_ .00

4B. \$ \_\_\_\_\_ .00

5B. \$ \_\_\_\_\_ .00

6B. \$ \_\_\_\_\_ .00

7B. \$ \_\_\_\_\_ .00

8B. \$ \_\_\_\_\_ .00

## E: Asset Information

9. Cash, savings and checking accounts

10. Other real estate and investments

(Do not include the home in which your parent and their civil union partner lives, unless part of the home is rented).

11. Business/Investment farm

12. Child Support Received

### Civil Union Partner

9A. \$ \_\_\_\_\_ .00

10A. \$ \_\_\_\_\_ .00

11A. \$ \_\_\_\_\_ .00

12A. \$ \_\_\_\_\_ .00

### Parent

9B. \$ \_\_\_\_\_ .00

10B. \$ \_\_\_\_\_ .00

11B. \$ \_\_\_\_\_ .00

12B. \$ \_\_\_\_\_ .00

## F: Other Income/Resource Information

12. In 2022 or 2023, did your parent, your parent's civil union partner or anyone in their household receive benefits from any of the Federal Benefits Program listed below? (Mark all of the programs that apply.)

### Civil Union Partner

- Medicaid  
 Supplemental Security Income (SSI)  
 Supplemental Nutrition Assistance Program (SNAP)  
 Temporary Assistance for Needy Families (TANF)  
 Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC)  
 Federal Housing Assistance

### Parent

- Medicaid  
 Supplemental Security Income (SSI)  
 Supplemental Nutrition Assistance Program (SNAP)  
 Temporary Assistance for Needy Families (TANF)  
 Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC)  
 Federal Housing Assistance

**Please be advised that the New Jersey Higher Education Student Assistance Authority has the right to audit/verify this information to ensure your State student aid eligibility was accurately determined.**

By signing, I (we) certify that the information provided herein is true and accurate to the best of my (our) knowledge. I (we) understand that this information will be used by the New Jersey Higher Education Student Assistance Authority (HESAA) to determine eligibility for State student financial aid programs, such as the Tuition Aid Grant program. I (we) recognize that the information provided herein will be transferred as required to institutions designated as authorized recipients on the Free Application for Federal Student Aid or other notification of change in college choice and I (we) specifically authorize HESAA to release that information for those purposes.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please print) \_\_\_\_\_

Civil Union Partner's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please print) \_\_\_\_\_

**PRINT AND SIGN**